

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
Open to Public
Inspection

Α	For the	e 2022 calendar year, or tax year beginning UL 1, 2022 and er	nding ਹਾ	JN 30, 2023						
	Check if applicable	C Name of organization		D Employer identifi	cation number					
	Addre:									
	Name chang	Doing business as		53-0225165						
	Initial return Final return	777 6TH STREET NW 70	,							
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	47,717,928.					
	Ameno return	WASHINGTON, DC 20001		H(a) Is this a group re	eturn					
	Application	F Name and address of principal officer: Thereby Thereby		for subordinates	? Yes X No					
_	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No					
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions					
	Websit			H(c) Group exemption						
		organization: X Corporation Trust Association Other Summary	L Year	of formation: 1919	■ State of legal domicile: DC					
-	1	Briefly describe the organization's mission or most significant activities: PROTECTI	ING AMER	ICA'S NATIONAL						
Governance		PARKS FOR PRESENT AND FUTURE GENERATIONS.								
rna	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	sets.					
ove	3			3	32					
		Number of independent voting members of the governing body (Part VI, line 1b) \dots			32					
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			220					
Ĭ. Ži	6	Total number of volunteers (estimate if necessary)			900					
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			270,589.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		880.					
		Ocataliba tricono con de cuentro (Dout VIII diago de)		Prior Year 40,090,639.	Current Year					
ne	8	Contributions and grants (Part VIII, line 1h)		2,031,813.	39,511,889. 2,105,822.					
Revenue	9	Program service revenue (Part VIII, line 2g)		6,400,988.	-6,478,785.					
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-43,434.	-60,196.					
				48,480,006.	35,078,730.					
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		547,500.	591,500.					
		D (1) (1) (2) (3) (4) (4)		0.	0.					
	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		21,313,390.	24,122,114.					
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		286,811.	187,800.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 5,580,51		,	,					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,594,097.	24,349,655.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		43,741,798.	49,251,069.					
		Revenue less expenses. Subtract line 18 from line 12		4,738,208.	-14,172,339.					
70	í,		Be	ginning of Current Year	End of Year					
Net Assets or	20	Total assets (Part X, line 16)		66,590,590.	71,090,457.					
t As	21	Total liabilities (Part X, line 26)		9,878,864.	17,492,385.					
		Net assets or fund balances. Subtract line 21 from line 20		56,711,726.	53,598,072.					
	art II	Signature Block								
		lties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer	has any knowledge. 5/1/24						
		Signature of officer	Tung C. Muja							
Sig				Date						
Hei	re	TIMOTHY C. MOYER, CFO Type or print name and title								
			Г	Date Check	PTIN					
Pai	d	Print/Type preparer's name RICHARD J. LOCASTRO, CPA Preparer's signature RUCHARD J. LOCASTRO, CPA RUCHARD J. LOCASTRO, CPA	I .	05/01/2024 if L						
	u parer			3cii ciiipioj	52-1392008					
	Only	Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 800N		Firm's EIN						
036	Jilly	BETHESDA, MD 20814-2930		Phone no.301	-951-9090					
Ma	v the I	RS discuss this return with the preparer shown above? See instructions		I Holle Ho. 5 0 2	X Yes No					
ivid	, 11	to disease and rotain with the property shown above; occ methodions			100 110					

53-0225165

Pa	Obselvit Cabadula O cartains a year area and to applie in this Dark III	
1	Check if Schedule O contains a response or note to any line in this Part III 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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4	kpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 20,517,772. including grants of \$ 190,711.) (Revenue \$)
	NATIONAL PARKS THRIVE: THE ORGANIZATION 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 ORGANIZATION	
	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 ORGANIZATION ALSO IDENTIFIES AND CULTIVATE PARK CHAMPIONS	
	WHO CAN ADVANCE POLICIES THAT PROTECT PARKS AND THWART EMERGING	
	THREATS.	
4b	(Code:) (Expenses \$ 12,073,993. including grants of \$ 93,879.) (Revenue \$	2,105,822.)
	NATIONAL PARKS ARE FOR EVERYONE: 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 ORGANIZATION SEEKS 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 INCLUDES NON-TRADITIONAL ALLIES AND A BROADER CONSTITUENCY	
	THAT MORE CLOSELY REPRESENTS THE CHANGING DEMOGRAPHICS OF AMERICA.	
4c	(Code:) (Expenses \$ 6,245,538. including grants of \$ 306,910.) (Revenue \$	1
70	PARKS TELL STORIES OF ALL AMERICANS: NATIONAL PARKS PROTECT OUR	,
	COUNTRYS MOST IMPORTANT HISTORY. THE ORGANIZATION WILL ENSURE THE	
	NATIONAL PARK SERVICE HAS THE FUNDING NEEDED TO IMPROVE THE VISITOR	
	EXPERIENCE AND MAKE PARKS MORE RELEVANT TO ALL. BY ENHANCING PARK	
	STORYTELLING, EXPANDING AND CREATING NEW PARKS, AND DEEPLY ENGAGING THE	
	PUBLIC, WE CAN ENSURE THAT NATIONAL PARKS REPRESENT, WELCOME, AND SHARE	
	A FULLER AMERICAN STORY WITH ALL VISITORS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 38,837,303.	E 000 (22-5)
		Form 990 (2022)

Form 990 (2022) NATIONAL PARKS CONSERVATION ASSOCIATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U		6		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the constitution maintain on office constitution and the state of the Helbert Olerton	14a		х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	- 1.12		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	21	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			•
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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53-0225165

Form 990 (2022)

NATIONAL PARKS CONSERVATION

Part IV Checklist of Required Schedules (continued)

	Continuou		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٠		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(a)(2) arganizations. Did the arganization make any transfers to an example and the ex	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	-0,		
33	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2022)

NATIONAL PARKS CONSERVATION ASSOCIATION

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

				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a 220									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	х							
За	5111		За	Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts									
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required									
	to file Form 8282?		7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file For	•	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•									
		N/A	8								
9	Sponsoring organizations maintaining donor advised funds.	N/A	0-								
a	Did the sponsoring organization make any taxable distributions under section 4966?	N / 7	9a								
10		N/A	9b								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a									
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-								
11	Section 501(c)(12) organizations. Enter:	100	1								
	Gross income from members or shareholders N/A	11a									
	Gross income from other sources. (Do not net amounts due or paid to other sources against	Tiu									
	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•									
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c									
			14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.										
	excess parachute payment(s) during the year?		15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х						
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	vities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17								
	If "Yes," complete Form 6069.										

Form **990** (2022) 232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	2									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b		2									
2											
	officer, director, trustee, or key employee?										
3											
·											
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X							
6		6		x							
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	"									
7a		7.		x							
	more members of the governing body?	7a		Α							
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u></u>		x							
_	persons other than the governing body?	7b									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	<u>8a</u>	X								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe										
	on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?		Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
a	The organization's CEO, Executive Director, or top management official	15a	х								
	Other officers or key employees of the organization	15b	Х								
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130									
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
10a		160		х							
	taxable entity during the year?	16a									
D	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	401									
800	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c)	3)s only)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do		Pos heck ss per	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) THERESA PIERNO	40.00	1								
PRESIDENT AND CEO			_	Х				534,246.	0.	35,948.
(2) ROBIN MARTIN MCKENNA	40.00	1								
CHIEF OPERATING OFFICER				Х				278,373.	0.	39,939.
(3) TIMOTHY MOYER	40.00	1							_	
CFO				Х				228,517.	0.	23,736.
(4) KRISTEN HAJIBRAHIM	40.00	4							_	
SR. VP OF GOVERNMENT AFFAIRS			<u> </u>		Х			214,575.	0.	22,296.
(5) MARY O'CONNOR	40.00	4								10.015
SR. VP OF DEVELOPMENT	40.00		-		Х			214,299.	0.	18,817.
(6) ADAM SIEGEL	40.00	1			٠,,			201 022		22.046
GENERAL COUNSEL (7) DERRICK PRESSLEY	40.00		-		Х			201,933.	0.	22,846.
CHIEF INFORMATION OFFICER	40.00	-				x		202 024	0	10 752
(8) AMY HAGOVSKY	40.00		-			^		203,934.	0.	18,753.
VP OF COMMUNICATIONS	40.00	1				X		200,262.	0.	10 544
(9) LYNN MCCLURE	40.00		\vdash			_		200,202.	0.	18,544.
SENIOR REGIONAL DIRECTOR	40.00	1				x		182,404.	0.	16 848
(10) JOHN ADORNATO	40.00		\vdash					102,404.	· ·	16,848.
DEPUTY VP OF REGIONAL OPERATIONS	10.00	1				x		175,875.	0.	22,313.
(11) LAURA CONNORS	40.00							175,075.	•	22,010.
VICE PRESIDENT OF MEMBERSHIP	13.55	1			х			176,933.	0.	16,496.
(12) DAVID LAMFROM	40.00									
VICE PRESIDENT REGIONAL OPERATIONS		1				x		172,535.	0.	16,095.
(13) ELIZABETH WADDILL	1.00							,		
CHAIR		х		х				0.	0.	0.
(14) SANDRA J. WASHINGTON	1.00									
FIRST VICE CHAIR		х		х				0.	0.	0.
(15) NIKKI BUFFA	1.00									
VICE CHAIR		х		х				0.	0.	0.
(16) BILL HUYETT	1.00									
VICE CHAIR		х	L	х	L			0.	0.	0.
(17) DAVID ALDRICH	1.00									
TREASURER		х		Х				0.	0.	0.
										Form 990 (2022)

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101111000 (2022)	PARKS CONSERVA	TTO	N A	SSO	CIA	TTO	N		53-022516	5 Page 8		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)		C)			(D)	(E)	(F)					
Name and title	Average	(do		Pos		<mark>າ</mark> than d	nne	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss pei	rson i	s both	an	compensation	compensation	amount of		
	week		cer an	ia a a	irecto	r/trus	tee)	from	from related	other		
	(list any hours for	rector						the	organizations	compensation		
	related	or di	ee ee			ated		organization	(W-2/1099-MISC/	from the		
	organizations	rustee	trust		ee ee	n pen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	dual tr	tional	١.	yoldı	st con	_	1099-1420)		organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(18) ROBERTA R. KATZ	1.00											
SECRETARY		Х		х				0.	0.	0.		
(19) DONALD B. AYER	1.00											
TRUSTEE		Х						0.	0.	0.		
(20) ESTELA AVERY	1.00											
TRUSTEE		Х						0.	0.	0.		
(21) WENDY BENNETT	1.00											
TRUSTEE		Х						0.	0.	0.		
(22) JENNIFER L. COSTLEY	1.00											
TRUSTEE		Х						0.	0.	0.		
(23) STEWART C. CUSHMAN	1.00											
TRUSTEE		Х						0.	0.	0.		
(24) DALIA DORTA	1.00											
TRUSTEE		Х						0.	0.	0.		
(25) SHANNON DOSEMAGEN	1.00											
TRUSTEE		Х						0.	0.	0.		
(26) JAMES R. FLOYD	1.00											
TRUSTEE		Х						0.	0.	0.		
1b Subtotal								2,783,886.	0.	272,631.		
c Total from continuation sheets to Pa	0.	0.	0.									
d Total (add lines 1b and 1c)								2,783,886.	0.	272,631.		
2 Total number of individuals (including b	out not limited to th	000	licta	d ah	01/0) wh	o ro	ceived more than \$100	000 of reportable			

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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, VIENNA, VA 22182	MAIL HOUSE/PRINTING SERVICES	8,303,447.
QUAD GRAPHICS	MAGAZINE PRINTING &	
PO BOX 842858, BOSTON, MA 02284	DISTRIBUTION	956,814.
NAMES IN THE NEWS		
180 GRAND AVE, STE 1545, OAKLAND, CA 94612	MAILING LIST SERVICE	634,187.
MERKLE RESPONSE SERVICES		
100 JAMISON COURT, HAGERSTOWN, MD 21740	CAGING COMPANY	429,197.
REVOLUTION ONLINE	DATABASE PURCHASE &	
200 RIVERS EDGE DRIVE, MEDFORD, MA 02155	IMPLEMENTATION	421,521.
2 Total number of independent contractors (including but not limited t	,	
\$100,000 of compensation from the organization	14	000

SEE PART VII, SECTION A CONTINUATION SHEETS

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1 01111 000	ARKS CONSERVA	TIO	N A	SSO	CIA	TIO	N		53-02253	165
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	es (continued)	
(A)	(B)	(D)	(E)	(F)						
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(cl	heck	all '	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	or director				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee	Institutional trustee		yee	Highest compensated employee				organizations
	below	dualt	ution	<u></u>	Key employee	st co	er			organizationio
	line)	Indivi	Instit	Officer	Key e	High	Former			
(27) MORTIMER B. FULLER, III	1.00									
TRUSTEE		х						0.	0.	0.
(28) DENIS P. GALVIN	1.00									
TRUSTEE		Х						0.	0.	0.
(29) FERNANDO GRACIA	1.00									
TRUSTEE		х						0.	0.	0.
(30) HELEN HERNANDEZ	1.00									
TRUSTEE		х						0.	0.	0.
(31) VINCENT E. HOENIGMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(32) ROBERT B. KEITER	1.00									
TRUSTEE		х						0.	0.	0.
(33) EADDO HAYES KIERNAN	1.00									
TRUSTEE		Х						0.	0.	0.
(34) KATHARINE OVERLOCK	1.00									
TRUSTEE		Х						0.	0.	0.
(35) SUSAN POHL	1.00									
TRUSTEE		Х						0.	0.	0.
(36) ELIZABETH SETSUKO RAFFIN	1.00									
TRUSTEE		Х						0.	0.	0.
(37) BRUCE V. RAUNER	1.00									
TRUSTEE		Х						0.	0.	0.
(38) JIM REYNOLDS	1.00									
TRUSTEE (FROM 10/2022)		Х						0.	0.	0.
(39) KURT M. RILEY	1.00									
TRUSTEE		Х						0.	0.	0.
(40) ROBERT D. ROSENBAUM	1.00									
TRUSTEE		Х						0.	0.	0.
(41) JEFF SAGANSKY	1.00									
TRUSTEE		Х						0.	0.	0.
(42) LARET SAVOY	1.00									
TRUSTEE (FROM 10/2022)		Х						0.	0.	0.
(43) WILLIAM TAGGART, JR.	1.00									
TRUSTEE		Х						0.	0.	0.
(44) GREG A. VITAL	1.00									
TRUSTEE		Х				_		0.	0.	0.
			_							
		ŀ								
Total to Part VII, Section A, line 1c										

Form 990 (2022) NATIONAL PART VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Chock in Contraction of Contraction at 100p chock		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
ω ω	4 .	a Federated campaigns 1a	288,713.				
anta			200,720.				
Contributions, Gifts, Grants and Other Similar Amounts			573,425.				
			373,423.				
ig ig		d Related organizations 1d					
ns, Sim		Government grants (contributions) 1e					
utio er (1	All other contributions, gifts, grants, and	20 640 751				
ĕŧ		similar amounts not included above 1f	38,649,751.				
ont od (Noncash contributions included in lines 1a-1f	1,030,351.	20 511 000			
<u>0</u> <u>8</u>		Total. Add lines 1a-1f		39,511,889.			
			Business Code				
Ce	_	MEMBERSHIP DUES	900099	1,835,257.	· · ·		
e vi	ı	PUBLICATION	541800	270,565.	2,954.	267,611.	
Se	•	:					
eve	(d					
Program Service Revenue	(
<u>P</u>	1	All other program service revenue					
		Total. Add lines 2a-2f		2,105,822.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		1,202,529.		2,978.	1,199,551.
	4	Income from investment of tax-exempt bond					
	5	Royalties	•	205,369.			205,369.
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a 6,435					
		Less: rental expenses 6b 0					
		Rental income or (loss) 6c 6,435					
		d Net rental income or (loss)		6,435.			6,435.
		a Gross amount from sales of (i) Securities	(ii) Other	,			,
		assets other than inventory 7a 4,553,119	. ,				
		Less: cost or other basis	-				
Φ		and sales expenses 7b 12,234,433					
n		Gain or (loss) 7c -7,681,314	•				
eve		d Net gain or (loss)		-7,681,314.			-7,681,314.
her Revenue				7,001,314.			7,001,314.
	8 6	Gross income from fundraising events (not including \$ 573,425. of					
Ò							
		contributions reported on line 1c). See	96,463.				
		Part IV, line 18					
		Less: direct expenses 8	0 404,765.	200 202			-308,302,
		Net income or (loss) from fundraising events		-308,302.			-306,302.
	9 8	a Gross income from gaming activities. See					
	_	Part IV, line 19					
		Less: direct expenses 9	0				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10)a				
	ı	Less: cost of goods sold10	b				
\longrightarrow		Net income or (loss) from sales of inventory					
σ			Business Code				
on e	11 a	MISCELLANEOUS	900099	36,302.			36,302.
ane	ı	·					
Miscellaneous Revenue	(
Ais	(d All other revenue					
		Total. Add lines 11a-11d		36,302.			
	12	Total revenue. See instructions		35,078,730.	1,838,211.	270,589.	-6,541,959.

232009 12-13-22

53-0225165

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).

Do :-	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	591,500.	591,500.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	0 144 306	1 020 000	110 603	100 643
	trustees, and key employees	2,144,306.	1,832,990.	118,673.	192,643
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	17,582,184.	15,546,554.	680,050.	1,355,580
	Pension plan accruals and contributions (include	4 420 700	4 000 000	42 422	07.001
	section 401(k) and 403(b) employer contributions)	1,138,728.	1,008,209.	43,438.	87,081
	Other employee benefits	1,816,654.	1,601,894.	72,896.	141,864
	Payroll taxes	1,440,242.	1,269,292.	58,104.	112,846
	Fees for services (nonemployees):				
	Management	1.60, 4.61	160 461		
	Legal	168,461.	168,461.	101 010	
	Accounting	101,848.	44 040	101,848.	
	Lobbying	41,040.	41,040.		
	Professional fundraising services. See Part IV, line 17	187,800.		11- 22	187,800
	Investment management fees	117,233.		117,233.	
_	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,768,656.	2,532,318.	64,962.	171,376
	Advertising and promotion	1,143,480.	639,668.	256,883.	246,929
	Office expenses	10,066,169.	5,631,065.	2,261,368.	2,173,736
	Information technology	1,162,624.	1,091,848.	70,776.	
	Royalties	648,013.	362,502.	145,576.	139,935
	Occupancy	2,144,314.	1,761,013.	237,469.	145,832
17	Travel	1,675,583.	1,573,934.	26,928.	74,721
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	766,010.	544,938.	116,037.	105,035
20	Interest	1,591.	1,118.	250.	223
	Payments to affiliates	000 770	100 500	25.254	15.005
	Depreciation, depletion, and amortization	230,773.	188,703.	26,064.	16,006
23	Insurance	458,308.	322,284.	71,891.	64,133
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
	PUBLICATION COSTS	1,229,300.	734,828.	250,586.	243,886
b	SPECIAL EVENTS	771,578.	771,578.		
С	CREDIT CARD PROCESSING	231,372.	162,702.	36,293.	32,377
d	EQUIP. RENTAL/MAINT.	127,531.	106,743.	12,585.	8,203
е	All other expenses	495,771.	352,121.	63,338.	80,312
	Total functional expenses. Add lines 1 through 24e	49,251,069.	38,837,303.	4,833,248.	5,580,518
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	8,438,192.	3,849,812.	0.	4,588,380

Form 990 (2022)
Part X Balance Sheet

Part	LA	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X	(A)	T	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	18,000.	1	18,000		
	2	Savings and temporary cash investments			19,772,826.	2	17,322,32
	3	Pledges and grants receivable, net			7,282,280.	3	4,579,06
	4	Accounts receivable, net			38,517.	4	115,48
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B) L		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	5			286,003.	9	433,23
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	4,818,643.			
	b	Less: accumulated depreciation	. 10b	4,343,759.	682,242.	10c	474,88
	11	Investments - publicly traded securities			37,562,678.	11	40,241,64
	12	Investments - other securities. See Part IV, line			901,481.	12	666,02
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	46,563.	15	7,239,79		
	16	Total assets. Add lines 1 through 15 (must ed			66,590,590.	16	71,090,45
	17	Accounts payable and accrued expenses	3,945,919.	17	4,244,56		
	18	Grants payable				18	
	19	Deferred revenue			879,212.	19	1,125,52
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
اي	22	Loans and other payables to any current or fo	rmer offic	er, director,			
₽		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
╸╽	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	oarties		24	
	25	Other liabilities (including federal income tax,)	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			5,053,733.	25	12,122,29
	26	Total liabilities. Add lines 17 through 25			9,878,864.	26	17,492,38
		Organizations that follow FASB ASC 958, cl	heck her	e X			
Se		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			25,967,604.	27	24,410,210
g	28	Net assets with donor restrictions		<u></u>	30,744,122.	28	29,187,856
밀		Organizations that do not follow FASB ASC	958, che	eck here			
던		and complete lines 29 through 33.					
ο O	29	Capital stock or trust principal, or current fund	ls			29	
Set	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
As	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			56,711,726.	32	53,598,072
	33	Total liabilities and net assets/fund balances			66,590,590.	33	71,090,457

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	5,078,	730.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	9,251,	069.	
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	5	1	1,344,	512.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-285,	827.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5	3,598,	072.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_	Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2t	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:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		38	ı	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3k	000		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** NATIONAL PARKS CONSERVATION ASSOCIATION 53-0225165 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	44,178,155.	37,401,242.	36,613,761.	40,090,639.	39,511,889.	197,795,686.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	44,178,155.	37,401,242.	36,613,761.	40,090,639.	39,511,889.	197,795,686.	
	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)						130,004.	
6	Public support. Subtract line 5 from line 4.						197,665,682.	
	ction B. Total Support						· · ·	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	44,178,155.	37,401,242.	36,613,761.	40,090,639.	39,511,889.	197,795,686.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1,266,030.	1,339,260.	1,089,511.	995,986.	1,411,355.	6,102,142.	
9	Net income from unrelated business	, ,	, ,	, ,	,	, ,	, ,	
_	activities, whether or not the							
	business is regularly carried on	3,929.		989.		880.	5,798.	
10	Other income. Do not include gain	,					,	
	or loss from the sale of capital							
	assets (Explain in Part VI.)	21,501.	21,358.		17,018.	36,302.	96,179.	
11	Total support. Add lines 7 through 10	,	,		,	,	203,999,805.	
	Gross receipts from related activities,	etc. (see instructio	ns)			12	7,627,315.	
	First 5 years. If the Form 990 is for th	•	,	ourth. or fifth tax v	ear as a section 5		· · ·	
	organization, check this box and stop			, ······ · · ,				
Sec	tion C. Computation of Publi							
14	Public support percentage for 2022 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	96.90 %	
	Public support percentage from 2021					15	96.43 %	
	33 1/3% support test - 2022. If the o					ore, check this box	•	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	stop here. The organization qualifies as a publicly supported organization							
	and stop here. The organization quali							
17a								
	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te							
b	10% -facts-and-circumstances test	-		*	-			
	more, and if the organization meets th	ū				•		
	organization meets the facts-and-circu				•			
18	Private foundation. If the organization							
			,	. , ,			(Form 990) 2022	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

232023 12-09-22

Schedule A (Form 990) 2022

Т.,

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
	1		
	-		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	46:		
_	10b	- 000\	

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

NATIONAL PARKS CONSERVATION ASSOCIATION

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2022

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Orga	anizations _{(contin}	ued)	
Secti	ion D - Distributions					Current Year
1	Amounts paid to supported organizations to accom	plish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly further	ers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exemp	t purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval requ	uired - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instruc	•			6	
7	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to	o which th	he organization is responsive	9		
	(provide details in Part VI). See instructions.		3		8	
9	Distributable amount for 2022 from Section C, line	 6			9	
10	Line 8 amount divided by line 9 amount				10	
			(i)	(ii)	1	(iii)
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6	6				
2	Underdistributions, if any, for years prior to 2022 (re	eason-				
	able cause required - explain in Part VI). See instruc	ctions.				
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
ī	Carryover from 2017 not applied (see instructions)					
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3	f.				
4	Distributions for 2022 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
5	Remaining underdistributions for years prior to 2022	2. if			\neg	
-	any. Subtract lines 3g and 4a from line 2. For result					
	than zero, explain in Part VI. See instructions.	J				
6	Remaining underdistributions for 2022. Subtract line	es 3h				
·	and 4b from line 1. For result greater than zero, exp					
	Part VI. See instructions.	лан н				
7	Excess distributions carryover to 2023. Add lines					
•	and 4c.	, o _j				
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021 Excess from 2022					
е	EAUGOO HUHI ZUZZ					

Schedule A (Form 990) 2022

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

NATIONAL PARKS CONSERVATION ASSOCIATION 53-0225165 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Schedule B (Form 990) (2022) Page **2**

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Page 3

Name of organization Employer identification number

NATIONAL PARKS CONSERVATION ASSOCIATION 53-0225165

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

Schedule B (Form 990) (2022)

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** NATIONAL PARKS CONSERVATION ASSOCIATION 53-0225165 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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.

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

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

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

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

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

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

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

		nization	ions. Complete Fait III.		1	Employer identification number
ivaine c	oi oigai		ARKS CONSERVATION ASSOC	TATTON		53-0225165
Part	I-A		anization is exempt unc		or is a section 52	
1 Pr 2 Pc	rovide a	a description of the organiz campaign activity expendit	ation's direct and indirect politic	cal campaign activities i	n Part IV.	\$
Part	I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
					-	\$
2 Er	nter the	amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3 If	the org	anization incurred a section	n 4955 tax, did it file Form 4720) for this year?		Yes
4a W	as a co	orrection made?				Yes No
	1	describe in Part IV.		In +		04(-)(0)
Part			anization is exempt und			
			by the filing organization for se	•		\$
			ization's funds contributed to o	-		Φ.
	•		. Add lines 1 and 2. Enter here			\$
		•	. Add lines 1 and 2. Enter here			\$
			1120-POL for this year?			
m: cc	ade pa ontribut	yments. For each organizations received that were pro	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	id from the filing organiz a separate political orga	ration's funds. Also en anization, such as a se	ter the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Pa	rt II-A	Complete if the org	janization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
	Check Check	expenses, and shar	re of excess lobbying e	liated group (and list in expenditures). nd "limited control" pro		group member's name	e, address, EIN,
			its on Lobbying Expe ditures" means amou	nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lob	obying expenditures to influ	uence public opinion (grassroots lobbying)		182,935.	
		obying expenditures to influ		ha dallara adalla la la la da ada ad		585,268.	
c	Total lob	obying expenditures (add li	nes 1a and 1b)			768,203.	
c		xempt purpose expenditure				48,203,287.	
e	Total ex	empt purpose expenditure	s (add lines 1c and 1d)		48,971,490.	
f		g nontaxable amount. Ente				1,000,000.	
	If the am	ount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
	Not ove	r \$500,000	20% of	the amount on line 1e.			
	Over \$5	00,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
	Over \$1	,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,	,000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,	000.			
	g Grassro	ots nontaxable amount (en	nter 25% of line 1f)			250,000.	
r	Subtrac	t line 1g from line 1a. If zer	o or less, enter -0-			0.	
i	Subtrac	t line 1f from line 1c. If zero	o or less, enter -0			0.	
j	If there i	is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	tion file Form 4720		
	reportin	g section 4911 tax for this	year?				Yes No
		(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not l ate instructions for lir	nave to complete all c	of the five columns be	low.
			Lobbying Expe	nditures During 4-Yea	r Averaging Period		
		Calendar year al year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total

	Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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	693,280.	574,155.	734,113.	768,203.	2,769,751.			
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	85,933.	71,428.	178,804.	182,935.	519,100.			

Schedule C (Form 990) 2022

Page 3

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of the	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Dar	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or sec	tion	
Fai	501(c)(6).	11 30 1 (0)(3)	, or sec	ZUOII	
				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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			ılı-A, illie	J, 15
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		. 1		
2	expenses for which the section 527(f) tax was paid).	,aı			
a	Current year		2a		
	Carryover from last year				
	Total				
	4				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exc				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par				•	
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of the organization

NATIONAL PARKS CONSERVATION ASSOCIATION

Employer identification number 53-0225165

Par	t I Organizations Maintaining Donor Advised	Funds or Other Simila	ar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised fun	ds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in	donor advised fund	ls
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant ful	nds can be used o	nly
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any oth	er purpose conferri	ng
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (for example, recreation	on or education)	servation of a histo	rically important land area
	Protection of natural habitat	Pre	servation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution	in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
С	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included in (c) acquired aft			
_				
3	Number of conservation easements modified, transferred, release	ased, extinguished, or termin	ated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the perio		-	Yes No
6	violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, ha			
U	Stan and volunteer riodrs devoted to monitoring, inspecting, in	andling of violations, and em	ording conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcin	a conservation eas	sements during the year
•	7 thount of expenses mounted in monitoring, inspecting, hardin	ig or violations, and ornoron	ig conservation cat	ornanta danng tria yadi
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of s	ection 170(h)(4)(B)	i)
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno		•	
	organization's accounting for conservation easements.	3		
Par		Art, Historical Treasur	es, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue :	statement and bala	ince sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or re	search in furtherar	ce of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes	s these items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue state	ement and balance	sheet works of
	art, historical treasures, or other similar assets held for public e			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under FASB AS	C 958 relating to these items	s:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions f			Schedule D (Form 990) 2022

Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)						
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that make	signifi	cant use of its	
	collection items (check all that apply):						
а	Public exhibition	d	l Loan or exc	hange program			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	empt p	ourpose in Part	XIII.
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simi	ar asse	ets	
	to be sold to raise funds rather than to be ma						Yes No
Par			ete if the organizatio	n answered "Yes"	on Forr	m 990, Part IV,	line 9, or
	reported an amount on Form 990, Par	t X, line 21.					
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other assets no	ot inclu	ded	
	on Form 990, Part X?					L	Yes No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:						
					_		Amount
С	Beginning balance					1c	
d	d Additions during the year					1d	
е	Distributions during the year					1e	
f	f Ending balance 1f					1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account lia	bility?	L	」Yes No
	If "Yes," explain the arrangement in Part XIII.						
Par	t V Endowment Funds. Complete i						
		(a) Current year	(b) Prior year	(c) Two years back	+	hree years back	· · · · · · · · · · · · · · · · · · ·
	Beginning of year balance	29,205,590.	35,514,412.	 		29,333,238.	29,223,879.
b	Contributions			2,500,000			
	Net investment earnings, gains, and losses	3,303,108.	-4,938,227.	6,527,491	•	-147,181.	1,419,619.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	1,435,043.	1,370,595.	1,357,903	•	1,341,233.	1,310,260.
f	Administrative expenses						
g	End of year balance	31,073,655.		•	•	27,844,824.	29,333,238.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:			
	Board designated or quasi-endowment	32.9300	%				
	Permanent endowment 55.6100	%					
С	Term endowment11.4600						
	The percentages on lines 2a, 2b, and 2c show	•					
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held ar	nd administered for	the		W N.
	organization by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						3a(ii) X
	If "Yes" on line 3a(ii), are the related organiza						3b
Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.				
Fai	Complete if the organization answere) Part IV lina 11a S	oo Form 000 Part	V lino	10	
		I					(-I) D I I
	Description of property	(a) Cost or o basis (investre		' '	Accun depreci	nulated	(d) Book value
	Land	,	nong Dasis	(Galler)	achi eci	adon	
	Land						
	Buildings		2	,701,422.	2	332,933.	368,489.
	Leasehold improvements		2	767,340.		673,614.	93,726.
	Equipment		1	,349,881.		337,212.	12,669.
	Other						474,884.
iotal	. Add lines 1a through 1e. (Column (d) must e	guai ⊦orm 990, Part	x, column (B), line 1	UC.)			
						Schedule	D (Form 990) 2022

ı			A
ı	Part VII	Investments -	 Other Securities.

Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS	25,515.
(2) DUE FROM NPAF	8,919.
(3) RIGHT OF USE ASSET	7,205,365.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	7,239,799.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CHARITABLE GIFT ANNUITIES	3,521,100.
(3)	COPIERS	588.
(4)	RIGHT OF USE LIABILITIES	8,600,605.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,122,293.

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

Schedule D (Form 990) 2022

53-0225165

Pai	Complete if the organization answered "Yes" on Form 990, Part IV, line		nevenue per ne	turri.	
1	T. 1			1	51,119,238.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, , .
a	Net unrealized gains (losses) on investments	2a	11,344,512.		
b	Donated services and use of facilities		4,694,291.	-	
	Recoveries of prior year grants			-	
c	0.1. (5		118,938.	-	
d			· · · · · · · · · · · · · · · · · · ·	20	16,157,741.
e o				2e 3	34,961,497.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	31,301,137,
4	· · · · · · · · · · · · · · · · · · ·	45	117,233.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		117,255.	-	
b	Other (Describe in Part XIII.)			-	117 222
	Add lines 4a and 4b			4c	117,233.
5 D a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial State	amente With	Evnenses ner E	5 Return	35,078,730.
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line		Expenses per r	neturri.	
1	Total expenses and losses per audited financial statements			1	54,232,892.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	31,232,032.
2	• • •	ا مو ا	4,694,291.		
a	Donated services and use of facilities		4,054,251.	-	
b	Prior year adjustments			-	
С	Other losses		404 765	-	
d	Other (Describe in Part XIII.)	•	404,765.		5 000 056
е	Add lines 2a through 2d			2e	5,099,056.
3	Subtract line 2e from line 1			3	49,133,836.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	117,233.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	117,233.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	49,251,069.
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 'V, LINE 4:			ı; Part X, li	ne 2; Part XI,
PARE	PROTECTION ENDOWMENT: ITS PURPOSE IS TO ENHANCE THE LONG	TERM			
FINA	NCIAL BASE OF THE ASSOCIATION IN ORDER TO CONSISTENTLY PRO	PEL THE			
ORGZ	NIZATION TOWARDS PROTECTING AND ENHANCING AMERICA'S NATION.	AL PARKS FOR			
PRES	ENT AND FUTURE GENERATIONS.				
EDAF	ENDOWMENT: FOR THE PURPOSE OF CREATING A PERMANENT MEMORIA	AL ENDOWMENT			
FUNI	TO FURTHER THE MISSION OF THE ORGANIZATION.				
FRANK H. FILLEY AND FAMILY ENDOWMENT FUND: ESTABLISHED AS AN ENDOWMENT					
GENE	RALLY SUPPORTING THE ACTIVITIES OF THE ORGANIZATION.				

Schedule D (Form 990) 2022

TOTAL TO SCHEDULE D, PART XI, LINE 2D

118,938.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	Employer identification number						
	ARKS CONSERVATION ASSOCIAT					53-022516	
Part I Fundraising Activities required to complete this par	 Complete if the organization answ 	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e X Solicita f Solicita g X Specia or oral agreement with any individual cart VII) or entity in connection with pyiduals or entities (fundraisers) pursu	ation of ation of al fundra I (includ professi	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
AVALON CONSULTING - 805 15TH		Yes	No				
ST NW, STE 700, WASHINGTON,	FUNDRAISING CONSULTING		Х	0.		187,800.	-187,800.
						187,800.	-187,800.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration
AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,I		MS,MO,	NH,N	J,NM,NY			
NC,ND,NV,OH,OK,OR,PA,RI,SC,TN,U	T,VA,WA,WV,WI						

232081 10-27-22

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.							
		or iditid alsing event contributions and give	(a) Event #1 SALUTE TO THE PARKS	(b) Event #2 MINNESOTA LUNCHEON	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))			
enc			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	613,216.	56,672.		669,888.			
	2	Less: Contributions	522,969.	50,456.		573,425.			
	3	Gross income (line 1 minus line 2)	90,247.	6,216.		96,463.			
	4	Cash prizes							
	5	Noncash prizes							
benses	6	Rent/facility costs	232,189.	11,214.		243,403.			
Direct Expenses	7	Food and beverages	91,170.	6,764.		97,934.			
ā	8	Entertainment	51,066.	12,362.		63,428.			
	9 10	Other direct expenses		12,302.		404,765.			
		Net income summary. Subtract line 10 from li				-308,302.			
Pa				990, Part IV, line 19, or r	eported more than				
		\$15,000 on Form 990-EZ, line 6a.	ı	, ,					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Ä	1	Gross revenue							
es	2	Cash prizes							
xbens	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
		Volunteer labor	Yes % No	Yes %	Yes % No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
а	En	ter the state(s) in which the organization conducted conducting and the organization licensed to conduct gaming and No," explain:	acts gaming activities:ctivities in each of these	states?		Yes No			
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:								
		1,27,22			O _e h-	edule G (Form 990) 2022			

Sch	edule G (Form 990) 2022 NATIONAL PARKS CONSERVATION ASSOCIATION 53	-0222102		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	No No
	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?	Y	'es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	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?	🔲 Y	'es	☐ No
h	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	e If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of comings arrayided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?	Y	'es	☐ 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 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
_				
(I)	NAME OF FUNDRAISER: AVALON CONSULTING			
(I)	ADDRESS OF FUNDRAISER: 805 15TH ST NW, STE 700, WASHINGTON, DC 20005			

Schedule 0	G (Form 990)	NATIONAL PARKS CONSERVATION ASSOCIATION	53-0225165	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continued)		
		Continued		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2022 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 53-0225165 NATIONAL PARKS CONSERVATION ASSOCIATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE 53-0204616 501(C)(3) RESTON, VA 20190 519,500. 0 IMPROVING NATIONAL PARKS RAINY LAKE SPORTFISHING 409 SHORWOOD DRIVE INTERNATIONAL FALLS, MN 56649 41-1509353 501(C)(5) 0. IMPROVING NATIONAL PARKS 12,000 GREAT BASIN WATER NETWORK PO BOX 75 35-2278153 501(C)(3) IMPROVING NATIONAL PARKS BAKER, NV 89311 60,000 0 2. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1. Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IV Supplemental Information. Provide the informati	ion required in Part I, lin	e 2; Part III, columi	n (b); and any other ac	ditional information.	
I, LINE 2:					
S ARE ONLY AWARDED TO OTHERS WHO ARE PART	TNERING IN THE SAM	E PROJECTS			
RD MUTUAL GOALS OF BENEFITTING NATIONAL PA	ARKS. THESE ORGANI	ZATIONS			
IDE BUDGETS TO NPCA THAT DETAIL THE EXPENI	DITURES THAT GRANT	FUNDS ARE			
FOR.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NATIONAL PARKS CONSERVATION ASSOCIATION

Employer identification number 53-0225165

Pá	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant I Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	_5a		X
b	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		v
	The organization?	6a		X
D	Any related organization?	6b		^
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-	Х	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Λ	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		
	Berniannis Seriini 53 /958.6017			

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Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THERESA PIERNO	(i)	447,747.	86,499.	0.	30,500.	5,448.	570,194.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBIN MARTIN MCKENNA	(i)	252,923.	25,450.	0.	29,018.	10,921.	318,312.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIMOTHY MOYER	(i)	220,567.	7,950.	0.	18,288.	5,448.	252,253.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRISTEN HAJIBRAHIM	(i)	209,125.	5,450.	0.	17,481.	4,815.	236,871.	0.
SR. VP OF GOVERNMENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARY O'CONNOR	(i)	208,852.	5,447.	0.	13,369.	5,448.	233,116.	0.
SR. VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ADAM SIEGEL	(i)	193,992.	7,941.	0.	16,718.	6,128.	224,779.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DERRICK PRESSLEY	(i)	198,490.	5,444.	0.	16,243.	2,510.	222,687.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMY HAGOVSKY	(i)	194,818.	5,444.	0.	16,069.	2,475.	218,806.	0.
VP OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LYNN MCCLURE	(i)	158,835.	23,569.	0.	14,550.	2,298.	199,252.	0.
SENIOR REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JOHN ADORNATO	(i)	170,431.	5,444.	0.	14,723.	7,590.	198,188.	0.
DEPUTY VP OF REGIONAL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LAURA CONNORS	(i)	171,509.	5,424.	0.	14,268.	2,228.	193,429.	0.
VICE PRESIDENT OF MEMBERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DAVID LAMFROM	(i)	164,643.	7,892.	0.	13,886.	2,209.	188,630.	0.
VICE PRESIDENT, REGIONAL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			_				
	(i)			_				
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
THE PRESIDENT AND CEO, WHO TRAVELS EXTENSIVELY, IS APPROVED TO BRING HER
SPOUSE ON WORK TRAVEL. THIS BENEFIT IS INCLUDED IN TAXABLE INCOME.
PART I, LINE 7:
SEE PART II COLUMN B (II) FOR BONUS DETAILS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

NATIONAL PARKS CONSERVATION ASSOCIATION

Inspection
Employer identification number

53-0225165

Pa	rt 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 de noncash contribu		•	s
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	52	1 030 351.	MARKET VALUE			
10	Securities - Closely held stock			, ,				
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles							
20	Food inventory							
21	Drugs and medical supplies							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()	a Atlanta allo intra a						
29	Number of Forms 8283 received by the organization of Forms 8283 rece							
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			·	
							Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of the							v
	exempt purposes for the entire holding period?					30a		Х
	If "Yes," describe the arrangement in Part II.						77	
31	Does the organization have a gift acceptance p	•	•	•	ions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				_
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

232141 09-09-22

LHA

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL PARKS CONSERVATION ASSOCIATION

Employer identification number 53-0225165

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990, ONCE RECEIVED FROM THE HIRED PREPARER, WAS REVIEWED BY TIM MOYER,
CFO AND THERESA PIERNO, PRESIDENT & CEO. ONCE IT WAS APPROVED THE 990 WAS
SENT TO TIM MOYER FOR SIGNATURE, THEN TO THE BOARD FOR REVIEW BEFORE
SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C:
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:
THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CHIEF
EXECUTIVE OFFICER INCLUDES A REVIEW BY THE BOARD. THERE IS USE OF
COMPARABILITY DATA AND THE BOARD'S DECISION IS DOCUMENTED. THE LAST
COMPENSATION REVIEW TOOK PLACE IN AUGUST 2023.
COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED INTERNALLY
USING COMPARABILITY DATA AND PERFORMANCE EVALUATIONS.

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

Schedule O (Form 990) 2022

Name of the organization	Employer identification number
NATIONAL PARKS CONSERVATION ASSOCIATION	53-0225165
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN,UT	
VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
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 -285,827.	