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PUBLIC DISCLOSURE COPY

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning $\underline{JUL} \ 1$, 2021, and ending $\underline{JUN} \ 30$

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Form **8879-TE**

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

► Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

NATIONAL PARK T	RUST, INC.		52-1691924
Name and title of officer or person subject to tax	GRACE K. LEE		
	EXECUTIVE DIRECTOR		
Part I Type of Return and R			
Form 5330 filers may enter dollars and cent or 10a below, and the amount on that line for whichever is applicable, blank (do not enter	are using this Form 8879-TE and enter the ag s. For all other forms, enter whole dollars on or the return being filed with this form was b -0-). But, if you entered -0- on the return, the	ly. If you check the box on I lank, then leave line 1b, 2b,	line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, , 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
than one line in Part I. 1a Form 990 check here X	b Total revenue, if any (Form 990, Part	VIII column (A) line 12)	th 4.513.920.
2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, li		
3a Form 1120-POL check here ►	b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check here	b Tax based on investment income (F		
5a Form 8868 check here	b Balance due (Form 8868, line 3c)		
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)		
7a Form 4720 check here ▶	b Total tax (Form 4720, Part III, line 1).		· · · · · · · · · · · · · · · · · · ·
8a Form 5227 check here	b FMV of assets at end of tax year (Fo	orm 5227, Item D)	8b
9a Form 5330 check here ▶	b Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP check here	b Amount of credit payment requeste	ed (Form 8038-CP, Part III, li	ine 22) 10b
	ature Authorization of Officer or F		
	$oxed{L}$ I am an officer of the above entity or $oxed{L}$		
of entity)	, (EIN)_chedules and statements, and, to the best of	and	that I have examined a copy of the
financial institution to debit the entry to this later than 2 business days prior to the payn payment of taxes to receive confidential info	icated in the tax preparation software for paraccount. To revoke a payment, I must control nent (settlement) date. I also authorize the firormation necessary to answer inquiries and signature for the electronic return and, if app	act the U.S. Treasury Financial institutions involved resolve issues related to the slicable, the consent to elec	cial Agent at 1-888-353-4537 no lin the processing of the electronic e payment. I have selected a
<u> </u>	ERO firm name	to	Enter five numbers, but do not enter all zeros
with a state agency(ies) regulating on the return's disclosure consen As an officer or person subject to return. If I have indicated within the	021 electronically filed return. If I have indicated charities as part of the IRS Fed/State progrets screen. tax with respect to the entity, I will enter my his return that a copy of the return is being filer my PIN on the return's disclosure consent.	ram, I also authorize the aform PIN as my signature on the led with a state agency(ies)	orementioned ERO to enter my PIN e tax year 2021 electronically filed
1 0 /	THIS IS NOT A FILEABI		Date >
ERO's EFIN/PIN. Enter your six-digit electronumber (EFIN) followed by your five-digit se	•	52074820850 Do not enter all zeros	
	PIN, which is my signature on the 2021 electer requirements of Pub. 4163 , Modernized electer requirements of Pub. 4163 , Modernized electer requirements	•	
ERO's signature		Date ▶ 04/	17/23
Do Not S	ERO Must Retain This Form - Se Submit This Form to the IRS Unle		So

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

Form **8879-TE** (2021)

NATIONAL PARK TRUST, INC. 401 EAST JEFFERSON STREET, 207 ROCKVILLE, MD 20850

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

Halalalaldlamallladlamlalalladlal

NATIONAL PARK TRUST, INC. 401 EAST JEFFERSON STREET, 207 ROCKVILLE, MD 20850

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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** PUBLIC DISCLOSURE COPY **

Form **991**

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Depa	artment o	of the Treasury enue Service	•	-	-	•	
							•
B	Check if	C Name o	forganization			D Employer identifi	cation number
	Addre	ess INIATT	ONAT. PARK TRIIST T	NC			
	Name chang			110.		52-16919	24
	Initial return			livered to street address)	Room/suite	 	
	Final return	101			207	1	
	termin ated	City or t		ZIP or foreign postal code		G Gross receipts \$	5,023,793.
	Amen	KOCK	-			H(a) Is this a group r	
	Application pendication	F Name a		CE K. LEE			
		SAME		4			
					or 527	┨	
				esociation Other	I Voor		
	art I	Summary		SSOCIATION UNITED STATES	L TEAL	or formation. ± 2 2 0 r	VI State of legal domicile. DC
				significant activities: PRES	ERVING	PARKS TODA	Y: CREATING
Activities & Governance	'	PARK ST	EWARDS FOR TOMORRO	W.			,
rna	2	Check this bo	x large if the organization disco	ntinued its operations or dispo	osed of more	e than 25% of its net a	ssets.
ove							24
ত							
es	5	Total number	of individuals employed in calendar y	year 2021 (Part V, line 2a)		5	-
ĭŧ	6	Total number	of volunteers (estimate if necessary)			6	
Act							·
	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11	·····	7b	0.
						Prior Year	Current Year
Р							
Je n							
Revenue							
	l			D : 137 (A) = 40)		· ·	
Expenses	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)			
ben	loa	Total fundrais	ing expenses (Part IX, column (D), lin	0.25) > 232.3	169.	7,750.	0.
Ä						1.023.234.	1.131.263.
		=	-				
or							
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)			5,183,362.	
ASS	21	•	, , , , , , , , , , , , , , , , , , , ,			649,641.	624,569.
Funda	22	Net assets or	fund balances. Subtract line 21 from	ı line 20		4,533,721.	6,088,511.
Pá	art II	Signature	e Block				
Und	er pena	alties of perjury,	I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	ct, and complete	. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.	
		Oirest and	f f C			Data	
Sig	n	' ·				Date	
Her	e			E DIRECTOR			
		,		la	11	Date I	VII DTIN
Da!	4		Second Second				
Paid				L TVALC IIC	<u> </u>	14/1/43 self-employ	E2-2000200
	parer Only	Firm's name	15825 GRADA CDUA	E BUYD GIILWE V	0	FIRM'S EIN >	34-4003300
use	Unity	riiiii s address			: 0	Dhone no 3 M	1-519-3280
Max	v the II	I RS discuss thi	-			F110118 110.5 0	X Yes No
ivia	, II		o recent with the propert and and will able				100 110

Form	m 990 (2021) NATIONAL PARK TRUST, INC. 52-169	1924	Page 2
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: PRESERVING PARKS TODAY; CREATING PARK STEWARDS FOR TOMORROW.		
	·		
2	Did the organization undertake any significant program services during the year which were not listed on the		77
	prior Form 990 or 990-EZ?	L Yes	X No
•	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res	LZZ NO
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 of		
	revenue, if any, for each program service reported.	. ,	
4a		2,	700 .)
	LAND AND PARKS PRESERVATION PROGRAMS - SEE SCHEDULE O FOR		
	ACCOMPLISHMENTS		
	(Code:) (Expenses \$ 1,913,785. including grants of \$ 429,916.) (Revenue \$	/I Q	968.)
4b	YOUTH AND FAMILY PROGRAMS - SEE SCHEDULE O FOR ACCOMPLISHMENTS		900.)
	TOOTH AND PAMILL PROGRAMS - SEE SCHEDULE O FOR ACCOMPLISHMENTS		
4c			400.)
	GRANT MANAGEMENT - NATIONAL PARK TRUST, THROUGH ITS GRANT MANA		Г
	SERVICES, DESIGNS, IMPLEMENTS AND EVALUATES ORIGINAL AND PARTN		
	PUBLIC-FACING GIVING PROGRAMS THAT FULLY ALIGN WITH PARK TRUST		
	PARTNER BUSINESS GOALS AND OBJECTIVES. THROUGH TURN-KEY SERVI		HA'I'
	ENABLE BRANDS TO REALIZE THE BENEFITS OF A ROBUST GIVING PROGR NATIONAL PARK TRUST HELPS PARTNERS MINIMIZE ADMINISTRATIVE EXP		
	WHILE MAXIMIZING PROGRAM EFFICIENCY. THE PARK TRUST CURRENTLY		2FC
	FIVE GRANT-MAKING PROGRAMS AND, TO DATE, HAS AWARDED \$1.5 MILL		
	SCHOOLS AND NONPROFITS THAT CONNECT PEOPLE WITH OUTDOORS.	TO1/ 1/	
	ZOTO ZOTO TIME TOTAL TOTAL COMMENT THOUSE WITH COMMON		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	2 420 606	,	
		Form 9	90 (2021)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		v	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
С	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	Х	
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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			3,7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	13		 -
	complete Schedule G, Part III	19		x
20a		20a		X
	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	Х	

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	Х	
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	Х	<u> </u>
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	24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	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		Х
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			1,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
_,	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			x
00	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	21	-
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- V
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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		Х
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Щ
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule C contains a response of flote 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		163	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2021) NATIONAL PARK TRUST, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
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		Х
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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		X
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).			
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand	44-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		- 21
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
13	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	.5		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2021)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		7.7
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40	Dilli di la		Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Λ	
С		40-	Х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	14	X	
14 15	Did the organization have a written document retention and destruction policy?	14	21	
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?			
_		45.	Х	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	25	
160	·			
104	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		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
b	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		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, DC, FL, GA, HI, IL, KS	, MD	, MA	,MT
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3			
	for public inspection. Indicate how you made these available. Check all that apply.	,5 0,119	, availe	
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
.5	statements available to the public during the tax year.	u midi	·Oiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (301) 279-7275			
	401 EAST JEFFERSON STREET, 207, ROCKVILLE, MD 20850			
13200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2021)

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	Τ		((C)			(D)	(E)	(F)
Name and title	Average	/da	not c	Pos	ition) *han		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	a a a	irecto	or/trus	itee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) GRACE LEE	40.00	1						150 055	0	E 540
EXECUTIVE DIRECTOR	40.00			Х				150,855.	0.	7,543.
(2) MIKE HOEHN	40.00	1		,,				115 400	0	F 77F
DIR. OF FINANCE & ADMIN.	40.00			Х				115,490.	0.	5,775.
(3) IVAN LEVIN	40.00	4				3,7		106 045	0	F 200
DIR. OF STRATEGIC PARTNERSHIPS	2 00					Х		106,045.	0.	5,300.
(4) SCOTT STONE	2.00	x		х				0.	0.	0.
CHAIRMAN (5) ANN GUALTIERI	2.00	^		^				0.	0.	0.
VICE CHAIR	2.00	X		х				0.	0.	0.
(6) STEPHEN SCHULER	2.00	122						0.	•	•
TREASURER	2.00	X		x				0.	0.	0.
(7) NEAL KEMKAR	2.00							0.		•
SECRETARY		X		x				0.	0.	0.
(8) CHARLES H. KNAUSS, ESQ	2.00							_		
TRUSTEE		X						0.	0.	0.
(9) PATRICK CAMPBELL	2.00									
TRUSTEE		Х						0.	0.	0.
(10) MICHAEL CARPER	2.00									
TRUSTEE		Х						0.	0.	0.
(11) CHADWICK DAYTON	2.00									
TRUSTEE		Х						0.	0.	0.
(12) REGAN HERALD	2.00	l								
TRUSTEE		Х						0.	0.	0.
(13) HELLENE RUNTAGH	2.00	۱							•	
TRUSTEE		Х						0.	0.	0.
(14) RAYMOND SHERBILL	2.00	١,,							0	•
TRUSTEE	2 00	X	_					0.	0.	0.
(15) BILL BROWNELL	2.00	x						0.	0.	0.
TRUSTEE	2.00	┻	\vdash	\vdash	_	\vdash	_	0.	0.	0.
(16) YASMIN BEST	2.00	x						0.	0.	0.
TRUSTEE (17) KATIE BROSSY	2.00	^	\vdash					0.	0.	<u> </u>
TRUSTEE	2.00	x						0.	0.	0.
INODIEE		$\Gamma_{\mathbf{V}}$		L					0.	C 000 (2004)

132007 12-09-21

Form 990 (2021)

1 6111 666 (2621)				_									-90 -
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable	,	Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	on	an	nount	of
	week	<u> </u>	cer an	nd a d	lirecto	or/trus	itee)	from	from related	t l		other	
	(list any	ector						the	organization			pensa	
	hours for related	or director	g.			ated		organization	(W-2/1099-MIS			om the	
	organizations	ustee	truste		a.	bens		(W-2/1099-MISC/	1099-NEC)	'	•	anizati	
	below	ual tr	ional		ploye	tcom		1099-NEC)				d relati anizatio	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ııızalı	0115
(18) KEVIN SETH	2.00							_		_			
TRUSTEE		Х						0.		0.			0.
(19) KATIE CLARK	2.00												
TRUSTEE		Х						0.		0.			0.
(20) KRUPA SHAH	2.00												_
TRUSTEE	2 00	Х				<u> </u>		0.		0.			0.
(21) TOM SMITH TRUSTEE	2.00	X						0.		0.			0.
(22) ELIZABETH ULMER	2.00					\vdash							<u> </u>
TRUSTEE		x						0.		0.			0.
(23) JOHN ROLLINS	2.00												
TRUSTEE		Х						0.		0.			0.
(24) HEWITT PATE	2.00												_
TRUSTEE	2 00	Х						0.		0.			0.
(25) APARNA DAVE	2.00							0.		0.			Λ
TRUSTEE	2.00	Х				-		0.		٠.			0.
(26) MESHACH RHOADES	2.00	X								ا ۸			^
TRUSTEE		X					<u> </u>	0.		0.	- 1	0 6	0.
1b Subtotal								372,390.		0.	Т.	8,6	
c Total from continuation sheets to Part V								372,390.		0.	1	8,6	0.
d Total (add lines 1b and 1c)							<u> </u>	·		_ • •		0,0	то.
2 Total number of individuals (including but r	not limited to tr	iose	IISTE	ea a	VOQ	e) wi	no re	eceived more than \$100	J,000 of reportab	oie			3
compensation from the organization												Yes	No
3 Did the organization list any former officer.	director trust	ا مم	(AV 6	amn	love	ae 0	r hia	hest compensated emr	olovee on	Г			-110
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	/ uni	elate	ed organization or indiv	idual for services	; [
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	uch	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										npensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithin		year.				
(A) Name and business	address							(B) Description of s	services	C	(C negmo	;) nsatio	n
							- 1						

and digameters report some portage and real year entaining that or this	<u> </u>	
(A) Name and business address	(B) Description of services	(C) Compensation
THREESPOT MEDIA, LLC	WEBSITE, DIGITAL	
1325 G ST NW STE 500, WASHINGTON, DC 20005	MARKETING, APP	161,700.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

Form 990 NATIONAL	PARK TE	KU:	5T'	, -	LNC	<u> </u>			52-169	1924
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours (chec			Pos	C) ition that		oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
27) RICHARD G RING RUSTEE	2.00	x						0.	0.	O
RUSTEE		A						0.	0.	
otal to Part VII, Section A, line 1c	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>			

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 32,511. 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1,053,955. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,293,360 similar amounts not included above 1f 325,598 g Noncash contributions included in lines 1a-1f 4,379,826 h Total. Add lines 1a-1f **Business Code** 38,800. 38,800. 900099 2 a PROGRAM FEES Program Service Revenue b GRANT MANAGEMENT FEES 900099 26,600. 26,600. c LAND PROGRAM SVCS 900099 2,700. 2,700. TICKET SALES 900099 1,550. 1,550. f All other program service revenue 69,650. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 34,663 34,663. other similar amounts) Income from investment of tax-exempt bond proceeds 293. 293. Royalties (i) Real (ii) Personal 11,184.6 a Gross rents 0. **b** Less: rental expenses ... 11, 184.**c** Rental income or (loss) 11,184 11,184. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 501,496. assets other than inventory b Less: cost or other basis 7b 500,358 Other Revenue and sales expenses 1,138. c Gain or (loss) 1,138. 1,138. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 25,933 and allowances 9,515. **b** Less: cost of goods sold 16,418. 16,418. c Net income or (loss) from sales of inventory **Business Code** 748. 748. 11 a REFUNDS/REWARDS/OTHER 900099 d All other revenue 748.

12 132009 12-09-21

36,842. Form 990 (2021)

4,513,920.

e Total. Add lines 11a-11d

Total revenue. See instructions

86,068.

11,184.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	1) organizations must complete all	columns All other organization	ons must complete column (A)

Do	not include amounts reported on lines 6b,	se or note to any line in (A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	500 000			
	and domestic governments. See Part IV, line 21	680,289.	680,289.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	6,000.	6,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	405 606	010 110	450 455	22 406
	trustees, and key employees	425,696.	219,113.	173,477.	33,106
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	504 605	24.2 22.4	106.065	
7	Other salaries and wages	504,697.	318,394.	106,865.	79,438
8	Pension plan accruals and contributions (include	44 054	2 522	- 13-	
	section 401(k) and 403(b) employer contributions)	14,074.	8,639.	5,435.	
9	Other employee benefits	37,006.	21,924.	9,659.	5,423
10	Payroll taxes	46,605.	26,925.	14,042.	5,638
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	12,825.		12,825.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	256,125.	234,466.	10,281.	11,378
12	Advertising and promotion	1,025.	1,025.		
13	Office expenses	104,450.	52,637.	31,654.	20,159
14	Information technology	17,457.	13,688.	3,769.	
15	Royalties				
16	Occupancy	81,177.	59,927.	17,709.	3,541
7	Travel	32,917.	27,388.	5,406.	123
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,996.	13,058.	32,290.	21,648
20	Interest	4,650.	4,650.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	88,364.	88,364.		
23	Insurance	24,509.		24,509.	
24	Other expenses. Itemize expenses not covered			-	
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	TOOLKIT AND FIELD TRIPS	385,123.	384,892.	231.	
b	OTHER EXPENSES	51,470.	32,330.	4,545.	14,595
c	BOOK VALUE OF PARK LAND	4,175.	4,175.	-	
d	ALLOCATION OF OVERHEAD	0.	230,802.	-268,122.	37,320
e	All other expenses		.,	, -	,
25	Total functional expenses. Add lines 1 through 24e	2,845,630.	2,428,686.	184,575.	232,369
26	Joint costs. Complete this line only if the organization	, : , ; ; ;	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	= , = 00
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	The same same same same same same same sam				

Form **990** (2021)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			812,412.	1	210,764.
	2	Savings and temporary cash investments			286,587.	2	850,009.
	3	Pledges and grants receivable, net		274,997.	3	700,250.	
	4	Accounts receivable, net			63,794.	4	117,689
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			86,979.	8	95,462
⋖	9	Prepaid expenses and deferred charges			478,888.	9	1,175,841
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,485,227.			
	b	Less: accumulated depreciation	10b	20,127.	1,465,100.	10c	1,465,100
	11	Investments - publicly traded securities			567,207.	11	536,189
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line			731,804.	13	945,483
	14	Intangible assets			177,355.	14	134,373
	15	Other assets. See Part IV, line 11			238,239.	15	481,920
	16	Total assets. Add lines 1 through 15 (must equa		1	5,183,362.	16	6,713,080
	17	Accounts payable and accrued expenses		494,641.	17	148,744	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form					
Ħ		trustee, key employee, creator or founder, subst			155 000		155 000
Liak		controlled entity or family member of any of thes			155,000.	22	155,000
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•	•	0.	0.5	320,825
	000	of Schedule D			649,641.	25	624,569
	26	Total liabilities. Add lines 17 through 25			049,041•	26	024,309
es		Organizations that follow FASB ASC 958, che	ck ner	e F A			
au au	27	and complete lines 27, 28, 32, and 33.			2,663,826.	27	3,941,452
3ali	27 28	Net assets without donor restrictions Net assets with donor restrictions			1,869,895.	28	2,147,059
J DC	20	Organizations that do not follow FASB ASC 9			1,000,000.	20	2,117,033.
Ξ		and complete lines 29 through 33.	JO, CITE	eck fiele			
٥	20	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,533,721.	32	6,088,511.
Z	33	Total liabilities and net assets/fund balances			5,183,362.	33	6,713,080
	_ 33	Total habilities and het assets/fullu balafices			3,103,302.	JJ	Form 990 (2021

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)		4,51		
2	Total expenses (must equal Part IX, column (A), line 25)		2,84		
3	Revenue less expenses. Subtract line 2 from line 1		1,66		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,53		
5	Net unrealized gains (losses) on investments	5	-11	3,5	00.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,08	8,5	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
Act and OMB Circular A-133?				X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
	· · · · · · · · · · · · · · · · · · ·		Form	990 ((2021)

SCHEDULE A

(Form 990)

Total

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

Open to Public Inspection

Employer identification number Name of the organization NATIONAL PARK TRUST, INC. 52-1691924 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1375026.	2622154.	2295070.	2395413.	4379826.	13067489.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	4055006	0600454	0005050	0005440	405006	1 2 2 5 5 1 2 2
	Total. Add lines 1 through 3	1375026.	2622154.	2295070.	2395413.	4379826.	13067489.
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)						1431629.
	Public support. Subtract line 5 from line 4.						11635860.
	ction B. Total Support				T	Г	
	ndar year (or fiscal year beginning in)	(a) 2017 1375026.	(b) 2018 2622154.	(c) 2019 2295070.	(d) 2020 2395413.	(e) 2021	(f) Total 13067489.
	Amounts from line 4	13/5026.	2022154.	2295070.	2395413.	43/9826.	1306/489.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10 770	12 200	14 006	12 124	11 400	CF C07
	and income from similar sources	12,770.	13,298.	14,996.	13,134.	11,409.	65,607.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						13133096.
	Total support. Add lines 7 through 10	-1- (!11	\				238,391.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the					12	230,371.
13	organization, check this box and stor						\sim
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2021 (I			column (fl)		14	88.60 %
	Public support percentage from 2020					15	84.66 %
	16a 33 1/3% support test - 2021. 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							
	b 33 1/3% support test - 2020. 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 tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes				-		
	more, and if the organization meets the						
	organization meets the facts-and-circle				-		▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs ▶

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	1					
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1					
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here		<u></u>				<u></u>
	ction C. Computation of Publi						
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					l l	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						e 17 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	▶Ш

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **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.
- **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.
- 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.
- **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.
- **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.
- 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.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on 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.**
- **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.*
 - **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.)

1		Yes	No
	1		
	2		
	3a		
	01		
	3b		
	3с		
	00		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	401		
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Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership	of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated am			
	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		
Sect	ction 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		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
	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 ta	iX		
	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		
	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		
	By reason of the relationship described on 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. ction E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee in			
1		istructions).		
a b				
C		entity (see instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	sitily (see mondette	Yes	No
			100	110
	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		
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 NATIONAL PARK TRUST, IN			52-1691924 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

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

Schedule A (Form 990) 2021

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

4 5

6

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2021)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	NATIONAL PARK TRUST, INC.	52-1691924					
Organization type (che	eck one):						
Filers of:	Section:						
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation					
<u> </u>							
	tion is covered by the General Rule or a Special Rule. i01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule. See instructions.					
General Rule							
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to n any one contributor. Complete Parts I and II. See instructions for determining a contri						
Special Rules							
sections 509(contributor, d	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, d literary, or edu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribu is checked, e purpose. Don	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{1}{2} \int \frac{1}{2}						
answer "No" on Part I\	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedulus, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 e filing requirements of Schedule B (Form 990).						

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

Name of organization Employer identification number

NATIONAL PARK TRUST, INC.

52-1691924

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$ 192,229.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$112,181 .	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$112,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NATIONAL PARK TRUST, INC.

52-1691924

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$337,081.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>123,350</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$112,349.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$994,261.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>114,068.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 221,527.	Person X Payroll

NATIO	NAL PARK TRUST, INC.	52	2-1691924
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$144,745.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.

Name of organization

Employer identification number

NATIONAL PARK TRUST, INC.

52-1691924

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED SECURITIES		
5			
		\$85,388.	12/31/21
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	DONATED SECURITIES	(Occ monactions.)	
11	DONATED SECORTITES		
		\$\$	11/02/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
arti			

Employer identification number Name of organization 52-1691924 NATIONAL PARK TRUST, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Inspection

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

Par	t I Organizations Maintaining Donor Advised F	unds or Other S	imilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised	d 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	ng that the assets he	ld in donor advised fun	ds
	are the organization's property, subject to the organization's excl	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advis	ors in writing that gra	int funds can be used	only
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for an	y other purpose confer	ring
	impermissible private benefit?			
Par			s" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (for example, recreation	or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribu	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a 1
b	•			2b 2,093.00
С	Number of conservation easements on a certified historic structu			2c
d	Number of conservation easements included in (c) acquired after			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or t	erminated by the orgar	nization during the tax
	year ▶		1	
4	Number of states where property subject to conservation easem		<u> </u>	
5	Does the organization have a written policy regarding the periodic			X Yes No
•	violations, and enforcement of the conservation easements it hol			
6	Staff and volunteer hours devoted to monitoring, inspecting, han 10	dling of violations, an	id enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling \blacktriangleright \$ 600 .	of violations, and en	forcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirement	ts of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation e			
	balance sheet, and include, if applicable, the text of the footnote	to the organization's	financial statements th	nat describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of A	•	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990			
1a	If the organization elected, as permitted under FASB ASC 958, n	=		
	of art, historical treasures, or other similar assets held for public e	, ,		nce of public
	service, provide in Part XIII the text of the footnote to its financial			
b	If the organization elected, as permitted under FASB ASC 958, to			
	art, historical treasures, or other similar assets held for public exh	nibition, education, or	research in furtheranc	e 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 treasur		- ·	provide
	the following amounts required to be reported under FASB ASC			
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for	r Form 990.		Schedule D (Form 990) 2021

Pai	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Otl	ner Simil	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further the	he organization's ex	cempt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma		•	•			Yes		No
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa		3			, ,	,		
1a	Is the organization an agent, trustee, custod		iary for contribution	s or other assets n	ot included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
	, 1		3				Amoun	t	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.				•			一	
Pai									
		(a) Current year	(b) Prior year	(c) Two years back	-	ears back	(e) Four	vears b	ack
12	Beginning of year balance	39,380.	39,380.		+	39,380.	(-,	39,3	
	Contributions			,,,,,,,	1	,		,-	
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	39,380.	20 200	20 200		20 200		20.3	200
_	End of year balance		39,380.	,	•	39,380.		39,3	300.
2	Provide the estimated percentage of the cur	rent year end balance		a)) neid as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ession of the organiza	ition that are held a	nd administered for	the organiz	zation	ı	V	<u> </u>
	by:								No
	(i) Unrelated organizations								X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or ot			Accumulate	ed	(d) Boo	k value	
		basis (investm	,		epreciation		4 46	- 40	
	Land		1,46	5,100.			1,46	5,10	10.
	Buildings					_			
С	Leasehold improvements								
d	Equipment		_						_
	Other			0,127.	20,1	27.	<u> </u>		0.
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line 1	0c.)			1,46	5,10	<i>10</i> .

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 NATIONAL PA	RK TRUST, INC	. 52	-1691924 Page 3
Part VII Investments - Other Securities.			Ŭ
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1c. 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) TREASURE FOREVER			
(2) REVOLVING FUND	945,483.	END-OF-YEAR MARKET	VALUE
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	0.45 400		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	945,483.		
Part IX Other Assets.	5 000 D 1 1 1 1 1	14 L O . E	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Dook volue
DDADEDEU HELD HAD DADUG	Description		(b) Book value 162,725.
(-7	TICE ACCEMC		319,195.
	OSE ASSETS		319,193.
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	481,920.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITI	ES		320,825.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			220 025
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	320,825.

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

Schedule D (Form 990) 2021

Part XI	Recond	ciliation	of Revenue	per Audited	Financial	Statements	With	Revenue	per	Return

Pai	rt XI Reconciliation of Revenue per Audited Financial S	tatements With	i Revenue per R	eturr	1.
	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	4,798,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-113,500.		
b	Donated services and use of facilities	2b	398,000.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	284,500.
3	Subtract line 2e from line 1			3	4,513,920.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
-				$\overline{}$	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)		5	4,513,920.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S	2.) Statements Wit		_	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV,	2.) Statements Wit line 12a.	h Expenses per	_	rn.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements	2.) Statements Wit line 12a.	h Expenses per	_	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV,	2.) Statements Wit line 12a.	h Expenses per	_	rn.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements	2.) Statements Wit line 12a.	h Expenses per	_	rn.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2.) Statements Wit line 12a.	h Expenses per	_	rn.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 IN TEXT TEXT TOTAL RECONCILIATION OF EXPENSES PER AUDITED TOTAL STATE OF THE PROPERTY OF THE PRO	2.) Statements Wit line 12a. 2a 2b	h Expenses per	_	rn.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2.) Statements Wit line 12a. 2a 2b 2c	h Expenses per	_	rn. 3,243,630.
1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2.) Statements Wit line 12a. 2a 2b 2c 2d	398,000.	_	m. 3,243,630. 398,000.
Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial Section Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2.) Statements Wit line 12a. 2a 2b 2c 2d	398,000.	Retu	rn. 3,243,630.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial Section Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2.) Statements Wit line 12a. 2a 2b 2c 2d	398,000.	Retu	m. 3,243,630. 398,000.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2.) Statements Wit line 12a. 2a 2b 2c 2d	398,000.	Retu	m. 3,243,630. 398,000.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2.) Statements Wit line 12a. 2a	398,000.	Retu	3,243,630. 398,000. 2,845,630.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2.) Statements Wit line 12a. 2a 2b 2c 2d 4a 4b	398,000.	Retu	m. 3,243,630. 398,000.

Part XIII Supplemental Information.

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

PART II, LINE 9:

THE ORGANIZATION'S CONSERVATION EASEMENT IS CARRIED ON THE STATEMENT OF FINANCIAL POSITION AT MARKET VALUE AT THE TIME OF DONATION AS DETERMINED BY AN INDEPENDENT APPRAISAL.

PART V, LINE 4:

THE TRUST'S ENDOWMENT FUND INCLUDES A PERMANENTLY RESTRICTED FUND WHICH IS A TRADITIONAL DONOR-RESTRICTED ENDOWMENT FUND. THE FUND'S INVESTMENT EARNINGS WILL BE USED IN THE UNRESTRICTED OPERATIONS OF THE TRUST. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

Schedule D (Form 990) 2021

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

Open to Public Inspection

Name of the organization

NATIONAL PARK TRUST, INC.

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?

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BLUE STAR FAMILIES, INC.							BLUE STAR FAMILIES KIDS
PO BOX 230637							TO PARKS DAY EVENT
ENCINITAX, CA 92023	80-0369895	501 (C)(3)	208,912.	0.			SPONSORSHIP
GIRL SCOUTS OF HAWAII							
410 ATKINSON DRIVE, SUITE 2E1, BOX3	,						KIDS TO PARKS DAY 2022
HONOLULU, HI 96814		501 (C)(3)	6,000.	0.			SCHOOL AWARD
OUR MILITARY KIDS							
2911 HUNTER MILL RD, SUITE 203							MILITARY FAMILIES FISHING
OAKTON, VA 22124	56-2483648	501 (C)(3)	50,000.	0.			IN NATIONAL PARKS
RECREATE RESPONSIBILITY COALITION,							
C/O EMBRACING THE BEAR LLC - 6213							RECREATE RESPONSIBLY
WEST 6TH ST LOS ANGELES, CA							COALITION FISCAL
90048	86-3484956	501 (C)(3)	61,845.	0.			SPONSORSHIP
TRAGEDY ASSISTANCE PROGRAM FOR							GOLD STAR FAMILIES
SURVIVORS (TAPS) - 3033 WILSON							ENGAGING WITH NATIONAL
BOULEVARD, SUITE 300 - ARLINGTON,							FORESTS; GOLD STAR
<u>VA 22201</u>	92-0142268	501 (C)(3)	65,000.	0.			FAMILIES FISHING IN
NATIONAL PARK SERVICE							
1849 C STREET, NW							FT. WASHINGTON PARK
WASHINGTN, DC 20240	53-0197094	GOV'T UNIT	84,326.	0.			PROJECT (MD)

2	Enter total number of section	$_{1}$ 501(c)(3) and government	organizations listed	in the line 1 table
_	Enter total number of section	i ou i (c)(o) and dovernment	. Organizations listed	in the line i table

2.

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE AMBASSADOR PROGRAM STIPENDS	6	1,000.	0.	FMV	
		2,000.			
Part IV Supplemental Information. Provide the information re-	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	Г:				
TRAGEDY ASSISTANCE PROGRAM FOR SUI	RVIVORS (TAPS)			
(H) PURPOSE OF GRANT OR ASSISTANCE	E: GOLD S	TAR FAMILI	ES ENGAGIN	G WITH	
NATIONAL FORESTS; GOLD STAR FAMIL					

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.

INC.

Open to Public

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

NATIONAL PARK TRUST,

Inspection **Employer identification number**

52-1691924

Ρŧ	art I Questions Regarding Compensation			
•	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X 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:			l
	Receive a severance payment or change-of-control payment?			X
	Participate in or receive payment from a supplemental nonqualified retirement plan?		<u> </u>	X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	.		Х
	The organization?		<u> </u>	X
D	Any related organization?	5b		1
_	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:	60		Х
a h	The organization?	6a 6b		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	····· <u>'</u>		<u> </u>
U	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
_				

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

Schedule J (Form 990) 2021

Regulations section 53.4958-6(c)?

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

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

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

		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) GRACE LEE	(i)	149,855.	1,000.	0.	7,543.	0.		0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization NA '	TIONAL	PARK TRU	ST,	IN	с.		-	-	identif 9192		number
					ion 501(c)(4), and sec						
•					art IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, Iir	ne 40I	b.	1	
1 (a) Name of disqualified pers	son (b) F	(b) Relationship between disqualified person and organization			ified (c) Description of trans	saction			<u> </u>	rrected?
		person and or	garriza	ition						Yes	No
2 Enter the amount of tax inci	urred by the o	rganization man	agers	or disc	qualified persons dur	ing the year under					
section 4958							>	\$ _			
3 Enter the amount of tax, if a	ny, on line 2,	above, reimburs	ed by	the or	ganization		>	\$ _			
5											
Part II Loans to and/o											
· · · · · · · · · · · · · · · · · · ·					, Part V, line 38a or F	orm 990, Part IV, line	e 26; or	r if the	e orgar	ization	
reported an amount	t on Form 990 Relationship	, Part X, line 5, 6	6, or 22 (d) Lo		(a) Ovininal	(A) Dalaman alum	/ m\ l	1	(h) Appi	oved ,) Written
	ith organization	nization of loop		the zation?	(e) Original principal amount	(f) Balance due	l '(a) ''' l by bo		by boar commit	alu ul I a a a a a a a a a a a a a a a a a a	
•	, and the second			From	· · ·	+	Yes			.1001	es No
KEVIN R. SETH BO	OARD ME	PROPERTY		110111	155,000.	155,000.	103	X	X		<u>ζ</u> (
					,						
								\rightarrow			
Total					<u></u>	155,000.					
Part III Grants or Assis	stance Ber	nefiting Inter	este	d Pei		133,000.					
Complete if the orga		•									
(a) Name of interested per		(b) Relationship			(c) Amount of	(d) Type	of		(e)	Purpos	e of
	'	interested pers	on an		assistance	assistano				ssistano	
		the organiza	ation								
								\perp			
								+			
								+			
	ı					1		- 1			

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

Schedule L (Form 990) 2021

SEE PART V FOR CONTINUATIONS

Complete if the organization answered (a) Name of interested person	(b) Relationship between interested	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	zation's
	person and the organization	transaction	transaction	rever Yes	nues?
				103	140
Part V Supplemental Information. Provide additional information for respo	nses to questions on Schedule L (see	instructions)	•		ı
SCHEDULE L, PART II, LOANS			ıs.		
(A) NAME OF PERSON: KEVIN			15.		
(B) RELATIONSHIP WITH ORGAN		BFD			
		.DEK			
(C) PURPOSE OF LOAN: PROPE	RTY PURCHASE				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization NATIONAL PARK TRUST, INC. Employer identification number 52-1691924

Pai	rt I	Types of Property								
			(a)	(b)	(c)		(d)			
			Check if	Number of	Noncash contrib		Method of de			
			applicable	contributions or litems contributed	Form 990, Part VIII		noncash contribu	ition a	mount	S
1	Λ <i>ι</i> +	Works of art		TOTAL CONTINUES OF	1 01111 000, 1 411 1111	,				
2		Historical treasures								
3		Fractional interests								
4		ks and publications								
5		hing and household goods								
6	Cars	and other vehicles								
7	Boa	ts and planes								
8		lectual property								
9		urities - Publicly traded	X	16	325,	598.	FAIR MARKET	VA	LUE	
10		urities - Closely held stock								
11		urities - Partnership, LLC, or								
		t interests								
12		urities - Miscellaneous								
13		lified conservation contribution -								
13										
		oric structures								
14		lified conservation contribution - Other								
15		estate - Residential								
16		estate - Commercial								
17		estate - Other								
18	Coll	ectibles								
19	Foo	d inventory								
20		gs and medical supplies								
21		dermy								
22		orical artifacts								
23		ntific specimens								
24		neological artifacts								
25		\								
26	Oth	`								
27	Oth	. '								
		`								
28	Oth	, , ,		<u> </u>						
29		nber of Forms 8283 received by the organiz		-						
	tor v	which the organization completed Form 828	83, Part V, L	Jonee Acknowledg	jement L	29			1	
									Yes	No
30a		ng the year, did the organization receive by								
		t hold for at least three years from the date			-					
	exer	npt purposes for the entire holding period?	?					30a		X
b	If "Y	es," describe the arrangement in Part II.								
31	Doe	s the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard	d contribu	utions?	31	X	
32a	Doe	s the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell	noncash				
		ributions?						32a		Х
b		es," describe in Part II.								
33		e organization didn't report an amount in c	olumn (c) fo	r a type of propert	v for which column	(a) is che	cked.			
		cribe in Part II.		, p. 3. p. sport	,	,_, .5 5.10	-··- 			
LHA		or Paperwork Reduction Act Notice. see	the Instruc	tions for Form 99	0.		Schedule M	l (Forr	n 990)	2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

PROGRAM SERVICE ACCOMPLISHMENTS

NATIONAL PARK TRUST MISSION

OUR MISSION IS TO PRESERVE PARKS TODAY AND CREATE PARK STEWARDS FOR TOMORROW.

PRESERVE PARKS TODAY: SINCE 1983, NATIONAL PARK TRUST HAS COMPLETED 76 LAND ACQUISITION, RESTORATION, AND MITIGATION PROJECTS TO PROTECT MORE THAN 25,000 ACRES IN 30 STATES, ONE U.S. TERRITORY, AND WASHINGTON, SIXTY-ONE OF THESE PROJECTS HAVE BENEFITED 49 UNITS OF THE NATIONAL PARK SERVICE. WHILE OUR EARLIER WORK INCLUDED THE PRESERVATION OF VARIOUS FEDERAL, STATE, AND LOCAL PUBLIC LANDS, CURRENTLY, OUR WORK FOCUSES SOLELY ON NATIONAL PARK SITES. THE PARK TRUST SELECTS LAND PROJECTS FROM A HIGH-PRIORITY LIST ESTABLISHED BY THE NATIONAL PARK SERVICE AND INCLUDES PRIVATELY OWNED PARCELS (FROM WILLING SELLERS) THAT ARE LOCATED WITHIN CURRENT NATIONAL PARK BOUNDARIES AS WELL AS ADJACENT LANDS TO NATIONAL PARKS. ALL LANDS ACQUIRED ARE DONATED TO THE NATIONAL PARK SERVICE FOR PERMANENT PROTECTION. THE PARK TRUST MAY WORK AS THE SOLE NON-PROFIT PARTNER WITH THE NPS ON A PARTICULAR PROJECT; HOWEVER, WE ALSO OFTEN WORK AS A PARTNER WITH NATIONAL AND LOCAL LAND TRUSTS AND FRIENDS GROUPS TO COMPLETE PARK PRESERVATION PROJECTS.

CREATE PARK STEWARDS FOR TOMORROW: TO ENSURE THE PRESERVATION OF OUR

PARKS AND PUBLIC LANDS AND WATERS IN PERPETUITY, NATIONAL PARK TRUST

FOCUSES ON GETTING KIDS AND FAMILIES TO PARKS WITH THE GOAL OF BUILDING

THE PIPELINE OF FUTURE PARK STEWARDS AND OUTDOOR ENTHUSIASTS. THE TRUST

HAS FIVE NATIONAL INITIATIVES TO ENGAGE YOUTH AND FAMILIES: 1) BUDDY

HAS FIVE NATIONAL INITIATIVES TO ENGAGE YOUTH AND FAMILIES: 1) BY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedul

Schedule O (Form 990) 2021

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

BISON PROGRAMS, 2) NATIONAL KIDS TO PARKS DAY, 3) YOUTH LEADERSHIP

PROGRAM, 4) MILITARY FAMILY PROGRAMS, AND 5) THE COLLEGE AMBASSADOR

PROGRAM. THESE INITIATIVES PROVIDE PARK EXPERIENCES FOR A VARIETY OF

AUDIENCES, INCLUDING UNDERSERVED YOUTH, TEACHERS, MILITARY-CONNECTED

FAMILIES, AND COLLEGE/UNIVERSITY COMMUNITIES. THESE PARK EXPERIENCES

1) ENHANCE CLASSROOM CURRICULUM, 2) PROMOTE HEALTH AND WELLNESS THROUGH

OUTDOOR RECREATION, AND 3) FOSTER PARK STEWARDSHIP THROUGH CAREER

AWARENESS AND VOLUNTEER OPPORTUNITIES. TO DATE, SINCE 2009, THE PARK

TRUST'S YOUTH AND FAMILY PROGRAMS HAVE REACHED MORE THAN 3,000,000

CHILDREN AND FAMILIES AND HAVE COLLABORATED WITH AND GARNERED

RECOGNITION FROM THE WHITE HOUSE, DEPARTMENT OF THE INTERIOR, NATIONAL

SINCE THE PANDEMIC, THE PARK TRUST NOW EMPLOYS A MULTI-DIMENSIONAL

APPROACH TO CONNECT KIDS TO PARKS, OFFERING A HYBRID PROGRAM, BLENDING

THE BEST OF IN-PARK AND LIVE VIRTUAL PROGRAMS WITH RANGERS.

PARK SERVICE, U.S. FOREST SERVICE, AND NUMEROUS NATIONAL AND LOCAL

EDUCATION AND CONSERVATION PARTNERS.

IN THE COMING YEARS, THE PARK TRUST WILL WORK TO EXPAND AND FURTHER

INTEGRATE OUR LAND CONSERVATION AND YOUTH EDUCATION PROGRAMS SO THAT WE

CREATE MEANINGFUL EXPERIENCES IN NATURE WHERE CHILDREN GAIN IMPORTANT

ACADEMIC AND INTERPERSONAL SKILLS AND HAVE NEW OUTDOOR RECREATION

OPPORTUNITIES. WE ALSO TEACH THEM IMPORTANT LESSONS IN CONSERVATION,

HISTORY, AND SOCIAL JUSTICE AND THEIR ROLE IN PROTECTING OUR NATION'S

PARKLANDS. AND, WITH A POTENTIAL FEDERAL WORKFORCE RETIREMENT RATE OF

40 PERCENT IN THE NEXT DECADE, THE PARK TRUST HAS A TREMENDOUS

OPPORTUNITY TO PROVIDE YOUNG PEOPLE WITH HANDS-ON EXPERIENCES IN NATURE

AND EXPOSE THEM TO GREEN CAREER PATHWAYS AS TECHNICIANS, SCIENTISTS,

Name of the organization NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

ENGINEERS, LAND MANAGERS, AND EDUCATORS, AMONG OTHER PROFESSIONS.

ANOTHER WAY THE PARK TRUST WORKS TOWARDS CREATING PARK STEWARDS OF

TOMORROW IS THROUGH GRANT MANAGEMENT SERVICES. NATIONAL PARK TRUST

PROVIDES TURN-KEY SERVICES THAT ENABLE BRANDS TO REALIZE THE BENEFITS

OF A ROBUST GIVING PROGRAM - MINIMIZING ADMINISTRATIVE EXPENSES WHILE

MAXIMIZING PROGRAM EFFICIENCY. GRANT MANAGEMENT DIRECTLY HELPS THE PARK

TRUST ACHIEVE ITS MISSION. THE PARK TRUST CURRENTLY MANAGES FIVE

GRANT-MAKING PROGRAMS AND, TO DATE, HAS AWARDED NEARLY \$1.5 MILLION TO

SCHOOLS AND NONPROFITS THAT CONNECT PEOPLE WITH THE OUTDOORS.

YOUTH AND FAMILY PROGRAMS

FROM EXPLORING THE CHANNEL ISLANDS TO CANOEING ALONG THE ANACOSTIA

RIVER IN WASHINGTON, DC, NATIONAL PARK TRUST IS MAKING CONSERVATION

RELEVANT TO THOUSANDS OF STUDENTS FROM INNER-CITY AND RURAL COMMUNITIES

ACROSS THE COUNTRY. OUR PROGRAMS CENTER AROUND OUR LOVABLE PINT-SIZED

WOOLLY MASCOT, BUDDY BISON, WHO REMINDS KIDS TO "EXPLORE OUTDOORS; THE

PARKS ARE YOURS!" BUDDY BISON IS NOT ONLY A TANGIBLE REMINDER THAT KIDS

NEED TO GET OUT AND GO, BUT HE ALSO CONNECTS KIDS ACROSS THE COUNTRY

WITH EACH OTHER. FAMILIES AND TEACHERS ALIKE WANT TO KNOW, "WHERE'S

BUDDY BISON BEEN?"

THROUGH OUR VARIOUS BUDDY BISON YOUTH PROGRAMS, THE PARK TRUST PROVIDED

EXPERIENTIAL EDUCATION FOR 21,657 STUDENTS IN 396 SCHOOLS. OUR GOAL FOR

ALL OUR YOUTH PROGRAMS IS TO INSPIRE A GENERATION OF FUTURE

CONSERVATION LEADERS AND PARK ENTHUSIASTS.

1. THE BUDDY BISON SCHOOL PROGRAM FULLY INTEGRATES LEARNING OBJECTIVES

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

FROM THE SCHOOL'S CURRICULUM WITH PARK PROGRAMS AND SUPPLEMENTAL

EDUCATION MATERIALS. WORKING DIRECTLY WITH TEACHER FEEDBACK, THE PARK

TRUST CUSTOMIZED OVER 161 EXPERIENCES TO PARKS WORKING WITH 6,676

STUDENTS.

2.THE 2022 KIDS TO PARKS DAY SCHOOL GRANT PROGRAM HAS AWARDED 111

GRANTS TO 93 TITLE-I SCHOOLS TO SUPPORT OVER 5,896 STUDENTS IN GRADES

PRE-K THROUGH 12.

3.IN ADDITION, THE PARK TRUST HAS ALSO IMPLEMENTED "PARK EXPERIENCE PROGRAMS". THIS MODEL OF ENGAGEMENT FOCUSES OUR EFFORTS ON A PARTICULAR PARK, REACHING OUT TO AS MANY LOCAL SCHOOLS AS POSSIBLE TO BRING STUDENTS TO A PARTICULAR PARK FOR AN IMMERSIVE DAY OF OUTDOOR LEARNING OR VIRTUAL EXPERIENCE. DURING THE 2021-2022 SCHOOL YEAR, NATIONAL PARK TRUST BROUGHT 7,461 STUDENTS TO THE FOLLOWING NATIONAL PARK SERVICE AREAS: TALLGRASS PRAIRIE NATIONAL PRESERVE (KS), CHANNEL ISLAND NATIONAL PARK (CA), MORRISTOWN NATIONAL HISTORICAL PARK (NJ), NATIONAL MALL AND MEMORIAL PARKS (DC), INDIANA DUNES NATIONAL PARK (IN), PRESIDENT'S PARK (DC), LINCOLN BOYHOOD NATIONAL MEMORIAL (IN), YUMA CROSSING NATIONAL HERITAGE AREA (AZ), MILL SPRINGS BATTLEFIELD NATIONAL MONUMENT (KY), SALT RIVER BAY NATIONAL HISTORICAL PARK AND ECOLOGICAL PRESERVE (VI), TONTO NATIONAL MONUMENT (AZ), FORT LARNED NATIONAL HISTORIC SITE (KS), SHILOH NATIONAL MILITARY PARK (TN), AND RIVER RAISIN NATIONAL BATTLEFIELD PARK (MI).

PROGRAM SERVICE ACCOMPLISHMENTS

DURING THE 2021-2022 SCHOOL YEAR, THE BUDDY BISON YOUTH PROGRAMS HAVE BEEN IMPLEMENTED IN THE FOLLOWING STATES:

ALASKA - 1 SCHOOL, 46 STUDENTS

Name of the organization **Employer identification number** NATIONAL PARK TRUST, INC. 52-1691924 ARKANSAS - 2 SCHOOLS, 85 STUDENTS ARIZONA - 1 SCHOOL, 55 STUDENTS CALIFORNIA - 30 SCHOOLS, 1,636 STUDENTS COLORADO - 2 SCHOOLS, 200 STUDENTS CONNECTICUT - 1 SCHOOLS, 18 STUDENTS DELAWARE - 2 SCHOOLS, 97 STUDENTS FLORIDA - 1 SCHOOL, 50 STUDENTS GEORGIA - 6 SCHOOLS, 788 STUDENTS HAWAI'I - 7 SCHOOLS, 225 STUDENTS IOWA - 1 SCHOOLS, 62 STUDENTS IDAHO - 4 SCHOOLS, 139 STUDENTS ILLINOIS - 6 SCHOOLS, 301 STUDENTS INDIANA - 63 SCHOOLS, 2,054 STUDENTS KANSAS - 12 SCHOOLS, 613 STUDENTS KENTUCKY - 29 SCHOOLS, 1,878 STUDENTS LOUISIANA - 2 SCHOOLS, 156 STUDENTS MAINE - 1 SCHOOL, 12 STUDENTS MARYLAND - 17 SCHOOLS, 1,412 STUDENTS MASSACHUSETTS - 1 SCHOOL, 20 STUDENTS MICHIGAN - 4 SCHOOLS, 689 STUDENTS MINNESOTA - 2 SCHOOLS, 136 STUDENTS MISSISSIPPI - 1 SCHOOL, 100 STUDENTS MISSOURI - 5 SCHOOLS, 431 STUDENTS MONTANA - 2 SCHOOLS, 91 STUDENTS NEVADA - 9 SCHOOLS, 861 STUDENTS NEW JERSEY - 44 SCHOOLS, 1,472 STUDENTS NEW MEXICO - 1 SCHOOL, 23 STUDENTS NEW YORK - 9 SCHOOLS, 827 STUDENTS

24700__1

Name of the organization **Employer identification number** NATIONAL PARK TRUST, INC. 52-1691924 NORTH CAROLINA - 5 SCHOOLS, 354 STUDENTS NORTH DAKOTA - 1 SCHOOL, 165 STUDENTS OHIO - 2 SCHOOLS, 224 STUDENTS OKLAHOMA - 1 SCHOOL, 40 STUDENTS OREGON - 1 SCHOOL, 25 STUDENTS PENNSYLVANIA - 6 SCHOOLS, 386 STUDENTS RHODE ISLAND - 1 SCHOOL, 46 STUDENTS SOUTH CAROLINA - 1 SCHOOL, 30 STUDENTS SOUTH DAKOTA - 1 SCHOOL, 22 STUDENTS TEXAS - 6 SCHOOLS, 279 STUDENTS VIRGINIA - 4 SCHOOLS, 215 STUDENTS WASHINGTON - 3 SCHOOLS, 150 STUDENTS WASHINGTON, DC - 89 SCHOOLS, 4,890 STUDENTS WISCONSIN - 2 SCHOOLS, 112 STUDENTS US VIRGIN ISLANDS - 7 SCHOOLS, 242 STUDENTS BELOW ARE SAMPLES OF BUDDY BISON SCHOOL EVENTS IMPLEMENTED BY THE PARK TRUST: ALASKA: 46 4TH GRADE STUDENTS FROM FINGER LAKE ELEMENTARY (WASILLA, AK) VISITED THE MATANUSKA GLACIER STATE RECREATION AREA IN MAY TO TAKE A GUIDED TREK ACROSS THE GLACIER. AFTER THE GLACIER WALK, STUDENTS PARTICIPATED IN A PARK CLEAN-UP NEAR THE VISITOR CENTER.

ARKANSAS: 50 9TH GRADERS FROM THE OZARK JUNIOR HIGH SCHOOL (OZARK, AR)

WENT TO THE FORT SMITH NATIONAL HISTORIC SITE ON MAY 13TH, 2022.

STUDENTS PARTICIPATED IN A RANGER PROGRAM THAT FOCUSED ON THE TRAIL OF

TEARS AND THE CIVIL WAR IN ARKANSAS.

132212 11-11-21

24700__1

Name of the organization NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

ARIZONA: 55 KINDERGARTENERS FROM KINSEY INQUIRY AND DISCOVERY SCHOOL

(FLAGSTAFF, AZ) VISITED THE MONTEZUMA CASTLE NATIONAL MONUMENT ON MARCH

24TH, 2022. STUDENTS JOINED PARK RANGERS TO LEARN ABOUT ANIMAL

ADAPTATIONS AND THE IMPORTANCE OF WATER TO THE ENVIRONMENT. THEY ALSO

HELPED THE RANGER COMPLETE A NATIVE TREE PLANTING.

CALIFORNIA: THE 6TH GRADERS AT WILSON ELEMENTARY (SANGER, CA) VISITED

THE GRANT GROVE SECTION OF SEQUOIA AND KINGS CANYON NATIONAL PARK.

THEIR TEACHERS GUIDED THEM ON A HIKE THROUGH THE PARK, WHERE THEY

DISCUSSED DIFFERENT FORMS OF POLLUTION AND HOW THEIR ACTIONS AND THE

POLLUTION THEY SEE IN THEIR OWN COMMUNITIES CAN AFFECT THE NATURAL

AREAS IN THEIR REGION, SUCH AS THIS NATIONAL PARK. STUDENTS WERE ALSO

ASKED TO BRAINSTORM IDEAS FOR COMBATTING THIS POLLUTION AND BEING A

PART OF THE SOLUTION.

COLORADO: 68 1ST-6TH GRADE STUDENTS FROM CANON EXPLORATORY SCHOOL

(CANON CITY, CO) WENT TO ROYAL GORGE PARK ON MAY 19TH, 2022, TO TAKE

PART IN THE MULTIPLE EDUCATIONAL STATIONS THAT RELATED TO OUTDOOR

RECREATION, HISTORY, GEOLOGY, AND TRAIL CONSTRUCTION.

CONNECTICUT: 18 11TH-GRADE STUDENTS FROM STAMFORD HIGH SCHOOL

(STAMFORD, CT) VISITED WEIR FARM NATIONAL HISTORICAL PARK ON MAY 26TH,

2022. STUDENTS USED THE SITE TO EXPLORE THE BIODIVERSITY OF CONNECTICUT

PRIOR TO URBANIZATION THROUGH WILDLIFE OBSERVATION AND PLANT

IDENTIFICATION. AFTER CONCLUDING THEIR RESEARCH, STUDENTS RETURNED TO

SCHOOL AND CREATED PUBLIC SERVICE ANNOUNCEMENTS ABOUT HABITAT LOSS.

Schedule O (Form 990) 2021

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

DELAWARE: THE 1ST GRADERS AT KUUMBA ACADEMY CHARTER SCHOOL (WILMINGTON,

DE) VISITED BELLEVUE STATE PARK FOR AN EXPLORING ECOSYSTEMS PROGRAM.

STUDENTS WERE INTRODUCED TO THE PARK'S ECOSYSTEMS FIRSTHAND, TO LEARN

ABOUT AND COMPARE THEM. WITHIN EACH ECOSYSTEM, STUDENTS WERE ENCOURAGED

TO IDENTIFY THE PRODUCERS, CONSUMERS, AND DECOMPOSERS AND TALK ABOUT

THE RELATIONSHIPS BETWEEN THEM.

FLORIDA: 50 9TH-GRADE STUDENTS FROM SOUTHTECH ACADEMY (BOYNTON BEACH,

FL) WENT TO MACARTHUR STATE PARK ON MAY 16, 2022. STUDENTS CONDUCTED

WATER QUALITY TESTS FOR NITRATES AND PHOSPHATES AND DID A MARINE DEBRIS

SURVEY. ONCE THE DATA WAS COLLECTED, STUDENTS ASSESSED HOW HEALTHY THE

ESTUARY WAS.

GEORGIA: THE 3RD GRADE FROM M. AGNES JONES (ATLANTA, GA) WAS EXCITED TO

VISIT SWEETWATER CREEK STATE PARK IN PERSON THIS SPRING. STUDENTS

ARRIVED AT THE VISITOR CENTER, WHERE THEY SPLIT INTO TWO GROUPS FOR THE

DAY'S ACTIVITIES. THE FIRST STATION WAS A RANGER-LED PROGRAM IN THE

VISITOR CENTER, WHERE STUDENTS EXPLORED ANIMAL ADAPTATIONS USING PELTS,

BONES, AND INVERTEBRATES SAMPLES. STUDENTS WERE ALSO ABLE TO USE THE

MICROSCOPES TO SEE FEATHERS AND INVERTEBRATES UP CLOSE. THE SECOND

STATION WAS A GUIDED BIRD WALK THROUGH THE WOODS WITH THE NATIONAL PARK

TRUST. STUDENTS WERE ECSTATIC TO LEARN THAT THEY WERE ABLE TO KEEP THE

BINOCULARS THEY USED AND COULD USE THEM AGAIN AT HOME!

HAWAI'I: 45 10TH -12TH-GRADE STUDENTS FROM HONOKA'A HIGH AND

INTERMEDIATE SCHOOL (HONOKA'A, HI) CAMPED AND EXPLORED HAWAII VOLCANO

NATIONAL PARK IN JUNE 2022. WHILE THERE, STUDENTS HIKED, PARTICIPATED

IN A STEWARDSHIP PROJECT AND LEARNED ABOUT NATIVE HAWAIIAN CULTURE.

Name of the organization NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

IOWA: 62 2ND GRADERS FROM SOUTH CENTRAL CALHOUN ELEMENTARY SCHOOL

(ROCKWELL CITY, IA) EXPLORED CALHOUN COUNTY PARK ON MAY 4TH, 2022.

STUDENTS MET WITH THE COUNTY CONSERVATIONIST FOR A GUIDED BIRD-WATCHING
SESSION AND HIKE.

IDAHO: 25 8TH GRADERS FROM COUNCIL JUNIOR HIGH SCHOOL (COUNCIL, ID)

WENT TO CRATERS OF THE MOON NATIONAL MONUMENT ON MAY 12TH, 2022.

STUDENTS HAD STUDIED VOLCANIC FORMATIONS IN SCIENCE CLASS BEFOREHAND

AND THEN WENT TO THE NATIONAL MONUMENT TO EXPLORE THE GEOGRAPHY

FIRSTHAND. WHILE THERE, STUDENTS COMPLETED A SCAVENGER HUNT TO FIND AND

RECOGNIZE A VARIETY OF VOLCANIC ROCKS, FORMATIONS, AND FEATURES.

ILLINOIS: WATKINS NATURE CENTER STAFF LED 60 4TH-GRADERS FROM CHICAGO

ACADEMY (CHICAGO, IL) THROUGH A PROGRAM INCLUDING A PRESENTATION ON

OWLS NATIVE TO ILLINOIS, A HANDS-ON OWL PELLET DISSECTION, AND A

SESSION WHERE STUDENTS MET LIVE BIRDS ON CAMERA (SOME OF WHICH MADE THE

PELLETS). THE PROGRAM FOCUSED ON WILDLIFE REHABILITATION, HOW TO KEEP

BIRDS SAFE, AND SEVERAL ADAPTATIONS OWLS AND OTHER RAPTORS HAVE

DEVELOPED IN ORDER TO SURVIVE IN THEIR EVER-CHANGING HABITATS.

INDIANA: THE 3RD GRADERS AT FRANKLIN ELEMENTARY (WHITING, IN) HAD A
BLAST VISITING MULTIPLE LOCATIONS IN INDIANA DUNES NATIONAL PARK.

FIRST, THEY VISITED CHELLBERG FARM WHERE A PARK RANGER GAVE THEM A TOUR

OF THE PROPERTY AND TAUGHT THEM ABOUT EARLY FARMING PRACTICES IN

NORTHERN INDIANA. NEXT, STUDENTS WERE INTRODUCED TO THE WORLD OF

BIRDING, RECEIVING THEIR VERY OWN PAIR OF BINOCULARS AND TAKING A HIKE

IN THE WOODS TO PUT THEIR BIRDING SKILLS TO THE TEST! TO ROUND OUT THE

Name of the organization PARK TRUST, INC. Employer identification number 52-1691924

DAY, THE GROUP ENDED THEIR TRIP WITH A HIKE AND FREE PLAY AT WEST BEACH.

KANSAS: 4TH-GRADE STUDENTS FROM BUCKNER ELEMENTARY (WICHITA, KS) SPENT

THE DAY AT EXPLORATION PLACE CHILDREN'S MUSEUM. THEY EXPLORED THE

INTERACTIVE EXHIBITS, VIEWED A LIVE SCIENCE DEMONSTRATION, AND WATCHED

A FILM ABOUT NATIONAL PARKS IN THE DOME THEATER.

KENTUCKY: 45 4TH GRADERS FROM CAVERNA ELEMENTARY SCHOOL (HORSE CAVE,

KY) WENT TO MAMMOTH CAVE NATIONAL PARK TO PARTICIPATE IN A GUIDED CAVE

TOUR AND COMPLETE A TRAIL CLEAN-UP ON MAY 20TH, 2022. DURING THE CAVE

TOUR, RANGER-LED STUDENTS THROUGH GEOLOGY LESSONS TO CONNECT BACK TO

CLASSROOM LEARNING OBJECTIVES.

LOUISIANA: THE 4TH GRADERS OF HOMER PLESSY COMMUNITY SCHOOL (NEW ORLEANS, LA) VISITED CHALMETTE BATTLEFIELD. THE MORNING BEGAN WITH A RIDE DOWN THE MISSISSIPPI RIVER ABOARD THE CREOLE QUEEN PADDLE-WHEELER.

WHEN WE ARRIVED AT CHALMETTE BATTLEFIELD, THE RANGERS GREETED US IN COLONIAL DRESS AND PERFORMED A MUSKET-FIRING DEMONSTRATION IN CHARACTER. STUDENTS WERE EXCITED TO SEE THE MUSKETS IN ACTION, AS THEY'D BEEN LEARNING ABOUT THEM IN HISTORY CLASS. NEXT, THEY BROKE INTO FOUR GROUPS AND ROTATED THROUGH STATIONS, WITH A BREAK FOR LUNCH IN THE MIDDLE. THEY DETERMINED THE AGE OF A TREE (ABOUT 300 YEARS OLD!) TO EARN A JUNIOR RANGER BADGE, EXPLORED THE PARK'S MUSEUM, DISCOVERED HOW SHEEP'S WOOL IS SPUN INTO YARN ON A REAL SPINNING WHEEL AND LEARNED ABOUT JEAN LAFITTE AND HIS LIFE AS A PIRATE.

MAINE: 12 2ND-5TH GRADE STUDENTS LIKE THE "LIFE-SKILLS" SPECIAL NEEDS

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

PROGRAM AT CAPTAIN ALBERT STEVENS SCHOOL (BELFAST, ME) WENT TO ACADIA

NATIONAL PARK ON MAY 20TH, 2022. WHILE THERE, STUDENTS HELPED PARK

RANGERS COMPLETE A PLANTING PROJECT ALONG THE TRAILS AND TOOK AN

INTERPRETIVE HIKE.

MARYLAND: THE KINDERGARTENERS OF HARMONY HILLS ELEMENTARY (SILVER

SPRING, MD) VISITED WATKINS NATURE CENTER FOR A "WILD THINGS" PROGRAM

AND FREE TIME ON THE WIZARD OF OZ-THEMED

PROGRAM SERVICE ACCOMPLISHMENTS

PLAYGROUND. DURING THE PROGRAM, THE STUDENTS WERE INTRODUCED TO ANIMALS

NATIVE TO THEIR AREA SUCH AS AN AMERICAN TOAD, AN EASTERN BOX TURTLE,

AND AN EASTERN KINGSNAKE. STUDENTS LEARNED ABOUT EACH ANIMAL'S HABITAT

AND ADAPTATIONS. THEY EVEN GOT TO TOUCH SOME OF THE ANIMALS THAT WERE

PRESENTED!

MASSACHUSETTS: 20 9TH-12TH GRADE STUDENTS FROM PHOENIX CHARTER ACADEMY

LAWRENCE (LAWRENCE, MA) WENT TO HAROLD PARKER STATE FOREST ON JUNE 2,

2022. THE TRIP FOCUSED ON MENTAL HEALTH AND NATURE. WHILE THEIR

STUDENTS PRACTICED YOGA AND TOOK A TEACHER-GUIDED MINDFULNESS HIKE.

MICHIGAN: 27 5TH-GRADE STUDENTS FROM HINKS ELEMENTARY SCHOOL (ALPENA,

MI) WENT TO THE MILL CREEK DISCOVERY PARK ON JUNE 3, 2022. STUDENTS MET

WITH FORESTERS TO PARTICIPATE IN THE "NATURE IN THE NORTH'' PROGRAM,

WHICH INCLUDED AN INTERPRETIVE HIKE AND A LESSON ON PLANT AND ANIMAL

ADAPTATIONS.

MINNESOTA: THE 86 STUDENTS IN THE 6TH-GRADE CLASS AT NEW MILLENNIUM

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

ACADEMY (BROOKLYN CENTER, MN) WOLF RIDGE ENVIRONMENTAL LEARNING CENTER

IN MARCH 2022 TO TAKE PART IN AN OVERNIGHT ENVIRONMENTAL EDUCATION

PROGRAM. WHILE THERE STUDENTS, STUDENTS TOOK PART IN ACTIVITIES AND

LESSONS ABOUT MINNESOTA'S ECOLOGY, WEATHER, AND GEOLOGY.

MISSISSIPPI: THE 4TH GRADERS AT POPP'S FERRY ELEMENTARY (BILOXI, MS)

VISITED THE MARINE EDUCATION CENTER AT THE UNIVERSITY OF SOUTHERN

MISSISSIPPI. AT THE SITE, THEY ROTATED THROUGH THREE PROGRAM STATIONS:

COASTAL REPTILES, COASTAL HABITATS, AND AN OWL PELLET DISSECTION.

STUDENTS HAD A WONDERFUL EXPERIENCE WITH HANDS-ON ACTIVITIES AT EACH

STATION!

MISSOURI: THE 4TH GRADERS FROM MULLANPHY ELEMENTARY (ST. LOUIS, MO)

TOOK PART IN THE "EVERY KID OUTDOORS" EXPERIENCE AT GATEWAY ARCH

NATIONAL PARK. DURING THE PROGRAM, STUDENTS TOURED THE MUSEUM UNDER THE

ARCH TO DISCOVER ST. LOUIS HISTORY AND RODE THE TRAM UP THE ARCH. AFTER

THESE ACTIVITIES, STUDENTS MET UP WITH PARK RANGERS TO LEARN ABOUT THE

NPS AND THEN RECEIVED THEIR 4TH-GRADE PARK PASSES.

MONTANA: 36 4TH-6TH GRADERS FROM LINCOLN ELEMENTARY (LINCOLN, MT) WENT

TO GIANT SPRINGS STATE PARK ON MAY 12, 2022, TO LEARN ABOUT THE ROE

RIVER, WHICH IS THE SHORTEST IN THE WORLD. STUDENTS LEARNED ABOUT RIVER

ECOLOGY AND ALSO LEARNED ABOUT THE IMPACT LEWIS AND CLARK HAD ON GREAT

FALLS AND THE SURROUNDING AREA.

NEVADA: WATKINS NATURE CENTER STAFF GAVE A PRESENTATION TO BENNETT

ELEMENTARY (LAUGHLIN, NV) STUDENTS ON THE TYPES OF OWLS THEY COULD FIND

IN THEIR HOME STATE OF NEVADA. THEY LOOKED AT PICTURES OF EACH OWL,

Name of the organization NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

LISTENED TO THEIR CALLS, AND LEARNED WHAT MAKES EACH SPECIES UNIQUE.

STAFF ALSO TAUGHT STUDENTS ABOUT ADAPTATIONS OWLS HAVE TO SURVIVE,

INCLUDING THEIR ABILITY TO MAKE OWL PELLETS. STUDENTS THEN SPENT TIME

DISSECTING THEIR OWN OWL PELLETS AND IDENTIFYING THE TYPES OF BONES

THEY FOUND. HARRAH'S VOLUNTEERS WERE ON-SITE TO HELP STUDENTS DISSECT

THEIR OWL PELLETS AND IDENTIFY THE BONES. FINALLY, WATKINS STAFF

INTRODUCED THE STUDENTS TO TWO OF THEIR VERY OWN BIRDS OF PREY ANIMAL

AMBASSADORS: A HARRIS HAWK AND A BARRED OWL.

NEW JERSEY: THE 5TH GRADERS AT RICHMOND AVENUE SCHOOL (ATLANTIC CITY,

NJ) VISITED ESTELL MANOR PARK FOR A FUN-FILLED DAY CELEBRATING THEIR

2ND PLACE WIN IN THE CARBON REDUCTION CONTEST. STUDENTS WENT FISHING IN

THE POND, TOOK A NATURE WALK, AND PLAYED A FEW GAMES OF SOCCER. IT WAS

A WONDERFUL OUTDOOR EXPERIENCE FOR EVERYONE TO END THE SCHOOL YEAR ON A

HIGH NOTE!

NEW MEXICO: MANZANO MESA ELEMENTARY SCHOOL'S (ALBUQUERQUE, NM) 23

3RD-GRADE STUDENTS WENT TO PETROGLYPH NATIONAL MONUMENT ON MAY 4, 2022.

STUDENTS PARTICIPATED IN PARK RANGER-GUIDED PROGRAMS, WHICH COVERED

GEOLOGY, THE HISTORY OF THE PETROGLYPHS ON SITE, AND NATURE JOURNALING.

NEW YORK: THE 6TH GRADERS AT BROOKLYN JESUIT PREP (BROOKLYN, NY)

PARTICIPATED IN BROOKLYN BRIDGE PARK'S "PLANKTON & POLLUTION" PROGRAM.

THEY MET WITH PARK EDUCATORS AT PIER 5 IN BROOKLYN AND COLLECTED WATER

SAMPLES. EDUCATORS SHOWED STUDENTS HOW TO CONDUCT A SERIES OF WATER

CHEMISTRY TESTS TO EXAMINE THE WATER QUALITY. THEY ALSO LOOKED AT

SAMPLES UNDER A MICROSCOPE TO SEARCH FOR PLANKTON, AS WELL AS

POLLUTION, TO DETERMINE WHETHER OR NOT THE EAST RIVER IS A HEALTHY

Name of the organization **Employer identification number** NATIONAL PARK TRUST, INC. 52-1691924

PLACE FOR MARINE LIFE.

NORTH CAROLINA: EDUCATORS FROM THE PIEDMONT WILDLIFE CENTER BROUGHT "ANIMAL AMBASSADORS" INTO THE EMILY K CENTER (DURHAM, NC) TO LEAD LIVE ANIMAL PRESENTATIONS. DURING THE PROGRAM, STUDENTS MET THE ANIMALS AND DISCUSSED THE VARIOUS ADAPTATIONS REPTILES, AMPHIBIANS, MAMMALS, AND BIRDS OF PREY HAVE. AT THE END OF THE PROGRAM, STUDENTS ASKED QUESTIONS AND WERE ABLE TO TOUCH A FEW OF THE REPTILES.

NORTH DAKOTA: JEFFERSON ELEMENTARY SCHOOL'S (VALLEY CITY, ND) 165 KINDERGARTEN AND 1ST-GRADE STUDENTS VISITED MEL REIMAN RECREATION AREA ON MAY 23, 2022. STUDENTS MET WITH USACE AND PARK OFFICIALS TO TAKE A DAM TOUR, LEARN ABOUT ANIMAL TRACKS, AND PLANT TREE SEEDLINGS.

OHIO: 185 6TH AND 7TH-GRADE STUDENTS FROM NATIONAL INVENTORS HALL OF FAME STEM MIDDLE SCHOOL (AKRON, OH) WENT TO CUYAHOGA VALLEY NATIONAL PARK IN APRIL AND MAY OF 2022. WHILE THERE, STUDENTS WORKED WITH PARK RANGERS TO PULL OUT INVASIVE PLANTS AND REPLANT THE AREA WITH NATIVE TREES.

OKLAHOMA: 40 9TH-12TH GRADE STUDENTS FROM MAUD HIGH SCHOOL (MAUD, OK) WENT TO LAKE EUFAULA STATE PARK IN APRIL 2022. STUDENTS VISITED THE DEEP FORK NATURE CENTER TO LEARN ABOUT SUSTAINABILITY AND WILDLIFE. WHILE THERE, STUDENTS LEARNED ABOUT THE WATER CATCHMENT AND FOREST REGENERATION PROGRAMS AT THE PARK.

OREGON: THE TWELVE FORESTRY PROGRAM STUDENTS IN THE 12TH GRADE AT THE SABIN-SCHELLENBERG PROFESSIONAL TECHNICAL CENTER EXPLORED THE SOIL AND 132212 11-11-21

Name of the organization NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

FOREST ECOLOGY AT BENSON STATE PARK, MAYER STATE PARK, CELILO PARK,

COTTONWOOD CANYON STATE PARK, AND PAINTED HILLS NATIONAL PARK THROUGH A

SERIES OF VIRTUAL PROGRAMS. AFTER EACH PROGRAM, STUDENTS PARTICIPATED

IN A HANDS-ON ACTIVITY SUCH AS SOIL AND WATER TESTING AT THE SCHOOL.

PENNSYLVANIA: THE 4TH GRADERS AT LABORATORY CHARTER SCHOOL

(PHILADELPHIA, PA) VISITED THE SCHUYLKILL CENTER FOR ENVIRONMENTAL

EDUCATION. STUDENTS VISITED A POND TO CONDUCT WATER QUALITY TESTING AND

POLLUTION EXPERIMENTS AND SEARCH FOR AND OBSERVE MACROINVERTEBRATES.

AFTER LUNCH, THEY TOOK A HIKE TO OBSERVE AND DISCUSS THE WAYS ART

APPEARS IN NATURE AND HOW ART CAN BE INFLUENCED BY NATURE. THE STUDENTS

WERE THEN GIVEN FREE TIME TO EXPLORE, PLAY, AND CLIMB TREES ALONG THE

TRAIL.

RHODE ISLAND: THE 46 STUDENTS IN THE 4TH GRADE AT WHITEKNACT ELEMENTARY

SCHOOL (EAST PROVIDENCE, RI) WENT TO HULL STREET PARK TO PARTICIPATE IN

OUTDOOR RECREATION ACTIVITIES AND A NATURE ART LESSON. WHILE THERE,

STUDENTS PARTICIPATE IN LAWN GAMES, A FITNESS OBSTACLE COURSE, AND A

GUIDED PAINTING LESSON.

SOUTH CAROLINA: 30 7TH AND 8TH-GRADE STUDENTS FROM ALFRED E. RUSH

ACADEMY (QUINBY, SC) WENT TO LYNCHES RIVER COUNTY PARK IN MAY 2022 TO

PARTICIPATE IN A RANGER-LED PROGRAM ABOUT ENVIRONMENTAL HEALTH AND THE

DISEASES THAT THREATEN LOCAL WILDLIFE.

SOUTH DAKOTA: 22 5TH GRADERS FROM THE BRIDGEWATER - EMERY SCHOOL

(EMERY, SD) WENT FISHING AT PALISADES STATE PARK. WHILE THERE, STATE

FISH AND WILDLIFE OFFICIALS MET THE STUDENTS TO DISCUSS SUSTAINABLE

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

FISHING PRACTICES AND THE ROLE OF THE WATERSHED IN THE PARK.

TEXAS: 48 8TH GRADERS FROM EHRHART SCHOOL (BEAUMONT, TX) BEGAN THEIR

DAY IN HOUSTON WITH A TRIP TO SAM HOUSTON PARK TO TOUR THE HERITAGE

SOCIETY'S HISTORIC BUILDINGS. SPANNING OVER 100 YEARS OF TEXAS HISTORY,

STUDENTS TOURED EACH STRUCTURE AND LEARNED ABOUT ITS CONNECTION TO

TEXAS' DEVELOPMENT. AFTER A PICNIC LUNCH, STUDENTS REBOARDED TO BUS AND

MOVED TO THE HOUSTON MUSEUM OF NATURAL SCIENCES. WHILE THERE, STUDENTS

TOURED THE PERMANENT COLLECTIONS WITH THEIR CHAPERONES.

VIRGINIA: THE 2ND GRADERS AT DREW ELEMENTARY (ARLINGTON, VA)

PARTICIPATED IN AN "AMAZING ANIMALS" PROGRAM AT WATKINS NATURE CENTER,

WHERE THEY LEARNED ABOUT DIFFERENT ANIMAL ADAPTATIONS AND EACH ANIMAL'S

ROLE IN THEIR ECOSYSTEM. AFTERWARD, PARK TRUST STAFF LED THE STUDENTS

ON A HIKE THROUGH THE WOODS, LOOKING FOR EXAMPLES OF ANIMAL ADAPTATIONS

IN REAL LIFE. STUDENTS ENDED THE DAY BY HAVING A PICNIC LUNCH AND

PLAYING ON THE WIZARD OF OZ-THEMED PLAYGROUND.

WASHINGTON: THE 75 4TH-GRADE STUDENTS FROM TONASKET ELEMENTARY

(TONASKET, WA) WENT TO SINLAHEKIN WILDLIFE AREA ON MAY 12, 2022. WHILE

THERE, STUDENTS PARTICIPATED IN A PROGRAM ABOUT FIRE ECOLOGY AND

CONTROLLED BURNS. AFTERWARD, STUDENTS DID A NATURE JOURNALING EXERCISE.

WASHINGTON, DC: THE 3RD GRADERS AT NEVAL THOMAS ELEMENTARY (WASHINGTON,

DC) VISITED THE NATIONAL MALL. BEGINNING AT THE JEFFERSON MEMORIAL,

RANGER BETHANY TAUGHT THEM ABOUT JEFFERSON'S ACCOMPLISHMENTS AS A

WRITER, ARCHITECT, PRESIDENT, AND FARMER. STUDENTS EXPLORED THE

MEMORIAL TO FIND SYMBOLS THAT REPRESENTED EACH OF THOSE

132212 11-11-21

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

ACCOMPLISHMENTS. NEXT, STUDENTS WALKED TO THE FDR MEMORIAL. RANGER

BETHANY WALKED STUDENTS THROUGH EACH "ROOM", EXPLAINING KEY EVENTS THAT

OCCURRED IN EACH OF FDR'S THREE PRESIDENTIAL TERMS. AFTERWARD, STUDENTS

WALKED TO THE MLK MEMORIAL, WHERE THEY LEARNED ABOUT DR. KING'S "I HAVE

PROGRAM SERVICE ACCOMPLISHMENTS

DREAM" SPEECH, AS WELL AS THE IMPORTANT SYMBOLISM IN THE MEMORIAL'S

STRUCTURES. NEXT, STUDENTS WALKED TO THE LINCOLN MEMORIAL. RANGER

BETHANY EXPLAINED LINCOLN'S ROLE IN PASSING THE EMANCIPATION

PROCLAMATION, AND STUDENTS EXPLORED THE INSIDE OF THE MEMORIAL.

FINALLY, STUDENTS ENDED THEIR TOUR AT THE VIETNAM WAR VETERANS

MEMORIAL.

WISCONSIN: 31 SPECIAL EDUCATION STUDENTS FROM IRVING ELEMENTARY (WEST ALLIS, WI) WENT TO KAYLA'S PLAYGROUND, AN ADAPTIVE PARK, ON APRIL 8,

2022, FOR A DAY OF OUTDOOR PLAY AND MINDFULNESS ACTIVITIES. MANY OF THE

STUDENTS IN THE PROGRAM HAVE PHYSICAL DISABILITIES, SO THIS SPECIALLY

DESIGNED PLAYGROUND ALLOWED THEM TO PARTICIPATE FULLY IN ALL THE

ACTIVITIES.

US VIRGIN ISLANDS: 4TH GRADERS FROM SEVEN DIFFERENT ELEMENTARY SCHOOLS
ON THE ISLAND OF ST. CROIX VISITED SALT RIVER BAY NATIONAL HISTORICAL
PARK AND ECOLOGICAL PRESERVE TO LEARN ABOUT THE HISTORY OF THE PARK AS
WELL AS THE MARINE AND PLANT LIFE LIVING THERE. AFTER THE PROGRAM,
STUDENTS PARTICIPATED IN A POST-FIELD TRIP ACTIVITY, CREATING JEWELRY
WITH THE SYMBOLS OF THE TAINO, THE INDIGENOUS PEOPLE OF THE CARIBBEAN.

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number
52-1691924

KIDS TO PARKS DAY

AS A PUBLIC EXTENSION OF OUR RAPIDLY GROWING BUDDY BISON YOUTH

PROGRAMS, THE PARK TRUST ALSO INITIATED KIDS TO PARKS DAY IN 2011. KIDS

TO PARKS DAY HAS CAPTURED THE INTEREST OF MANY COMMUNITIES ACROSS THE

COUNTRY. THE 12TH ANNUAL KIDS TO PARKS DAY WAS CELEBRATED ON MAY 21,

2022, WITH IN-PERSON AND VIRTUAL EVENTS. THE IMPACT WAS MEASURED THIS

YEAR BY SOCIAL MEDIA, ONLINE, AND TRADITIONAL MEDIA ANALYTICS, WHICH

SHOWED MORE THAN 29.9 MILLION PEOPLE WERE REACHED THROUGH KIDS TO PARKS

DAY SOCIAL MEDIA MESSAGING, 3.3 MILLION PEOPLE WERE REACHED THROUGH

NATIONAL TV COVERAGE, AND 4.2 MILLION PEOPLE WERE REACHED THROUGH LOCAL

TV COVERAGE.

TO DEEPEN KIDS TO PARKS DAY ENGAGEMENT, NATIONAL PARK TRUST ENCOURAGED

CITIES, TOWNS, PARKS & RECREATION DEPARTMENTS TO PROCLAIM MAY 21ST,

2022, AS NATIONAL KIDS TO PARKS DAY. NATIONAL PARK TRUST ALSO

ENCOURAGED PEOPLE NATIONWIDE TO PARTICIPATE IN OUR 2022 NATIONAL SOCIAL

MEDIA CAMPAIGN, #MYPARKOURFUTURE, MEANT TO ENCOURAGE COMMUNITIES TO

EXPLORE LOCAL OUTDOOR PLACES AND EXPRESS WHY THEY ARE IMPORTANT TO

FUTURE GENERATIONS.

MILITARY FAMILY PROGRAMS

NATIONAL PARK TRUST SUPPORTS MILITARY COMMUNITIES, INCLUDING ACTIVE

MILITARY AND GOLD STAR FAMILIES, MILITARY FAMILY SURVIVORS, VETERANS,

AND OTHERS. WE PROVIDE THESE DEDICATED SERVICEMEN AND WOMEN AND THEIR

FAMILIES WITH MEMORABLE OUTDOOR PARK EXPERIENCES IN A VARIETY OF PUBLIC

PARKS, LANDS, AND WATERS NATIONWIDE. IN PARTNERSHIP WITH THE NATIONAL

PARK SERVICE, U.S. FOREST SERVICE, TRAGEDY ASSISTANCE PROGRAM FOR

SURVIVORS (TAPS), OUR MILITARY KIDS (OMK), AND JOINT BASE

Schedule O (Form 990) 2021

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

MYER-HENDERSON HALL, WE ARE PROVIDING MEANINGFUL AND IMPACTFUL PARK

EXPERIENCES FOR NEARLY 1500 MILITARY-CONNECTED FAMILIES ACROSS THE

COUNTRY. THE GOAL OF THESE COLLABORATIONS IS TO ENCOURAGE

MILITARY-CONNECTED MEN AND WOMEN AND THEIR CHILDREN TO DISCOVER AND

EXPLORE THEIR LOCAL, STATE, AND NATIONAL PARKS AND TO EXPERIENCE THE

EDUCATIONAL AND HEALTH BENEFITS OF THE GREAT OUTDOORS WHILE DEVELOPING

LIFELONG OUTDOOR RECREATION HABITS.

LAND AND PARK PRESERVATION PROGRAMS

THE PARK TRUST CONTINUES TO MAKE GREAT PROGRESS WITH OUR PARK

CONSERVATION EFFORTS. IN THE LATE 1990S, WE WERE THE LEAD ORGANIZATION

TO CREATE A NEW UNIT OF THE NATIONAL PARK SYSTEM DEDICATED TO

PRESERVING OUR COUNTRY'S PRAIRIE ECOSYSTEM - THE TALLGRASS PRAIRIE

NATIONAL PRESERVE. THE PARK TRUST CONTINUES TO BE INSTRUMENTAL IN

ADDING CRITICAL PRIVATE LANDS TO OTHER PARKS INCLUDING IN THE LAST FIVE

YEARS IN ROCKY MOUNTAIN NATIONAL PARK (CO), OLYMPIC NATIONAL PARK (WA),

PICTURED ROCKS NATIONAL LAKESHORE (MI), LASSEN VOLCANIC NATIONAL PARK

(CA), APPALACHIAN NATIONAL SCENIC TRAIL (ME, NY, AND VA), VALLES

CALDERA NATIONAL PRESERVE (NM), WASHITA BATTLEFIELD NATIONAL HISTORIC

SITE (OK), AND ST CROIX NATIONAL SCENIC RIVERWAY (WI).

WE ARE CURRENTLY WORKING ON SEVERAL NEW AND UNIQUE PRESERVATION PROJECTS, INCLUDING:

FORT SCOTT NATIONAL HISTORIC SITE, KS

INDIANA DUNES NATIONAL PARK, IN

Name of the organization **Employer identification number** NATIONAL PARK TRUST, INC. 52-1691924 FOR A LIST OF OUR COMPLETED PROJECTS, PLEASE VISIT OUR WEBSITE AT WWW.PARKTRUST.ORG. RECENTLY COMPLETED AND ONGOING PROJECTS INCLUDE: ARKANSAS: JOHNNYCAKE RANCH (ONGOING SINCE 2003) THE PARK TRUST HOLDS A CONSERVATION EASEMENT ON THIS 2000-ACRE RANCH, WHICH ABUTS THE OUACHITA NATIONAL FOREST AND THE POTEAU MOUNTAIN WILDERNESS AREA. THE FOREST IS HOME TO 79 PROPOSED, ENDANGERED, THREATENED, AND SENSITIVE SPECIES. THE EASEMENT ALSO PROVIDES HABITAT PROTECTION FOR THE BALD EAGLE. THE CONSERVATION EASEMENT BENEFITS BOTH THE WILDERNESS AREA AND THE NATIONAL FOREST BY PROVIDING A BUFFER ZONE TO ENSURE THE CONTINUED ECOLOGICAL VIABILITY OF THESE FEDERAL ASSETS. BEGINNING IN 2018, THE PARK TRUST IS CONTRACTING WITH A NORTHWEST ARKANSAS-BASED LAND TRUST TO OVERSEE EASEMENT RESPONSIBILITIES ON THE PROJECT. THE LAND TRUST DID THE ANNUAL MONITORING OF THE EASEMENT IN FEBRUARY 2022, WITH NO ISSUES OR PROBLEMS FOUND. MICHIGAN: NORTH COUNTRY NATIONAL SCENIC TRAIL (2021-PRESENT) THE NATIONAL PARK SERVICE CONTACTED NATIONAL PARK TRUST IN 2021, SEEKING OUR HELP TO ACQUIRE A PARCEL OF LAND. THE 20 ACRES OF LAND OVER WHICH THE TRAIL RAN SOLD ON THE OPEN MARKET IN EARLY 2021. THE PREVIOUS LANDOWNERS ALLOWED THE TRAIL TO CROSS THEIR PROPERTY UNDER A

"HANDSHAKE" AGREEMENT. WITHOUT A FORMAL EASEMENT, THE NEW LANDOWNER WAS

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

UNDER NO OBLIGATION TO ALLOW THE TRAIL ACROSS HIS LAND. HE WOULD NOT

ALLOW THE NPS TO USE HIS LAND FOR THE TRAIL, SO THE SEGMENT IS CLOSED.

THE PARK TRUST NEGOTIATED WITH THE NEW OWNER TO SELL A 3-ACRE PORTION

OF HIS PROPERTY WITH THE SECTION OF TRAIL TO THE NATIONAL PARK SERVICE

SO THE TRAIL COULD BE OPEN AGAIN. THE PARK TRUST IS HOLDING THE

PROPERTY UNTIL THE NPS COMPLETES ITS PROCESS AND IS ABLE TO BUY THE

PROPERTY FROM THE PARK TRUST.

VIRGINIA:

APPALACHIAN NATIONAL SCENIC TRAIL (2022-PRESENT)

THE PARK TRUST WORKED WITH THE APPALACHIAN TRAIL CONSERVANCY AND THE

NATIONAL PARK SERVICE TO PROTECT 128 ACRES ALONG THE AT. NPS WAS NOT

AVAILABLE TO TAKE TITLE TO THE PROPERTY WITHIN A TIME FRAME ACCEPTABLE

TO THE OWNER, SO THE PARK TRUST BOUGHT THE PROPERTY AND IS HOLDING THE

TITLE UNTIL NPS IS ABLE TO BUY IT AND INCORPORATE THE LAND INTO THE AT.

MANASSAS NATIONAL BATTLEFIELD PARK (2016-PRESENT)

IN 1914, 3 CIVIL WAR VETERANS FORMED A TRUST AND BOUGHT 1 ACRE OF LAND
ON THE HISTORIC LOCATION OF THE SECOND BATTLE OF MANASSAS. THEY PLACED
A GRANITE MONUMENT ON THE LAND TO COMMEMORATE THEIR COMMANDER, FLETCHER
WEBSTER, ON THE SPOT WHERE HE FELL IN BATTLE. THE THREE MEN PASSED AWAY
IN THE 1920S AND MADE NO PROVISION FOR CARE OR OWNERSHIP OF THE LAND.
THE PROPERTY AROUND THE ACRE BECAME PART OF THE NATIONAL PARK SYSTEM IN
1936, BUT THIS ACRE WAS SPECIFICALLY LEFT OUT. THE PARK TRUST HAS BEEN
WORKING WITH THE NPS AND PRO BONO ATTORNEY ASSISTANCE TO FIND A
PATHWAY, UNDER VIRGINIA LAW, TO ACCEPT OWNERSHIP AND TRANSFER IT TO THE
NATIONAL PARK SERVICE TO BECOME PART OF MANASSAS NATIONAL BATTLEFIELD

Schedule O (Form 990) 2021

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

PARK. THE PARK TRUST BRIEFED THE NEWLY ASSIGNED NPS REAL ESTATE

SPECIALIST ON THE PROJECT IN 2022 AND DISCUSSED STRATEGIES FOR PROJECT

COMPLETION. THE PROJECT IS ONGOING.

INDIANA

INDIANA DUNES NATIONAL PARK (2020-PRESENT)

THE MARQUETTE GREENWAY IS A PROJECT TO DEVELOP A 58-MILE TRAIL ALONG THE SHORE OF LAKE MICHIGAN IN INDIANA, FROM CHICAGO, ILLINOIS, TO NEW BUFFALO, MICHIGAN. THE TRAIL SPLITS INTO 20 SEGMENTS OF VARIOUS LENGTHS, AS DIVIDED BY THE JURISDICTION IN WHICH THE TRAIL IS LOCATED. THE PARK TRUST WOULD PROVIDE FUNDS FOR DUE DILIGENCE, AND QUIET TITLE ACTIONS ON 19 ABANDONED LOTS IN A SUBDIVISION. THESE LOTS WERE OWNED BY A RAILROAD COMPANY ON THE LAND THEY OWNED FOR THEIR RAILWAY, WHICH THEY FORMALLY ABANDONED. WE ARE WORKING WITH SAVE THE DUNES, A LOCAL ATTORNEY IN GARY, AND THE CITY OF GARY ON THE FIRST PHASE; 9 PARCELS IN LAKE COUNTY. THOUGH THE COUNTY IS TRANSFERRING THE LAND WITHOUT COST, IT WAS TREATED AS A TAX SALE. THE ATTORNEY HAS TAX DEEDS FOR 5 OF THE PARCELS AND HAS DONE A QUIET TITLE ON THEM. THE ATTORNEY ACQUIRED TAX DEEDS FOR THE NEXT 4 IN NOVEMBER 2022 AND WILL BEGIN A QUIET TITLE ACTION IN 2023; WHEN THEY ARE FINISHED, THE LAND WILL BE TRANSFERRED TO NPS. THE SECOND PHASE OF 10 PARCELS SHOULD BEGIN IN FEBRUARY 2023. WHEN THAT PHASE IS FINISHED, THOSE PARCELS WILL ALSO COMPLETE THE ACQUISITION OF THE NPS CONTRIBUTION TO THE MARQUETTE GREENWAY.

MARYLAND

MONOCACY NATIONAL BATTLEFIELD (2018-PRESENT)

THERE ARE TWO CIVIL WAR MONUMENTS AND ACCOMPANYING LAND THAT REMAIN IN

THE OWNERSHIP OF THE RESPECTIVE STATES OF ORIGIN OF THE MILITARY UNITS

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Schedule O (Form 990) 2021

2021.05070 NATIONAL PARK TRUST, INC.

Name of the organization NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

ENGAGED IN THE BATTLE. THEY ARE THE NEW JERSEY AND VERMONT MONUMENTS.

THE PARK TRUST WORKED TO FIND THE PROPERTY DEEDS AND POINT OF CONTACT
WITH EACH STATE. WE WORKED WITH THE PARK SUPERINTENDENT TO DEVELOP A
COURSE OF ACTION AND NPS TO PROCEED. WE CONTACTED NJ STATE PARKS AND

THE VT STATE PRESERVATION OFFICE, BOTH OF

PROGRAM SERVICE ACCOMPLISHMENTS

WHICH WERE WILLING TO WORK WITH THE PARK TRUST TO MAKE THE TRANSFERS. A
PRO BONO ATTORNEY IS SUPPORTING THE LEGAL PROCESS OF ELIMINATING A DEED
RESTRICTION THAT SAYS THE PROPERTY CAN NEVER BE SOLD; THOUGH COMMONLY
ACCEPTED TO BE A VOID CONDITION, A COURT JUDGMENT MAY BE NECESSARY TO
REMOVE IT FROM THE DEED FORMALLY. THE STATE OF VERMONT HAS PASSED
LEGISLATION TO AUTHORIZE THE TRANSFER TO THE NPS. THE PROJECTS ARE
ONGOING. THE PARK TRUST BRIEFED THE NEWLY ASSIGNED NPS REAL ESTATE
SPECIALIST ON THE PROJECT IN 2022.

CHESAPEAKE AND OHIO CANAL NATIONAL HISTORICAL PARK, MD (2017-PRESENT)

THE C&O CANAL SUPERINTENDENT IDENTIFIED A 2-ACRE PROPERTY ADJACENT TO

NPS LAND ON WHICH ARE THE RUINS OF THE SENECA STONE MILL. THE TWO ACRES

APPEARED AS AN EXHIBIT ON A DEED TO THE STATE OF MARYLAND, WHICH ALSO

NOTED IT WAS INTENDED TO BE TRANSFERRED TO NPS; THE TRANSFER NEVER

HAPPENED. BOARD MEMBER RAY SHERBILL ASSISTED THROUGH HIS FIRM WITH

GETTING A TITLE REPORT THAT POINTED TO THE STATE AS THE OWNER OF THE

PARCEL. THE ASSISTANT ATTORNEY GENERAL FOR THE STATE OF MARYLAND

INITIALLY FELT THE STATE DID NOT OWN THE PROPERTY. AFTER A REVIEW OF

THE TITLE REPORT AND DEEDS, THE ASSISTANT ATTORNEY GENERAL CHANGED HIS

POSITION, GIVING THE OPINION THAT THE STATE OWNED THE PROPERTY AND

WOULD BE WILLING TO TRANSFER IT DIRECTLY TO THE NATIONAL PARK SERVICE.

WOULD BE WILLING TO TRANSFER IT DIRECTLY TO THE NATIONAL PARK SERVICE.

Schedule O (Form

Name of the organization NATIONAL PARK TRUST, INC. **Employer identification number** 52-1691924

THE STATE ESTIMATED THE FIRST PHASE OF THE PROCESS WOULD BE FINISHED IN SEPTEMBER 2019, AFTER WHICH THE MARYLAND DEPARTMENT OF GENERAL SERVICES WILL COMPLETE THE PROCESS. THE STATE HAS COMPLETED ITS PREPARATIONS AND IS AWAITING THE NPS TO COMPLETE ITS PART OF THE PROCESS FOR THE TRANSFER. THE PARK TRUST BRIEFED THE NEWLY ASSIGNED NPS REAL ESTATE SPECIALIST ON THE PROJECT IN 2022.

FORT WASHINGTON PARK (2020-2022)

THE OWNER OF THE REMAINING 4 ACRES OF PRIVATE LAND AT FORT WASHINGTON PARK (A UNIT OF NATIONAL CAPITAL PARKS EAST) WISHED TO DONATE IT TO THE NATIONAL PARK SERVICE BUT DID NOT WANT TO TAKE THE TIME AND EXPENSE REQUIRED TO MEET THE REQUIREMENTS FOR TRANSFER TO THE FEDERAL GOVERNMENT. THE PARK TRUST STEPPED IN TO ASSIST, COMPLETING THE OWNERSHIP RESEARCH TO VERIFY LEGAL OWNERSHIP AND THE ENVIRONMENTAL SITE ASSESSMENT TO SHOW THERE WAS NO CONTAMINATION OF THE SITE. THE PARK TRUST ACCEPTED OWNERSHIP OF THE PROPERTY AND HELD IT WHILE THE NPS PERFORMED THE LEGAL REVIEWS NECESSARY FOR THE TRANSFER. WHEN ALL REQUIREMENTS WERE MET, THE PARK TRUST DONATED THE PROPERTY TO THE NATIONAL PARK SERVICE IN MAY 2022. FORT WASHINGTON BEGAN LIFE DURING THE WAR OF 1812, REMAINING A MILITARY INSTALLATION UNTIL 1946. THE 4 ACRES HAVE BEEN THE ONLY PRIVATE PROPERTY SINCE 1917, WHEN THE REMAINING ACREAGE AROUND IT WAS SOLD TO THE UNITED STATES.

NEW MEXICO

PECOS NATIONAL HISTORICAL PARK (2019-PRESENT)

THERE ARE SEVERAL PROPERTIES OUTSIDE THE PARK BOUNDARY THE NPS COULD EASILY ACQUIRE FOR PECOS NATIONAL HISTORICAL PARK IF THE BOUNDARY OF THE PARK WERE ADJUSTED. THERE ARE FIVE PROPERTIES, TOTALING ABOUT 100

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

ACRES, ACTUALLY OWNED BY THE NATIONAL PARK SERVICE BUT CANNOT BE

MANAGED BY OR INCLUDED IN PECOS NHP. THE NPS HAS FUNDS TO BUY ABOUT 198

ACRES OF UNDEVELOPED PROPERTY ADJACENT TO THE PARK. A LOCAL OWNER ALSO

WANTS TO DONATE ABOUT 26 ACRES OF ADJACENT PROPERTY. THE NPS IS HOPING

TO GET A BOUNDARY ADJUSTMENT. UNDER FEDERAL LAW, CONGRESS MUST MAKE THE

CHANGE IF THERE ARE MORE THAN 200 ACRES OF PROPERTY OR IF THE VALUE OF

THE PROPERTY IS MORE THAN \$750,000, SO CONGRESS MUST ACT IN THIS CASE.

THE PARK TRUST PROVIDED AN INFORMATIONAL BRIEFING FOR NM SENATOR MARTIN

HEINRICH TO LET HIM KNOW OF THE ISSUE, AFTER WHICH THE SENATOR'S OFFICE

CONTACTED THE NATIONAL PARK SERVICE WITH A FORMAL REQUEST FOR

INFORMATION ON NEEDED CHANGES TO THE PARK BOUNDARY. THE NPS CONTINUES

TO WORK ON THIS LONG-TERM PROJECT. THE PARK TRUST CONNECTED THE NPS

WITH SENATOR HEINRICH'S OFFICE AGAIN IN NOVEMBER 2022 TO BRIEF THE

SENATOR ON ADDITIONAL PROPOSED CHANGES/ADDITIONS TO THE PARK BOUNDARY

WYOMING

FORT LARAMIE NATIONAL HISTORIC SITE (2018-PRESENT)

THERE IS A 12-ACRE PIECE OF LAND INSIDE THE PARK THAT DOES NOT HAVE A
CLEAR OWNER. A SHIFTING RIVER CREATED THE PROPERTY, BUT IT APPEARS IT
WAS NEVER SURVEYED AND INCLUDED IN THE DEED FOR THE ADJACENT PROPERTY.
THE ADJACENT PROPERTY WAS TRANSFERRED TO THE NPS, AND THIS PROPERTY WAS
INTENDED TO BE TRANSFERRED WITH IT. COUNTY RECORDS SHOW IT AS FEDERAL
PROPERTY. THE PARK TRUST WORKED WITH NPS LANDS AND A CARTOGRAPHIC
TECHNICIAN TO BRIEF THEM ON HIS RESEARCH AND OPINION THAT THE
DETERMINING FACTOR IN OWNERSHIP WAS WHETHER THE LAND COULD TRANSFER TO
NPS OWNERSHIP THROUGH THE PRINCIPLE OF ACCRETION OR AVULSION (COMMON
LAW WHEN A RIVER CHANGES COURSE) - TWO DIFFERENT MECHANISMS. NPS AGREES
WITH THE ANALYSIS AND IS REQUESTING A TECHNICAL BOUNDARY CORRECTION (A

Schedule O (Form 990) 2021

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

MISTAKE IN THE ORIGINAL BOUNDARY DETERMINATION) WITH THE DEPARTMENT OF

THE INTERIOR (DOI) ATTORNEY'S ASSISTANCE. THE PROCESS CONTINUES, AND

THE PARK TRUST DID ADDITIONAL RESEARCH AND SUPPLIED THEIR FINDINGS TO

NPS IN DECEMBER 2022.

KANSAS

FORT SCOTT NATIONAL HISTORIC SITE (2020-PRESENT)

THE NATIONAL PARK SERVICE CONTACTED NATIONAL PARK TRUST IN 2020 SEEKING
HELP TO ACQUIRE A PARCEL OF LAND ADJACENT TO THE PARK. THE BUILDING
WILL BE CONVERTED INTO THE PARK MAINTENANCE OFFICE AND SHOP. THE
PROPERTY OWNER WANTED TO SELL THE PROPERTY BEFORE THE NPS WAS ABLE TO
BUY IT, SO THE PARK TRUST BOUGHT AND IS HOLDING AND MAINTAINING THE
PROPERTY. IT INCLUDED CONTRACTING THE APPRAISAL, TITLE RESEARCH, AND
ENVIRONMENTAL SITE ASSESSMENTS TO ENSURE ALL MET NPS STANDARDS. FOR
ACQUISITION. THE PARK TRUST ALSO ADMINISTERS A LEASE TO A SHERWIN
WILLIAMS PAINT RETAIL OUTLET AND IS NEGOTIATING MODIFICATIONS THAT WILL
MEET NPS AND DEPARTMENT OF THE INTERIOR REQUIREMENTS FOR ACCEPTING THE
LEASE SO THE PROPERTY CAN BE TRANSFERRED TO NPS. IN 2022, THE PARK
TRUST WAS ABLE TO REACH A TENTATIVE AGREEMENT ON THE LEASE WORDING AND
IS AWAITING FINAL APPROVAL BY ATTORNEYS OF THE U.S. DEPARTMENT OF THE
INTERIOR SO THAT NPS CAN TAKE POSSESSION OF THE PROPERTY IN 2023.

COLORADO

YUCCA HOUSE NATIONAL MONUMENT (2021-PRESENT)

THE NATIONAL PARK SERVICE REGIONAL OFFICE IN DENVER, COLORADO,

CONTACTED NATIONAL PARK SEEKING HELP TO ACQUIRE 160 ACRES FOR THE YUCCA

HOUSE NATIONAL MONUMENT. A LOCAL LANDOWNER WANTS TO DONATE THE PROPERTY

TO THE PARK, WHICH IS NOW 33 ACRES IN AREA. THE NPS COULD NOT ACCEPT

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number
52-1691924

THE PROPERTY BECAUSE IT WAS OUTSIDE THE LEGAL BOUNDARY OF THE PARK.

OVER SEVERAL YEARS, WORK WENT FORWARD THE PARK BOUNDARY CHANGED; IN

JANUARY 2021, CONGRESS PASSED A LAW CHANGING THE BOUNDARY TO INCLUDE

160 ACRES. DURING THE PROCESS, NPS DISCOVERED THE PROPERTY BOUNDARY

WITH THE ADJACENT LANDOWNER WAS NOT ACCURATE. FOR THEM TO ACCEPT THE

PROPERTY, IT WAS NECESSARY TO DO A SURVEY TO CORRECT THE PROPERTY

LINES. OWNERS ON BOTH SIDES WOULD HAVE TO AGREE TO THE CHANGE. THE NPS

ASKED THE PARK TRUST TO CONTRACT FOR THE SURVEY. IT WOULD BE LESS

COMPLICATED AND MUCH FASTER THAN IF NPS WERE TO DO IT AND SAVE THE

OWNER THE BURDEN OF ARRANGING IT. THE PARK TRUST IS ALSO ASSISTING NPS

IN WRITING A BOUNDARY AGREEMENT FOR THE OWNERS. THE AGREEMENT HAS NOT

YET BEEN SIGNED TO ALLOW THE SURVEY TO BE DONE; THE PROJECT CONTINUES.

PUBLIC EDUCATION

THE PARK TRUST UNDERTAKES AND CONDUCTS PROGRAMS TO EDUCATE AND RAISE
THE PROFILE OF NATIONAL PARKS AND THEIR NEEDS WITH THE PUBLIC, PARK
AGENCIES, AND CONGRESSIONAL DELEGATES. THE PARK TRUST CIRCULATES ITS
MONTHLY PUBLICATION, "NATIONAL PARK TRUST NEWS" (ELECTRONIC NEWSLETTER)
WHICH DESCRIBES CRITICAL PARKLAND ACQUISITIONS AND RELATED ISSUES. THIS
INFORMATION IS ALSO SHARED ON OUR SOCIAL MEDIA PLATFORMS (INSTAGRAM,
FACEBOOK, TWITTER, AND LINKEDIN) AS WELL AS ON OUR WEBSITE, IN OUR
ANNUAL REPORT, IN PRINT MAILINGS TO OUR SUPPORTERS, AND THROUGH PRESS
RELEASES.

THE PARK TRUST HOSTS ITS ANNUAL BRUCE F. VENTO PUBLIC SERVICE AWARD

EVENT TO HONOR A PUBLIC SERVANT FOR HIS OR HER COMMITMENT TO THE

ENVIRONMENT; AND HIS OR HER SERVICE, SKILL, AND INNOVATION IN SUPPORT

Schedule O (Form 990) 2021 Page 2

Name of the organization

NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

OF OUR PUBLIC LANDS; AND TO PROVIDE THE PUBLIC WITH INFORMATION ON SUCH SERVICE. IN 2022, THE AWARD RECIPIENT WAS CONGRESSMAN FRED UPTON FROM MICHIGAN. THE AWARD WAS PRESENTED TO CONGRESSMAN UPTON AT AN IN-PERSON EVENT ON JUNE 22, 2022, IN WASHINGTON DC.

THE PARK TRUST ALSO HOSTS ITS AMERICAN PARK EXPERIENCE AWARD EVENT TO RECOGNIZE AN INDIVIDUAL OR GROUP THAT HAS MADE OUTSTANDING CONTRIBUTIONS TO ENHANCE THE AWARENESS AND APPRECIATION OF OUR NATION'S PARKS, WILDLIFE REFUGES, AND HISTORIC LANDMARKS AND TO PROVIDE THE PUBLIC WITH INFORMATION ON SUCH CONTRIBUTIONS. IN 2022, THE AWARD RECIPIENT WAS PARK RANGER SHELTON JOHNSON. THE AWARD WAS PRESENTED TO RANGER JOHNSON AT AN IN-PERSON EVENT ON MAY 10, 2022, AT YOSEMITE NATIONAL PARK IN CALIFORNIA.

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

THE DRAFT 990 IS FIRST REVIEWED BY THE DIRECTOR OF FINANCE & ADMINISTRATION (DFA) AND EXECUTIVE DIRECTOR FOR ACCURACY AND CONTENT FOLLOWED BY REVIEW AND APPROVAL BY THE FINANCE COMMITTEE. PRIOR TO FILING, THE FULL BOARD OF TRUSTEES IS PROVIDED A COPY OF THE FINAL FORM 990.

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

EACH TRUSTEE AND OFFICER IS REQUIRED TO REVIEW A COPY OF THE CONFLICT OF INTEREST POLICY, WHICH REQUIRES EACH PERSON TO DISCLOSE ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH HE OR SHE BELIEVES COULD CONTRIBUTE TO FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST, A CONFLICT. THE BOARD OF TRUSTEES SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND IF SO, THE BOARD SHALL VOTE TO AUTHORIZE OR REJECT THE TRANSACTION OR 132212 11-11-21 Schedule O (Form 990) 2021 Schedule O (Form 990) 2021 Page 2

Name of the organization NATIONAL PARK TRUST, INC.

Employer identification number 52-1691924

TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT NPT'S BEST INTERESTS. THE TRUSTEE OR OFFICER WHO HAS THE CONFLICT IS RECUSED FROM ANY DISCUSSION AND VOTE.

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

THE GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND APPROVES

COMPENSATION FOR THE EXECUTIVE DIRECTOR, AS WELL AS REVIEWS AND APPROVES

COMPENSATION FOR OTHER SENIOR STAFF WHEN REQUESTED BY THE EXECUTIVE

DIRECTOR. RECOMMENDED COMPENSATION IS COMMUNICATED TO THE FULL BOARD OF

TRUSTEES BY THE GOVERNANCE COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,DC,FL,GA,HI,IL,KS,MD,MA,MI,MN,NH,NJ,NY,NM,NC,OR,PA,RI,SC,TN,UT,VA

WV,WI,MS

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

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

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XII, LINE 3B

SINGLE AUDIT ACT AND OMB CIRCULAR A-133

24700__1

SCHEDULE R (Form 990)

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.

to visite in any/Farm000 for instructions and the latest inform

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

401 EAST JEFFERSON STREET, SUITE 207

401 EAST JEFFERSON STREET SUITE 207

ROCKVILLE MD 20850

ROCKVILLE MD 20850

NPT KANSAS PARK PROJECTS LLC

Department of the Treasury

Internal Revenue Service

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

Employer identification number 52-1691924

NATIONAL PARK TRUST,

NATIONAL PARK TRUST,

INC.

155,000.INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (c) (d) (e) (f) (b) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) CANONIE IDNL ACQUISITION LLC 401 EAST JEFFERSON STREET, SUITE 207 THE TAX EXEMPT PURPOSE OF NATIONAL PARK TRUST, ROCKVILLE MD 20850 ACOUIRING PARCELS OF LAND. INDIANA NPT RANGE LIGHT ACQUISITION LLC 401 EAST JEFFERSON STREET SUITE 207 THE TAX EXEMPT PURPOSE OF NATIONAL PARK TRUST. ROCKVILLE, MD 20850 ACQUIRING PARCELS OF LAND. MICHIGAN INC. NPT VIRGINIA PARKS PROJECTS LLC

VIRGINIA

KANSAS

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.

THE TAX EXEMPT PURPOSE OF

ACOUIRING PARCELS OF LAND.

THE TAX EXEMPT PURPOSE OF

ACOUIRING PARCELS OF LAND.

(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	(f) Direct controlling entity	Section 5 contr enti	rolled
				501(c)(3))		Yes	No

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

NATIONAL PARK TRUST, INC.

	Identification of Balatad Ownerications Tayable as a Bosto analysis (Absorption Security and IV) and Tayable 200 Bast IV line 24 because it had an an expense valetad
	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
raitiii	organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disprop			Gene	ral or l	Parcentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	Sec 512(t contr ent	tion o)(13) rolled ity?
		country)		or tracty		400010		Yes	No
-									
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one	or more re	elated organizations listed	in Parts II-IV?		
а	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	
С	Gift, grant, or capital contribution from related organization(s)				1c	
	Loans or loan guarantees to or for related organization(s)				1d	
е	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	
	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	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
	Sharing of paid employees with related organization(s)				10	
р	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	
	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 co				•	
	(a) (b) Name of related organization Transa type (action	(c) Amount involved	(d) Method of determining amount invo	olved	
1)						
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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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)	,
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispr tion	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	l or Percen	tage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	alloca	ions?	of Schedule K-1	partne	owners	snip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	a33613	Yes	No	(F01111 1005)	Yes I	10	
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Part VII | Supplemental Information

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME AND ADDRESS OF DISREGARDED ENTITY:

CANONIE IDNL ACQUISITION LLC

401 EAST JEFFERSON STREET, SUITE 207

ROCKVILLE, MD 20850

PRIMARY ACTIVITY: THE TAX EXEMPT PURPOSE OF ACQUIRING PARCELS OF LAND.

DIRECT CONTROLLING ENTITY: NATIONAL PARK TRUST, INC.

NAME AND ADDRESS OF DISREGARDED ENTITY:

NPT RANGE LIGHT ACQUISITION LLC

401 EAST JEFFERSON STREET, SUITE 207

ROCKVILLE, MD 20850

PRIMARY ACTIVITY: THE TAX EXEMPT PURPOSE OF ACQUIRING PARCELS OF LAND.

DIRECT CONTROLLING ENTITY: NATIONAL PARK TRUST, INC.

NAME AND ADDRESS OF DISREGARDED ENTITY:

NPT VIRGINIA PARKS PROJECTS LLC

401 EAST JEFFERSON STREET, SUITE 207

ROCKVILLE, MD 20850

PRIMARY ACTIVITY: THE TAX EXEMPT PURPOSE OF ACQUIRING PARCELS OF LAND.

DIRECT CONTROLLING ENTITY: NATIONAL PARK TRUST, INC.

NAME AND ADDRESS OF DISREGARDED ENTITY:

NPT KANSAS PARK PROJECTS LLC

401 EAST JEFFERSON STREET, SUITE 207

ROCKVILLE, MD 20850

PRIMARY ACTIVITY: THE TAX EXEMPT PURPOSE OF ACQUIRING PARCELS OF LAND.

132165 11-17-21 Schedule R (Form

24700__1

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL~1~ , 2021, and ending JUN~30~ , 20 22

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

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

► Go to www.irs.gov/Form8879TE for the latest information.

2021

EIN or SSN Name of filer 52-1691924 NATIONAL PARK TRUST, INC. GRACE K. LEE Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here 3a Form 1120-POL check here ▶ b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here > X Form 4720 check here 7a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize PHILLIPS & ASSOCIATES, LLC 20850 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax ▶ **** THIS IS NOT A FILEABLE COPY **** **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 52074820850 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date > 04/17/23 ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2021) LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

102521 01-11-22

Form	990-T		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) Iendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 202		OMB No. 15	
Depart Interna	ment of the Treasury Il Revenue Service	▶	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public 501(c)(3) Organ	Inspection for izations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D Emp	loyer identification	on number
<u>— В</u> Ех	cempt under section	Print	NATIONAL PARK TRUST, INC.	5	52-1691	924
X] 501(c)(3)] 408(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 401 EAST JEFFERSON STREET, 207		up exemption nu instructions)	mber
	30(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code ROCKVILLE, MD 20850	F L	Check bo	ox if
		С Во	ok value of all assets at end of year 6,713,080.		an ameno	ded return.
G (Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust			
H (Check if filing only to	o ▶	Claim credit from Form 8941 Claim a refund shown on Form 2439			
I C	Check if a 501(c)(3)	organiz	ration filing a consolidated return with a 501(c)(2) titleholding corporation			▶∟
J E	nter the number of	attach	ed Schedules A (Form 990-T)		1	
K [Ouring the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X	No
			d identifying number of the parent corporation.			
			·	(301	L) 279-	-7275
Pai	rt I Total Unr	elate	d Business Taxable Income			
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see			•
	instructions)			1		0.
2	Reserved			2		
3	Add lines 1 and 2			3	<u> </u>	
4			(see instructions for limitation rules)	4		0.
5	Total unrelated bu	ısiness	taxable income before net operating losses. Subtract line 4 from line 3	5		
6		•	ng loss. See instructions	6		
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 fro			7	 	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	<u> </u>	L,000.
9	Trusts. Section 19	99A de	duction. See instructions	9	 	000
10	Total deductions			10	<u> </u>	L,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,			0
Da	enter zerort III Tax Com			11		0.
Pai	Tax Som	•		٠.		
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	` <u> 1</u>	+	<u> </u>
2			ates. See instructions for tax computation. Income tax on the amount on			
_	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	+	
3	Proxy tax. See ins			3	+	
4	Other tax amounts			5	+	
5	Alternative minimu			6	+	
6			cility income. See instructions h 6 to line 1 or 2, whichever applies	7	+	0.
7 LHA			h 6 to line 1 or 2, whichever appliesion Act Notice, see instructions.		Form QQ	0-T (2021)
ᄓ	i oi Fapeiwoik i	icuuct	ion not notice, see instructions.		1 01111 33	· (2021)

m 000.T (2021)

Part III	0.
b Other credits (see instructions) c General business credit. Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 1a through 1d 2 Subtract line 1e from Part II, line 7 3 Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement) 4 Total tax. Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Q21 estimated tax payments. Check if section 643(g) election applies ☐ Ga b 2021 estimated tax payments. Check if section 643(g) election applies ☐ Gb c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) ☐ Ge d Backup withholding (see instructions) ☐ Ge f Credit for small employer health insurance premiums (attach Form 8941) ☐ Gf f Total payments. Add lines 6a through 6g 7 Total payments. Add lines 6a through 6g 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ Gf 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid ☐ Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ☐ 10 Enter the amount of line 10 you want: Credited to 2022 estimated tax ☐ Refunded ☐ 11	0.
c General business credit. Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 1a through 1d 2 Subtract line 1e from Part II, line 7 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 □ Other amounts due. Check if from: □ Form 4255 Form 8611 Form 8697 □ Form 8866 □ Other amounts due. Check if from: □ Check if includes tax previously deferred under section 1294. Enter tax amount here 4 Total tax. Add lines 2 and 3 (see instructions). □ Check if includes tax previously deferred under section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Carrent net 965 tax liability paid from Form 965-B, Part II, column (k), line 4 5 Carrent net 965 tax liability paid from Form 965-B, Part II, column (k), line 4 6 Payments: A 2020 overpayment credited to 2021 6 b 2021 estimated tax payments. Check if section 643(g) election applies 6 6b 6 c 7 Tax deposited with Form 8868 6 c 6 d 6 d 6 d 6 d 6 d 6 d 6 d 6 d 6 d 6 d	0.
d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 1a through 1d 2 Subtract line 1e from Part II, line 7 3 Other amounts due. Check if from: □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach statement) 4 Total tax. Add lines 2 and 3 (see instructions). □ Check if includes tax previously deferred under section 1294. Enter tax amount here □ Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Payments: A 2020 overpayment credited to 2021 □ 6a b 2021 estimated tax payments. Check if section 643(g) election applies □ 6b c Tax deposited with Form 8868 □ 6c d Foreign organizations: Tax paid or withheld at source (see instructions) □ 6d e Backup withholding (see instructions) □ 6e f Credit for small employer health insurance premiums (attach Form 8941) □ 6f g Other credits, adjustments, and payments: □ Form 2439 □ Form 4136 □ Other □ Total ▶ 6g 7 Total payments. Add lines 6a through 6g	0.
e Total credits. Add lines 1a through 1d 2 Subtract line 1e from Part II, line 7 3 Other amounts due. Check if from:	0.
2 Subtract line 1e from Part II, line 7 3 Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement) ☐ Source (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here ☐ 4 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 ☐ 5 6a Payments: A 2020 overpayment credited to 2021 ☐ 6a b 2021 estimated tax payments. Check if section 643(g) election applies ☐ 6b c Tax deposited with Form 8868 ☐ 6c d Foreign organizations: Tax paid or withheld at source (see instructions) ☐ 6d e Backup withholding (see instructions) ☐ 6d f Credit for small employer health insurance premiums (attach Form 8941) ☐ 6f g Other credits, adjustments, and payments: ☐ Form 2439 ☐ Other ☐ Total ☐ 6g 7 Total payments. Add lines 6a through 6g ☐ 7 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ 8 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ☐ 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ☐ 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ☐ Refunded ☐ 11	0.
Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement) ☐ Other (attach statement) ☐ Other (attach statement) ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here ☐ ☐ Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 ☐ 5 ☐ Payments: A 2020 overpayment credited to 2021 ☐ 6a ☐ ☐ Description of Enter tax amount here ☐ ☐ Other ☐ Other ☐ Other ☐ Other ☐ Total ☐ Form 4136 ☐ Other ☐ Other ☐ Total ☐ Other ☐ Total ☐ Form 4136 ☐ Other ☐ Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid ☐ Inter the amount of line 10 you want: Credited to 2022 estimated tax ▶ ☐ Refunded ☐ Inter the amount of line 10 you want: Credited to 2022 estimated tax ▶ ☐ Refunded ☐ Inter I	0.
Other (attach statement) 4 Total tax. Add lines 2 and 3 (see instructions). □ Check if includes tax previously deferred under section 1294. Enter tax amount here	
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b 2021 estimated tax payments. Check if section 643(g) election applies c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 6a through 6g 7 Total payments. Add lines 6a through 6g 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11	_
c Tax deposited with Form 8868 6c 6c 6d Foreign organizations: Tax paid or withheld at source (see instructions) 6d	_
d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 6a through 6g 7 Total payments. Add lines 6a through 6g 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11	
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f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 7 Total payments. Add lines 6a through 6g Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded 11	
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Form 4136 Other Total	<u> </u>
7 Total payments. Add lines 6a through 6g 7 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11	
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10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11	
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11	
Part IV Statements Regarding Certain Activities and Other Information (see instructions)	
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority Yes	No
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
here	X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	
foreign trust?	_X_
If "Yes," see instructions for other forms the organization may have to file.	
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$	
4 Enter available pre-2018 NOL carryovers here ▶ \$ Do not include any post-2017 NOL carryover	
shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.	
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce	
the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.	
Business Activity Code Available post-2017 NOL carryover 531120 \$ 5,763.	
\$ 3,703.	
6a Did the organization change its method of accounting? (see instructions)	Х
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"	Λ
explain in Part V	
Part V Supplemental Information	Λ
Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.	A
	<u> </u>
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Sign correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return	
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE DIRECTOR May the IRS discuss this return the preparer shown below (see	with
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE DIRECTOR Title May the IRS discuss this return the preparer shown below (see instructions)? X Yes	
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return the preparer shown below (see instructions)? X Yes	with
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE DIRECTOR May the IRS discuss this return the preparer shown below (see instructions)? X Yes	with
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE DIRECTOR May the IRS discuss this return the preparer shown below (see instructions)? X Yes	with No
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE DIRECTOR May the IRS discuss this return the preparer shown below (see instructions)? X Yes	with No
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE DIRECTOR May the IRS discuss this return the preparer shown below (see instructions)? X Yes	with No

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

							30 I(C)(3) Organizations Only
A 1	Name of the organization NATIONAL PARK TRUST, INC.				B Employer 52-16		cation number 24
<u>c</u>	Unrelated business activity code (see instructions) ▶ 53112	0			D Sequenc	e:	1 of 1
<u>E </u>	Describe the unrelated trade or business ►RENTAL INCOM	Ε					
	rt I Unrelated Trade or Business Income		(A) Income		(B) Expense	es	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a					
h	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
c	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
_	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement) STMT 1	12	11,1				11,184.
13	Total. Combine lines 3 through 12	13	11,1	84.			11,184.
Pa	TEXT II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in			n dedi	uctions. Ded	uctior	ns must be
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	2,783.
3	Repairs and maintenance					3	6,610.
4	Bad debts					4	
5	Interest (attach statement). See instructions		SEE S	TATE	MENT 2	5	4,650.
6	Taxes and licenses					6	7,766.
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return					8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)		CFF C	ית א תיבי	MENT 3	13	2,181.
14	Other deductions (attach statement)					14	23,990.
15 16	Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. S					15	23,3300
16						16	-12,806.
17	column (C) Deduction for net operating loss. See instructions					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16					18	-12,806.
-10	On oracoa pasificas taxable modifier oubtract life 17 110111 life 10					1 10	==,0000

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	n D		rage z
1		nod of inventory valuation		1	_
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				Yes No
Part					
1	Description of property (property street address, city,		_		
	A \square	,			
	В				
	С				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				_
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				_
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, co	lumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					_
_5	Total deductions. Add line 4 columns A through D. Er		ne 6, column (B)	>	0.
Part		· · · · · · · · · · · · · · · · · · ·			
1	Description of debt-financed property (street address,	city, state, ZIP code). C	heck if a dual-use. See	instructions.	
	<u>A</u>				
	B				
	<u></u>				
	D				
•	Out to the second secon	A	В	С	D
2	Gross income from or allocable to debt-financed				
•	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
4	columns A through D)	+			
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)	+			
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)	0/	0/	0/	0/
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	Entor have and are D. 1	L line 7 selver (A)		0.
8	Total gross income (add line 7, columns A through D)	. Enter nere and on Parl	i, line /, column (A)	P	<u> </u>
•	Allocable deductions Multiply line Calby line C	Г	<u> </u>	1	
9	Allocable deductions. Multiply line 3c by line 6	rough D. Enton have and	on Port Lling 7		0.
10	Total dividends-received deductions included in line				0.
<u> 11</u>	Total dividends-received deductions included in line	10		P	<u> </u>

Concadio	7 (1 01111 000 1 <i>) 202</i> 1											i ago e
Part VI	Interest, Annu	uities, R	oyalties, and R	ents fro	m Contro	lled O	rganization	1S (se	e instruct	ions)		
						Е	xempt Contro	led Org	anization	ıs		
1	. Name of controlled	d	2. Employer	3. Net	unrelated	4. Tota	al of specified		t of colur		6. Ded	uctions directly
	organization		identification	incon	ne (loss)	payn	nents made		included		con	nected with
			number	(see ins	structions)				olling orga gross inc		incom	ne in column 5
(1)												
(2)												
(3)												
(4)												
			No	nexempt C	Controlled Or	ganizati	ions					
7. Ta	axable Income	1.8	Net unrelated	9. To	otal of specif	ied	10. Part o			11.	Deduct	tions directly
		l	come (loss)	pa	yments mad	е	that is inc					cted with
		(see	e instructions)					income		inc	ome in	column 10
(1)												
(2)												
(3)												
(4)												
							Add colum					ins 6 and 11.
							Enter here line 8, c		,			and on Part I, olumn (B)
									` '		, .	, ,
Totals		•			(0) (4.7)	<u> </u>	<u> </u>		0.			0.
Part VI			of a Section 50)1(C)(/),	1						F =	
	1. Desc	cription of	income		2. Amou		3. Deduction		-4. Set attach st			otal deductions nd set-asides
					1110011	10	(attach state		(attacii si	atemer		d cols 3 and 4)
(1)												
(1) (2)							+				-	
(3)												
(3) (4)												
(' '					Add amou	ınts in					A	dd amounts in
					column 2.							olumn 5. Enter
					here and or line 9, colu							e and on Part I, e 9, column (B)
Totals				•	11110 3, 0010	0.					"" \	0.
Part VI	II Exploited E	xempt /	Activity Income	. Other	Than Adv	ertisir	na Income	see inst	tructions)			
1 De	escription of exploite			,			. g (000 1110				
	ross unrelated busin	٠.		iness. Ente	er here and c	n Part I.	. line 10. colum	n (A)		2		
	penses directly con											
	e 10, column (B)		•							3		
4 Ne	et income (loss) from	unrelated	I trade or business.	Subtract li	ne 3 from lin	e 2. If a	gain, complete)				
	es 5 through 7									4		
5 Gi	ross income from ac	tivity that	s not unrelated bus	iness inco	me					5		
6 E>	penses attributable	to income	entered on line 5							6		
	cess exempt expen											
4.	Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2021

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals o	n a consolidated bas	sis.	
	A				
	В				
	c \square				
	D .				
Enter 4	amounts for each periodical listed above in the	corresponding column			
LIILGI	amounts for each periodical listed above in the		В	С	D
•	Our and describing the same	Α	В		
2	Gross advertising income				0.
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		▶	
а			i	<u> </u>	
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		▶	0.
4	Advertising gain (loss). Subtract line 3 from line	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complete	e			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	on l			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		s total or zero here a	nd on	<u> </u>
а	Part II, line 13			_	0.
Part			(see instructions)		
	Z Componedulon of Cincolo, 2		(GCC II ISTI GCTIOTIS)	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	i. Name	2. 1100		to business	unrelated business
/ / /				to business %	unrelated business
<u>(1)</u>				+	
(2)				%	
(3)				%	
<u>(4)</u>				%	
					0
	Enter here and on Part II, line 1)	0.
Part	XI Supplemental Information (se	e instructions)			
-					

FORM 990-T (A)	OTHER INCOME		STATEMENT	1
DESCRIPTION			AMOUNT	
RENTAL INCOME			11,18	84.
TOTAL TO SCHEDULE A, PART I, LINE 12			11,18	84.
FORM 990-T (A) INTEREST PAID		STATEMENT	2	
DESCRIPTION			AMOUNT	
INTEREST EXPENSE			4,650.	
TOTAL TO SCHEDULE A, PART II, LINE 5			4,65	50.
FORM 990-T (A) OTHER DEDUCTIONS			STATEMENT	3
DESCRIPTION			AMOUNT	
ALLOCATION OF OVERHEAD			2,18	31.
TOTAL TO SCHEDULE A, PART II, LINE 14			2,18	81.
990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT	4
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/21 5,763.	0.	5,763.	5,763	3.