

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NATIONAL PARKS CONSERVATION ASSOCIATION</b> Doing Business As		<b>D</b> Employer identification number <b>53-0225165</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>777 6TH STREET, NW 700</b>		<b>E</b> Telephone number <b>202-223-6722</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20001</b>		<b>G</b> Gross receipts \$ <b>31,264,849.</b>
	<b>F</b> Name and address of principal officer: <b>W. CLARK BUNTING</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.NPCA.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1919</b> <b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROTECTING AMERICA'S NATIONAL PARKS FOR PRESENT AND FUTURE GENERATIONS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>28</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>28</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>198</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>900</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>263,709.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>902.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>31,618,029.</b>	<b>26,023,847.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,510,602.</b>	<b>1,363,023.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,626,909.</b>	<b>1,663,330.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-136,251.</b>	<b>-392,909.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>34,619,289.</b>	<b>28,657,291.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>698,032.</b>	<b>619,151.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>15,043,215.</b>	<b>14,727,349.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>5,887,259.</b>	<b>573,630.</b>	<b>488,384.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>16,193,665.</b>	<b>16,283,209.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>32,508,542.</b>	<b>32,118,093.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,110,747.</b>	<b>-3,460,802.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>52,084,065.</b>	<b>51,808,723.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>8,394,449.</b>	<b>8,313,404.</b>
		<b>43,689,616.</b>	<b>43,495,319.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Theresa Pierno</i>	Date <b>5/14/15</b>
	<b>THERESA PIERNO, CHIEF OPERATING OFFICER</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <i>Terri McKnight</i>	Preparer's signature <i>Terri McKnight</i>	Date <b>5/12/15</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00543022</b>
	Firm's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN <b>52-1392008</b>	Firm's address <b>4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930</b>		
Phone no. (301) 951-9090					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PROTECTING AMERICA'S NATIONAL PARKS FOR PRESENT AND FUTURE GENERATIONS.

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

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

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

4a (Code ) (Expenses \$ 12,941,857. including grants of \$ 465,802.) (Revenue \$ 1,363,023.) ENGAGE, EDUCATE, AND EMPOWER AMERICANS: THE LONG-TERM VIABILITY AND VIBRANCY OF THE NATIONAL PARKS DEPEND ON A BROADER, MORE DIVERSE, COMMITTED, AND ENGAGED CONSTITUENCY THAT VALUES THE NATIONAL PARK IDEA. TO GAIN BROADER SUPPORT FOR THE PARKS, THE ASSOCIATION WILL SEEK THROUGH THIS STRATEGIC PRIORITY TO CREATE A LARGER NATIONAL PARK COMMUNITY THAT IS ENGAGED, EDUCATED, AND EMPOWERED TO PROTECT AND ENHANCE OUR NATIONAL PARKS AND MONUMENTS. THIS BROADER COMMUNITY WILL INCLUDE NON-TRADITIONAL ALLIES AND A BROADER CONSTITUENCY THAT MORE CLOSELY REPRESENTS THE CHANGING DEMOGRAPHICS OF AMERICA.

4b (Code ) (Expenses \$ 10,316,217. including grants of \$ 150,841.) (Revenue \$ ) PROTECT AND RESTORE: THE ASSOCIATION PROTECTS PARKS FROM EXTERNAL THREATS THAT NEGATIVELY EFFECT, DEGRADE, OR DESTROY PARK RESOURCES OR VALUES, AND SERVES TO PROTECT, RESTORE, AND MAINTAIN PARK, NATURAL, AND CULTURAL RESOURCES UNIMPAIRED FOR FUTURE GENERATIONS. THE ASSOCIATION HAS OFFICES ACROSS THE COUNTRY TO ENSURE THAT THREATS TO RESOURCES AT OUR PARKS ARE DETECTED EARLY AND SOLUTIONS TO THESE THREATS IMPLEMENTED QUICKLY. THE ASSOCIATION ALSO IDENTIFIES AND CULTIVATES PARK CHAMPIONS WHO CAN ADVANCE POLICIES THAT PROTECT PARKS AND THWART EMERGING THREATS.

4c (Code ) (Expenses \$ 2,318,572. including grants of \$ 2,508.) (Revenue \$ ) STRENGTHEN AND ENHANCE: THE ASSOCIATION WILL ENSURE THAT THE NATIONAL PARKS HAVE THE MONEY THEY NEED TO KEEP PARKS OPEN, THRIVING, AND IN GOOD REPAIR BY SECURING ADEQUATE FUNDING FOR THE NATIONAL PARK SERVICE AND IDENTIFYING ADDITIONAL PUBLIC AND PRIVATE FUNDING SOURCES. NEW NATIONAL PARKS ARE ADDED TO THE SYSTEM OR EXPANDED TO TELL THE FULL STORY OF AMERICA. THROUGH ITS CENTER FOR PARK MANAGEMENT THE ASSOCIATION WORKS WITH THE NATIONAL PARK SERVICE TO PROMOTE AND ENHANCE THE MANAGEMENT CAPACITY WITHIN THE NATIONAL PARK SERVICE.

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

4e Total program service expenses 25,576,646.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes data for 1a (161), 1b (0), 2a (198), and various 'X' marks in the Yes/No columns.

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TIM MOYER - 202-293-8783**  
**777 6TH STREET NW, SUITE 700, WASHINGTON, DC 20001**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRAN ULMER CHAIR	1.00	X		X				0.	0.	0.
(2) ROBERT KEITER VICE CHAIR	1.00	X		X				0.	0.	0.
(3) STEPHEN LOCKHART VICE CHAIR	1.00	X		X				0.	0.	0.
(4) GREG A. VITAL VICE CHAIR	1.00	X		X				0.	0.	0.
(5) ROBERTA R. KATZ TREASURER	1.00	X		X				0.	0.	0.
(6) WENDY BENNETT SECRETARY	1.00	X		X				0.	0.	0.
(7) DONALD B. AYER TRUSTEE	1.00	X						0.	0.	0.
(8) MARY L. BARLEY TRUSTEE	1.00	X						0.	0.	0.
(9) WILLIAM R. BERKLEY TRUSTEE	1.00	X						0.	0.	0.
(10) H. RAYMOND BINGHAM TRUSTEE	1.00	X						0.	0.	0.
(11) ROBERT F. CALLAHAN TRUSTEE	1.00	X						0.	0.	0.
(12) VICTOR H. FAZIO TRUSTEE	1.00	X						0.	0.	0.
(13) DENIS P. GALVIN TRUSTEE	1.00	X						0.	0.	0.
(14) JOHN HUERTA TRUSTEE	1.00	X						0.	0.	0.
(15) CAROLE T. HUNTER TRUSTEE	1.00	X						0.	0.	0.
(16) ALAN J. LACY TRUSTEE	1.00	X						0.	0.	0.
(17) ED LEWIS TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM J. PADE TRUSTEE	1.00	X						0.	0.	0.
(19) AUDREY PETERMAN TRUSTEE	1.00	X						0.	0.	0.
(20) WILLIAM B. RESOR TRUSTEE	1.00	X						0.	0.	0.
(21) JAMES T. REYNOLDS TRUSTEE	1.00	X						0.	0.	0.
(22) LAURET SAVOY TRUSTEE	1.00	X						0.	0.	0.
(23) THOMAS F. SECUNDA TRUSTEE	1.00	X						0.	0.	0.
(24) NORMAN C. SELBY TRUSTEE	1.00	X						0.	0.	0.
(25) KEVIN SHARER TRUSTEE	1.00	X						0.	0.	0.
(26) PETER VITOUSEK TRUSTEE	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,470,538.	0.	272,969.
<b>d Total (add lines 1b and 1c)</b>								2,470,538.	0.	272,969.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **30**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, LLC 1953 GALLOWS ROAD, STE 600, VIENA, VA 22182	MAIL HOUSE/PRINTING SERVICES	4,517,598.
NAMES IN THE NEWS 180 GRAND AVE, STE 1545, OAKLAND, CA 94596	MAILING LIST SERVICE	658,078.
RR DONNELLY P.O. BOX 730216, DALLAS, TX 75373	MAGAZINE PRINTING & DISTRIBUTION	505,436.
MERKLE RESPONSE SERVICES 100 JAMESON COURT, HAGERSTOWN, MD 21740	CAGING COMPANY	393,627.
BLACKBAUD PO BOX 930256, ATLANTA, GA 31193	SOFTWARE AND SUPPORT	374,287.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **15**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ELIZABETH WADDILL TRUSTEE	1.00	X						0.	0.	0.
(28) H. WILLIAM WALTER TRUSTEE	1.00	X						0.	0.	0.
(29) OLENE WALKER TRUSTEE (THROUGH 04/14)	1.00	X						0.	0.	0.
(30) W. CLARK BUNTING PRESIDENT AND CEO (BEGINNING 11/13)	40.00			X				55,857.	0.	668.
(31) THERESA PIERNO - COO (ACTING CEO THROUGH 11/2013)	40.00			X				255,889.	0.	32,077.
(32) RON TIPTON SR VP (THROUGH 08/13)	40.00			X				116,717.	0.	10,017.
(33) KAREN ALLEN VP HR	40.00			X				145,960.	0.	14,074.
(34) KEVIN BARNHURST VP FINANCE ADMIN IT	40.00			X				188,359.	0.	16,324.
(35) MARK WENZLER SR VP CONSERVATION	40.00				X			152,342.	0.	18,047.
(36) CRAIG OBEY SR VP GOVERNMENT AFFAIRS	40.00				X			171,779.	0.	20,338.
(37) JIM NATIONS VP CENTER FOR PARK	40.00				X			185,345.	0.	17,028.
(38) ELIZABETH FAYAD GENERAL COUNSEL	40.00				X			151,635.	0.	20,282.
(39) VANESSA ANDREWS DEPUTY VP OF DEVELOPMENT	40.00				X			159,966.	0.	14,217.
(40) MINA STANARD VP OF MEMBERSHIP	40.00					X		147,791.	0.	14,686.
(41) LINDA RANCOURT VP OF COMMUNICATIONS	40.00					X		146,282.	0.	17,855.
(42) CARLTON JEWETT VP OF REGIONAL AFFAIRS	40.00					X		146,119.	0.	16,759.
(43) LAURA LOOMIS DEPUTY VP OF GOVERNMENT	40.00					X		132,432.	0.	13,837.
(44) ELIZABETH BORG SENIOR REGIONAL	40.00					X		130,881.	0.	17,087.
(45) TOM KIERNAN FORMER PRESIDENT (THROUGH 05/13)	40.00						X	183,184.	0.	29,673.
<b>Total to Part VII, Section A, line 1c</b>								<b>2,470,538.</b>		<b>272,969.</b>

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	223,477.					
	b	Membership dues						
	c	Fundraising events	1,374,865.					
	d	Related organizations						
	e	Government grants (contributions)	20,000.					
	f	All other contributions, gifts, grants, and similar amounts not included above	24,405,505.					
	g	Noncash contributions included in lines 1a-1f: \$	467,660.					
	h	<b>Total.</b> Add lines 1a-1f	26,023,847.					
	Program Service Revenue	<b>Business Code</b>						
2 a		MEMBERSHIP DUES	900099	1,095,423.	1,095,423.			
b		PUBLICATION	541800	267,600.	6,843.	260,757.		
c								
d								
e								
f		All other program service revenue						
g	<b>Total.</b> Add lines 2a-2f		1,363,023.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		660,775.		2,952.		
	4	Income from investment of tax-exempt bond proceeds				657,823.		
	5	Royalties		122,096.		122,096.		
	6 a	Gross rents	(i) Real	5,940.				
			(ii) Personal					
			b	Less: rental expenses	0.			
			c	Rental income or (loss)	5,940.			
	d	Net rental income or (loss)		5,940.		5,940.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	2,938,806.				
			(ii) Other	7,625.				
			b	Less: cost or other basis and sales expenses	1,943,876.	0.		
			c	Gain or (loss)	994,930.	7,625.		
	d	Net gain or (loss)		1,002,555.		1,002,555.		
	8 a	Gross income from fundraising events (not including \$ 1,374,865. of contributions reported on line 1c). See Part IV, line 18	a	140,950.				
			b	Less: direct expenses	663,682.			
c			Net income or (loss) from fundraising events		-522,732.		-522,732.	
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
11 a	MISCELLANEOUS	900099	1,787.			1,787.		
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		1,787.					
12	<b>Total revenue.</b> See instructions.		28,657,291.	1,102,266.	263,709.	1,267,469.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	559,151.	559,151.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	60,000.	60,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,818,934.	1,579,626.	52,486.	186,822.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,151,694.	9,222,879.	128,843.	1,799,972.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	739,993.	613,110.	8,344.	118,539.
9 Other employee benefits	33,381.	24,584.	330.	8,467.
10 Payroll taxes	983,347.	818,516.	13,594.	151,237.
11 Fees for services (non-employees):				
a Management				
b Legal	87,058.	85,876.	1,182.	
c Accounting	54,425.	53,686.	739.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	488,384.			488,384.
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.)	1,681,997.	1,659,156.	22,841.	
12 Advertising and promotion	68,846.	48,424.	750.	19,672.
13 Office expenses	6,433,420.	4,315,743.	77,750.	2,039,927.
14 Information technology	750,241.	740,053.	10,188.	
15 Royalties	635,453.	446,959.	6,921.	181,573.
16 Occupancy	1,928,270.	1,386,582.	193,961.	347,727.
17 Travel	1,262,162.	1,103,220.	9,960.	148,982.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	58,103.	54,055.	329.	3,719.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	408,728.	293,456.	41,391.	73,881.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PUBLICATION COSTS</b>	705,732.	705,732.		
b <b>SPECIAL EVENTS</b>	497,340.	514,424.	4,550.	-21,634.
c <b>EQUIP. RENTAL/MAINT.</b>	194,649.	145,389.	17,006.	32,254.
d <b>DATA PROCESSING</b>	129,818.	86,363.	5,274.	38,181.
e All other expenses	1,386,967.	1,059,662.	57,749.	269,556.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>32,118,093.</b>	<b>25,576,646.</b>	<b>654,188.</b>	<b>5,887,259.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	6,477,690.	3,405,359.	0.	3,072,331.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest bearing	30,133.	1	28,897.
	2	Savings and temporary cash investments	7,293,994.	2	6,179,506.
	3	Pledges and grants receivable, net	7,493,203.	3	5,181,859.
	4	Accounts receivable, net	62,042.	4	57,688.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	255.
	9	Prepaid expenses and deferred charges	236,204.	9	377,757.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,198,882.		
	10b	Less: accumulated depreciation	2,158,195.		
	10c		2,421,233.	10c	2,040,687.
	11	Investments - publicly traded securities	31,269,787.	11	35,897,700.
	12	Investments - other securities. See Part IV, line 11	3,252,724.	12	2,021,278.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	24,745.	15	23,096.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	52,084,065.	16	51,808,723.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	2,891,196.	17	2,703,593.
	18	Grants payable		18	
	19	Deferred revenue	582,173.	19	567,860.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,921,080.	25	5,041,951.
	26	<b>Total liabilities.</b> Add lines 17 through 25	8,394,449.	26	8,313,404.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	16,313,778.	27	15,726,888.
	28	Temporarily restricted net assets	12,496,331.	28	12,989,374.
	29	Permanently restricted net assets	14,879,507.	29	14,779,057.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	43,689,616.	33	43,495,319.	
34	<b>Total liabilities and net assets/fund balances</b>	52,084,065.	34	51,808,723.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,657,291.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,118,093.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,460,802.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,689,616.
5	Net unrealized gains (losses) on investments	5	3,459,058.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-192,553.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,495,319.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,675,583.	23,965,252.	23,639,978.	31,618,029.	26,023,847.	143,922,689.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	38,675,583.	23,965,252.	23,639,978.	31,618,029.	26,023,847.	143,922,689.
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)						29,627,874.
6 Public support. Subtract line 5 from line 4						114,294,815.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	38,675,583.	23,965,252.	23,639,978.	31,618,029.	26,023,847.	143,922,689.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	828,369.	1,111,899.	827,083.	916,516.	785,859.	4,469,726.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				4,698.	902.	5,600.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	44,515.	2,615.	4,473.	281.	1,787.	53,671.
11 Total support. Add lines 7 through 10						148,451,686.
12 Gross receipts from related activities, etc. (see instructions)					12	5,780,479.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	76.99 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	66.12 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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





**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

**NATIONAL PARKS CONSERVATION ASSOCIATION**

Employer identification number

**53-0225165**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization <b>NATIONAL PARKS CONSERVATION ASSOCIATION</b>	Employer identification number <b>53-0225165</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 775,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NATIONAL PARKS CONSERVATION ASSOCIATION</b>	Employer identification number  <b>53-0225165</b>
--	---

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

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

Name of organization  <b>NATIONAL PARKS CONSERVATION ASSOCIATION</b>	Employer identification number  <b>53-0225165</b>
--	---

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

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

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

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

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

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NATIONAL PARKS CONSERVATION ASSOCIATION Employer identification number 53-0225165

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041  
11-08-13

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

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	63,834.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	343,638.													
c	Total lobbying expenditures (add lines 1a and 1b) .....	407,472.													
d	Other exempt purpose expenditures .....	31,520,332.													
e	Total exempt purpose expenditures (add lines 1c and 1d) .....	31,927,804.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total	
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c	Total lobbying expenditures	401,021.	405,843.	425,251.	407,472.	1,639,587.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures		16,096.	140,157.	63,834.	220,087.

Schedule C (Form 990 or 990-EZ) 2013

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: NATIONAL PARKS CONSERVATION ASSOCIATION
Employer identification number: 53-0225165

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including checkboxes for types of easements and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, and 2 with associated dollar amounts.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,326,535.	14,950,560.	15,929,452.	14,139,310.	14,089,310.
b Contributions	9,550.	9,552,094.	151,272.	200,000.	50,000.
c Net investment earnings, gains, and losses	4,243,290.	1,280,438.	16,891.	1,642,530.	
d Grants or scholarships	3,056.				
e Other expenditures for facilities and programs	1,015,254.	456,557.	1,147,055.	52,388.	
f Administrative expenses					
g End of year balance	28,561,065.	25,326,535.	14,950,560.	15,929,452.	14,139,310.

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

- a Board designated or quasi-endowment  36.11 %
- b Permanent endowment  51.74 %
- c Temporarily restricted endowment  12.15 %

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,644,439.	936,938.	1,707,501.
d Equipment		592,357.	564,412.	27,945.
e Other		962,086.	656,845.	305,241.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,040,687.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES	2,230,134.
(3) DEFFERED RENT ABATEMENT	2,811,817.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,041,951.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	34,871,298.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	3,459,058.	
b	Donated services and use of facilities	2b	2,283,820.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	471,129.	
e	Add lines 2a through 2d	2e	6,214,007.	
3	Subtract line 2e from line 1	3	28,657,291.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,657,291.	

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	35,065,595.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,283,820.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	663,682.	
e	Add lines 2a through 2d	2e	2,947,502.	
3	Subtract line 2e from line 1	3	32,118,093.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	32,118,093.	

**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 V, LINE 4:**

**EXPLANATION: PARK PROTECTION ENDOWMENT: ITS PURPOSE IS TO ENHANCE THE LONG TERM FINANCIAL BASE OF THE ASSOCIATION IN ORDER TO CONSISTENTLY PROPEL THE ORGANIZATION TOWARDS PROTECTING AND ENHANCING AMERICA'S NATIONAL PARKS FOR PRESENT AND FUTURE GENERATIONS.**

**EDAR ENDOWMENT: FOR THE PURPOSE OF CREATING A PERMANENT MEMORIAL ENDOWMENT FUND TO FURTHER THE MISSION OF THE ASSOCIATION.**

**FRANK H. FILLEY AND FAMILY ENDOWMENT FUND: ESTABLISHED AS AN ENDOWMENT GENERALLY SUPPORTING THE ACTIVITIES OF THE ASSOCIATION.**

**Part XIII** Supplemental Information (continued)

H. WILLIAM WALTER ENDOWED INTERNSHIP PROGRAM: THE INVESTMENT INCOME IS TO SUPPORT AN INTERNSHIP PROGRAM AT THE ASSOCIATION, SO THAT COLLEGE AND GRADUATE STUDENTS CAN HAVE AN OPPORTUNITY TO GAIN EXPERIENCE, POSSIBLY LEADING TO CAREERS IN PARK CONSERVATION.

STEPHEN TYNG MATHER AWARD: THE INVESTMENT INCOME OF THE FUND IS SPECIFICALLY DIRECTED TO BE USED TO OFFSET THE COST OF THE AWARD, GIVEN EACH YEAR TO A DESERVING NATIONAL PARK SERVICE EMPLOYEE WHO HAS EXHIBITED EXEMPLARY AND DISTINGUISHED PERFORMANCE IN PARK PROTECTION AND ENHANCEMENT.

GENERAL NATIONAL PARKS CONSERVATION ASSOCIATION ENDOWMENT FUND: THIS ENDOWMENT WAS INITIATED THROUGH THE GENEROSITY OF JOHN AND JANE STRANDBERG WHO INDICATED A DESIRE TO FUND A GENERAL ENDOWMENT FOR THE ASSOCIATION.

NORMAN G COHEN PARK EDUCATION ENDOWMENT: INCOME MAY BE USED TO PROVIDE EDUCATIONAL ACTIVITIES THAT HELP WASHINGTON DC AREA YOUTH APPRECIATE AND UNDERSTAND THE NATIONAL PARKS.

YELLOWSTONE CONSERVATION FUND ENDOWMENT: INCOME FROM THE FUND MAY BE USED TO SUPPORT ANY TYPE OF STRATEGY OR PROJECT TO PROTECT THE NATIONAL PARK AND ITS SURROUNDINGS.

NORTHEAST REGIONAL OFFICE (NERO) ENDOWMENT: INCOME FROM THIS FUND MAY BE USED FOR ASSOCIATION WORK THAT DIRECTLY SUPPORTS NERO, FOR NERO STAFF SALARIES AND/OR BENEFITS, CONSULTANTS, DIRECT OPERATING EXPENSES, OFFICE SPACE, OR OTHER REASONABLE AND NECESSARY EXPENSES TO MAINTAIN AN EFFECTIVE PRESENCE IN THE NORTHEAST REGION.

**Part XIII** Supplemental Information (continued)

GRETCHEN LONG ENDOWMENT: THE GRETCHEN LONG ENDOWMENT WAS CREATED BY AND INITIALLY FUNDED BY THE FRIENDS OF GRETCHEN LONG TO HONOR HER SERVICE TO THE ASSOCIATION. FUNDING BY GRETCHEN LONG AND FRIENDS WAS ENDOWED TO SUPPORT THE MISSION OF THE ASSOCIATION.

## PART X, LINE 2:

EXPLANATION: FOR THE YEARS ENDED JUNE 30, 2014 AND 2013, THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENT AND NETTED AGAINST REVENUE ON PART VIII, LINE 8C.	663,682.
UNREALIZED LOSS ON CHARITABLE GIFT ANNUITY	-192,553.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	471,129.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENT AND NETTED AGAINST REVENUE ON PART VIII, LINE 8C.	663,682.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NY GALA (event type)	ANNUAL DINNER (event type)	1 (total number)		
1	Gross receipts	1,151,215.	314,600.	50,000.	1,515,815.	
2	Less: Contributions	1,065,615.	259,250.	50,000.	1,374,865.	
3	Gross income (line 1 minus line 2)	85,600.	55,350.		140,950.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	150,020.	90,984.		241,004.
	7	Food and beverages	77,930.	68,811.		146,741.
	8	Entertainment	33,700.			33,700.
	9	Other direct expenses	112,545.	121,847.	7,845.	242,237.
10	Direct expense summary. Add lines 4 through 9 in column (d)				663,682.	
11	Net income summary. Subtract line 10 from line 3, column (d)				-522,732.	

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

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

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

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



- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: DONOR SERVICES GROUP

(I) ADDRESS OF FUNDRAISER: 6175 SUNSET BLVD, LOS ANGELES, CA 90028

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

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

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: AVALON CONSULTING

(I) ADDRESS OF FUNDRAISER: 2030 M ST NW #700, WASHINGTON, DC 20036

Lined area for supplemental information.

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**NATIONAL PARKS CONSERVATION ASSOCIATION**

Employer identification number  
**53-0225165**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL WILDLIFE FEDERATION 901 E STREET SUITE 400 WASHINGTON, DC 20004	53-0204616	501(C)(3)	418,401.	0.			IMPROVING NATIONAL PARKS
FRIENDS OF ACADIA 43 COTTAGE STREET BAR HARBOR, ME 04609	01-0425071	501(C)(3)	20,000.	0.			IMPROVING NATIONAL PARKS
RAINY LAKE SPORTFISHING CLUB 409 SHORWOOD DRIVE INTERNATIONAL FALLS, MN 56649	41-1509353	501(C)(5)	18,000.	0.			IMPROVING NATIONAL PARKS
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON STREET, PO BOX 807 HARPER'S FERRY, WV 25425	52-6046689	501(C)(3)	20,000.	0.			IMPROVING NATIONAL PARKS
PASSAIC VALLEY SEWERAGE COMMISSION 600 WILSON AVE NEWARK, NJ 07105	22-0886457	GOVERNMENT	10,000.	0.			IMPROVING NATIONAL PARKS
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	10,000.	0.			IMPROVING NATIONAL PARKS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6.**

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

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

Schedule I (Form 990) (2013)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HONORARIUMS, GIFTS & AWARDS	100	60,000.	0.		

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

**PART I, LINE 2:**

**EXPLANATION: GRANTS ARE ONLY AWARDED TO OTHERS WHO ARE PARTNERING IN THE SAME PROJECTS TOWARD MUTUAL GOAL OF BENEFITTING NATIONAL PARKS. THESE ORGANIZATIONS PROVIDE BUDGETS TO NPCA THAT DETAIL THE EXPENDITURES THAT GRANT FUNDS ARE USED FOR.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**NATIONAL PARKS CONSERVATION ASSOCIATION**

Employer identification number

**53-0225165**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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 in line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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) and 501(c)(4) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2013

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THERESA PIERNO - COO (ACTING CEO THROUGH 11/2013)	(i) 227,216.	28,673.	0.	25,500.	6,577.	287,966.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(2) KAREN ALLEN VP HR	(i) 140,960.	5,000.	0.	11,883.	2,191.	160,034.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN BARNHURST VP FINANCE ADMIN IT	(i) 183,359.	5,000.	0.	14,902.	1,422.	204,683.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(4) MARK WENZLER SR VP CONSERVATION	(i) 147,342.	5,000.	0.	12,726.	5,321.	170,389.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(5) CRAIG OBEY SR VP GOVERNMENT AFFAIRS	(i) 166,779.	5,000.	0.	14,282.	6,056.	192,117.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(6) JIM NATIONS VP CENTER FOR PARK	(i) 185,345.	0.	0.	14,634.	2,394.	202,373.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(7) ELIZABETH FAYAD GENERAL COUNSEL	(i) 146,635.	5,000.	0.	12,761.	7,521.	171,917.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(8) VANESSA ANDREWS DEPUTY VP OF DEVELOPMENT	(i) 159,966.	0.	0.	12,866.	1,351.	174,183.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(9) MINA STANARD VP OF MEMBERSHIP	(i) 142,791.	5,000.	0.	12,028.	2,658.	162,477.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(10) LINDA RANCOURT VP OF COMMUNICATIONS	(i) 141,282.	5,000.	0.	11,875.	5,980.	164,137.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(11) CARLTON JEWETT VP OF REGIONAL AFFAIRS	(i) 141,119.	5,000.	0.	12,082.	4,677.	162,878.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(12) TOM KIERNAN FORMER PRESIDENT (THROUGH 05/13)	(i) 183,184.	0.	0.	27,639.	2,034.	212,857.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.

**Part III** Supplemental Information

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

**PART I, LINE 7:**

**EXPLANATION: THE FOLLOWING BONUSES ARE REPORTED ON PART VII OF THE 990:**

THERESA PIERNO \$28,673

KAREN ALLEN \$5,000

KEVIN BARNHURST \$5,000

MARK WENZLER \$5,000

CRAIG OBEY \$5,000

ELIZABETH FAYAD \$5,000

MINA STANARD \$5,000

LINDA RANCOURT \$5,000

CARLTON JEWETT \$5,000

LAURA LOOMIS \$2,000

ELIZABETH BORG \$1,500



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization: **NATIONAL PARKS CONSERVATION ASSOCIATION**  
Employer identification number: **53-0225165**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	57	467,660.	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

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

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE NUMBER OF CONTRIBUTIONS IS REPORTED IN THIS COLUMN.

Multiple horizontal lines for supplemental information.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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

Name of the organization

NATIONAL PARKS CONSERVATION ASSOCIATION

Employer identification number

53-0225165

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

EXPLANATION: THE 990, ONCE RECEIVED FROM THE HIRED PREPARER, WAS REVIEWED BY TIM MOYER, CFO, THERESA PIERNO, EVP, AND CLARK BUNTING, PRESIDENT & CEO. ONCE IT WAS APPROVED THE 990 WAS SENT TO THERESA PIERNO FOR SIGNATURE, THEN TO THE BOARD FOR REVIEW BEFORE SUBMISSION.

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

EXPLANATION: ALL BOARD MEMBERS AND EMPLOYEES OF ALL LEVELS ARE SURVEYED EACH YEAR REGARDING CONFLICTS OF INTEREST. IF A CONFLICT OF INTEREST ARISES, THE ORGANIZATION SEEKS REMUNERATION, IF NEEDED AND ENDS ANY FUTURE OCCURRENCES. FURTHER, IF AN UNDISCLOSED CONFLICT OF INTEREST IS SUSPECTED, THE INTERESTED PERSON CALLS THE POTENTIAL CONFLICT TO THE ATTENTION OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR A TIMELY AND APPROPRIATE INVESTIGATION AND RESOLUTION. IF THE POTENTIAL CONFLICT INVOLVES AN OFFICER OR TRUSTEE THE MATTER IS FORWARDED TO THE FULL BOARD OF TRUSTEES FOR INVESTIGATION AND RESOLUTION.

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

EXPLANATION: THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS INCLUDES A REVIEW BY THE BOARD. THERE IS USE OF COMPARABILITY DATA AND THE BOARDS' DECISION IS DOCUMENTED. THE LAST COMPENSATION REVIEW TOOK PLACE ON JUNE 30, 2014.

COMPENSATION OF THE ORGANIZATION'S KEY EMPLOYEES INCLUDES A REVIEW BY THE BOARD'S OFFICERS. THERE IS USE OF COMPARABILITY DATA AND THE BOARDS' DECISION IS DOCUMENTED.

Name of the organization

NATIONAL PARKS CONSERVATION ASSOCIATION

Employer identification number

53-0225165

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED LOSS ON CHARITABLE GIFT ANNUITY -192,553.