Department of the Treasury

A For the 2005 calendar year, or tax year beginning

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

2006

JUN 30

The organization may have to use a copy of this return to satisfy state reporting requirements.

2005

JUL 1,

and ending

Inspection

<b>B</b>	Check if applicable	Please C Name of organization				D Employer	identification number
	Address	use IRS					
Ļ	change Name	print or NATIONAL PARK TRUST,	ENC.		1_		L691924
<u> </u>	lchange	Number and street (or P.O. box if mail is not d	elivered to street address)		Room/suite 110		<b></b>
<u> </u>	Initial return Final	Specific 51 MONROE STREET	(301				
	return Amended	tions City or town, state or country, and ZIP + 4				F Accounting in Other	
H	retum Application	KOCKATTTE, MD 70920	onevemnt charitable trusts			(specif	
L	pending	must attach a completed Schedule A (Form 990 o		1.7 -			ection 527 organizations liates? Yes X No
•	Wahataa N	STATE TO A DEPOSITION ODO		'	) Is this a group re		<u> </u>
	-	<u>►WWW.PARKTRUST.ORG</u> on type (check only one)  X 501(c) ( 3 )  (insert no	) 4947(a)(1) or		) If "Yes," enter nu ) Are all affiliates i		N/A Yes No
		if the organization's gross receipts are normally			(If "No," attach a	list.)	
		on need not file a return with the IRS; but if the organization		יוון ש	Is this a separate ganization cover	e return filed	by an or- up ruling? Yes X No
	•	a complete return. Some states require a complete retui			Group Exemptio	-	
				M			zation is <b>not</b> required to attach
1	Gross rece	upts: Add lines 6b, 8b, 9b, and 10b to line 12	659,788		Sch. B (Form 99		
		Revenue, Expenses, and Changes in Ne			١	_,	
	1	Contributions, gifts, grants, and similar amounts received:	<u> </u>				
	1	Direct public support		1a	513,9	93.	
_		Indirect public support		1b	59,1		
<u> </u>		Government contributions (grants)		1c			
7		, — · · · · · · · · · · · · · · · · · ·	3,113. noncash \$			) 1d	573,113.
<b>-</b>		Program service revenue including government fees and o	<del> </del>	93)		2	
<b>,</b>		Membership dues and assessments	(	,		3	· · · · · · · · · · · · · · · · · · ·
ĺ	ŀ	Interest on savings and temporary cash investments				4	
)		Dividends and interest from securities				5	82,971.
	6 a	Gross rents		6a			
	• •	Less: rental expenses	<u>                                     </u>	6b			
		Net rental income or (loss) (subtract line 6b from line 6a)	<b>L</b> _	<del></del>	•	6c	
	7	Other investment income (describe				) 7	
nue		Gross amount from sales of assets other	(A) Securities		(B) Other		
š		than inventory	<del></del>	8a	\ <del>-</del> /		
ŭ	ì	Less: cost or other basis and sales expenses		8b	<u> </u>		
	1	Gain or (loss) (attach schedule)	· <del>-</del>	8c		<del>- ·</del>	
		Net gain or (loss) (combine line 8c, columns (A) and (B))		1		8d	
		Special events and activities (attach schedule). If any amo		ere 🕨 [			
	•	Gross revenue (not including \$	of contributions				
		reported on line 1a)		9a			
	i	Less: direct expenses other than fundraising expenses		9b			
		Net income or (loss) from special events (subtract line 9b				9c	
		Gross sales of inventory, less returns and allowances	j	0a			
	1	Less: cost of goods sold	<del>                                     </del>	0Ь			
	1	Gross profit or (loss) from sales of inventory (attach sche	<b></b>			100	c
		Other revenue (from Part VII, line 103)	PECE	VE	<b>5</b>	11	3,704.
		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c,	and 11)		ري آ	12	659,788.
	13	Program services (from line 44, column (B))	(2)	(1)	. S	13	
ses	L	Management and general (from line 44, column (C))	E NON I	7 200	J6 [%	14	37,355.
ě		Fundraising (from line 44, column (D))	<u></u>	~	- S	15	444 004
EXE	-	Payments to affiliates (attach schedule)	OGDE	N_ U		16	
	17	Total expenses (add lines 16 and 44, column (A))				17	2,318,168.
	18	Excess or (deficit) for the year (subtract line 17 from line	12)			18	-1,658,380.
4	19	Net assets or fund balances at beginning of year (from line	e 73, column (A))			19	4,759,790.
Net	20	Other changes in net assets or fund balances (attach expla	anation) SE	E ST	ATEMENT	1 20	-13,012.
	21	Net assets or fund balances at end of year (combine lines				21	3,088,398.
523 02-	001 03-08	HA For Privacy Act and Paperwork Reduction Act Not	ice see the senarate instru	ctions			Form <b>990</b> (2005)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Grants and allocations (attach schedule)  (cash \$ 0 • noncash \$1270700  If this amount includes foreign grants, check here	22	1,270,700.	1,270,700.	STATEMENT 3	
Specific assistance to individuals (attach schedule)	23				
4 Benefits paid to or for members (attach	20		<u> </u>		
schedule)	24				
5 Compensation of officers, directors, etc.	25	218,374.	167,584.	20,696.	30,094
Other salaries and wages	26	162,802.	162,802.	1	<u> </u>
Pension plan contributions	27	<u> </u>		<del></del>	<u></u>
Other employee benefits	28		<u> </u>		
9 Payroll taxes	29		· <u>-</u> · ·		
Professional fundraising fees	30			<del> </del>	
1 Accounting fees	31				
2 Legal fees	32				
3 Supplies	33		···- <u> </u>		<u> </u>
4 Telephone	34	7,354.	6,030.	559.	765
Postage and shipping	35	40,313.	33,820.	<del>†</del>	6,305
Occupancy	36	47,816.	39,209.		4,973
7 Equipment rental and maintenance	37	6,612.	5,422.	<del> </del>	687
8 Printing and publications	38	113,234.	88,340.	<del>  -</del>	24,525
9 Travel	39	55,313.	51,713.	635.	2,965
Conferences, conventions, and meetings	40		<u></u>		
1 Interest	41	3 712	3,044.	282.	386
2 Depreciation, depletion, etc (attach schedule)	42	3,140.	2,574.	239.	327
Other expenses not covered above (itemize)	72	<u> </u>			<u> </u>
a	43a		<del></del>	<u> </u>	<del> </del>
b	43b		<u> </u>		
C	43c	<u></u>		<u>                                     </u>	
d	43d				
e	43e		· · · · · · · · · · · · · · · · · · ·		
f	43f		<u> </u>		· · · · · · · · · · · · · · · · · · ·
g SEE STATEMENT 2	43g	388,798.	334,744.	10,250.	43,804
4 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines					
13-15)	44	2,318,168.	2,165,982.	37,355.	114,831
loint Costs. Check X If you are following the any joint costs from a combined educational campa  "Yes," enter (i) the aggregate amount of these joint co	ign and	98-2. fundraising solicitation rep		/ices? ► X	Yes No 94,239.;

; and (iv) the amount allocated to Fundraising \$

Form **990** (2005)

36,998.

(iii) the amount allocated to Management and general \$

## Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose?   SEE STATEMENT 4	Program Service Expenses
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but
	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	optional for others.)
а	LAND CONSERVATION - PRESERVATION AND EXPANSION OF	
	AMERICA'S NATIONAL SYSTEM OF PARKS INCLUDING THOSE REMAINING 4 MILLION PLUS ACRES OF PRIVATELY-OWNED	
	LANDS WITHIN THE EXISTING PARKS	
	DAIDS WITHIN THE EXISTING PARKS	
	(Grants and allocations \$ 1,270,700 ⋅ ) If this amount includes foreign grants, check here ► □	1,502,541.
b	PUBLIC EDUCATION ENCOURAGING THE INVOLVEMENT OF A	
	BROAD ARRAY OF PRIVATE CITIZENS GROUPS AND INDIVIDUALS,	
	FOSTERS KNOWLEDGE, STIMULATES INTEREST AND FACILITATES	
	PARTICIPATION IN THE PRESERVATION OF THE PARKS	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	663,441.
C		
		<u>}</u>
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
đ		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
е	Other program services (attach schedule)	
_	(Grants and allocations \$ ) If this amount includes foreign grants, check here \ \	2 1 6 5 0 0 0
<u>T</u>	Total of Program Service Expenses (should equal line 44, column (B), Program services)	<u>2,165,982.</u>

Form **990** (2005)

orn	n 990 (2005) NATIONAL PARK TRUST,	INC.			<u> 52-</u>	1 <u>6919</u>	24	Page 5
Pa	rt IV-A Reconciliation of Revenue per Audited Fina	ncial Statements \	With	n Revenue pe	er Re	tum (Se	e the	
	instructions.)			<u> </u>				
a	Total revenue, gains, and other support per audited financial stateme	nts				a	<u>689,</u>	<u>677.</u>
þ	Amounts included on line a but not on Part I, line 12			1				
1	Net unrealized gains on investments		<u>b1</u>	-13,0	12.			
2	Donated services and use of facilities		<b>b</b> 2	42,9	01.			
3	Recoveries of prior year grants		b3					
	Other (specify)		<b>b4</b>					
-	Add lines b1 through b4				-	Ь	29,	889.
C	Subtract line <b>b</b> from line <b>a</b>	•			İ	С		788.
ď	Amounts included on Part I, line 12, but not on line a:							
	Investment expenses not included on Part I, line 6b		d1					
	Other (specify)		d2					
-	Add lines d1 and d2					d		0 -
_	Total revenue (Part I, line 12). Add lines c and d		•	•		<u> </u>	659	788.
Pa	art IV-B Reconciliation of Expenses per Audited Fina	ancial Statements	Wit	h Expenses	per F	Return	<del>000,</del>	<del>, , , , , , , , , , , , , , , , , , , </del>
	<u> </u>						361	069.
_	Total expenses and losses per audited financial statements					a ∠,	<u>, , , , , , , , , , , , , , , , , , , </u>	<del>003.</del>
b	Amounts included on line a but not on Part I, line 17			1 2 D	ر <sub>م</sub>			
1	Donated services and use of facilities		b1	42,9	0 T •			
	Prior year adjustments reported on Part I, line 20	• •	b2					
	Losses reported on Part I, line 20	•	<u>b3</u>	<u> </u>				
4	Other (specify)		<u>b4</u>				4.0	004
	Add lines <b>b1</b> through <b>b4</b>					b		<u>901.</u>
C	Subtract line <b>b</b> from line <b>a</b>	•				c 2,	318,	<u> 168.</u>
đ	Amounts included on Part I, line 17, but not on line a:		1	1				
1	Investment expenses not included on Part I, line 6b		<u>d1</u>	· · · · · · · · · · · · · · · · · · ·				
2	Other (specify)		<u>d2</u>	<u> </u>				
	Add lines d1 and d2				•	d		0.
	Total expenses (Part I, line 17) Add lines c and d		<del>-</del>					168.
Pa	art V-A Current Officers, Directors, Trustees, and Ke			-	an of	ficer, direc	ctor, tru	stee,
	or key employee at any time during the year even if they we				<u> </u>	<del> </del>	/E\ C	
	(A) Name and address	(B) Title and average hou per week devoted to	1 1	If not paid, enter	` emplo	ntributions to	\ — <i>f</i>	xpense unt and
		position	`		compe	& deferred nsation plans	other a	llowances
_								
SE	E STATEMENT 6			204,508.	13	<u>,866.</u>		0.
					-	· ·		
<b>-</b> -								
		<del> </del>	<del>-</del>					
<b>-</b> -								
		<u> </u>	<del>-  </del>				<u> </u>	
		<u> </u>			<u> </u>			
								<b>30</b> (2005)

Form 990 (2005)

	990 (200	<u> </u>		INC.		<u>52-1691</u>	<u>9.24</u>	Pa	age 6
		Current Officers, Directors, Trustees						Yes	No
75 a	Enter th	e total number of officers, directors, and trustees	permitted to	o vote on organization bus	siness at board	14			
				000 Dayl/A aybabaata		<u> </u>			
Ь	-	officers, directors, trustees, or key employees list Schedule A, Part I, or highest compensated profe							
		or II-B, related to each other through family or bu							
		riduals and explains the relationship(s)			•		75b		<u>X</u> _
C	Do any	officers, directors, trustees, or key employees list	ed in Form 9	90. Part V-A, or highest c	ompensated empl	ovees			
•	listed in	Schedule A, Part I, or highest compensated professional	essional and	dother independent contr	actors listed in Sc	nedule A,			
		or II-B, receive compensation from any other org		whether tax exempt or tax	kable, that are relat	ed to this			7.2
	Ū	ation through common supervision or common co				•	75c		<u>X</u>
		elated organizations include section 509(a)(3) sup attach a statement that identifies the individuals, explains			and the other organ	ization(s) and			
	describes	s the compensation arrangements, including amounts p	aid to each in	dividual by each related orga	nization.	ization(5), and			
d	Does th	e organization have a written conflict of interest p	olicy?				75d		X
Pai		Former Officers, Directors, Trustees	<u>-</u>	y Employees That F	Received Com	pensation of		her	
		Benefits (If any former officer, director, truste	•	· · · · · · · · · · · · · · · · · · ·				-	_
		the year, list that person below and enter the an	nount of con	npensation or other benef		(D) Contributions	<del></del>	E) Expe	
		(A) Name and address		(B) Loans and Advances	(C) Compensation	employee benefi	ˈ a	ccount	and
		NONE				compensation pla	ns oth	er allow	ances
	_ <b></b>								
- <del>-</del>									
		· · · · · · · · · · · · · · · · · · ·		<del></del>					
	·								
						ļ	<del>-  </del>	·····	
					<u> </u>			•	
	<del>_</del>								
									<del></del>
	_ <b></b> _								
		<del>`</del>							
					<u></u>				
			<b></b>						
Pa	rt VI	Other Information (See the instructions.)						Yes	No
76	Did the	organization engage in any activity not previously	y reported to	the IRS? If "Yes," attach	n a detailed				
	descrip	tion of each activity		<i></i> .		- •	76	<u> </u>	<u>X</u>
77		ny changes made in the organizing or governing o	documents t	out not reported to the IR	S?		77	-	X
70	_	" attach a conformed copy of the changes.		^	AALIANAA LIIAA	<b>+.</b> Ω	70-		Y
		organization have unrelated business gross inco		o or more during the year	covered by this re	tum? N/A	78a 78b	<del>                                     </del>	
79		" has it filed a tax return on <b>Form 990-T</b> for this y ere a liquidation, dissolution, termination, or subs		action dumna the vear? If	"Yes," attach a sta	,	79	<del> </del>	X
75 80 a		rganization related (other than by association wit					· · ·	<del>                                     </del>	
- <b>-</b> u		rship, governing bodies, trustees, officers, etc., to					80a		X
b			/A						
_				and check whether it is	exempt or	nonexempt			1
81 a	Enter d	rect or indirect political expenditures. (See line 8	1 instruction	s.)	81a	0.			
<u>b</u>	Did the	organization file Form 1120-POL for this year?		••	<u> </u>		81b	000	<u>X</u>
52316	31/02-03-08						Forr	n <b>990</b>	(2005)

523161/02-03-08

52-1691924 NATIONAL PARK TRUST, INC. Page 8 Form 990 (2005) Part VII Analysis of Income-Producing Activities (See the instructions) Unrelated business income Excluded by section 512, 513, or 514 Note: Enter gross amounts unless otherwise (C) (A) (B) (D) ındıcated Related or exempt Exclu-Business Amount Amount sion function income code 93 Program service revenue: code f Medicare/Medicaid payments g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments 82,971. Dividends and interest from securities Net rental income or (loss) from real estate: a debt-financed property **b** not debt-financed property 98 Net rental income or (loss) from personal property Other investment income 100 Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory Other revenue 594. LIST RENTAL INCOME 2,331. ROYALTIES 779. c MISCELLANEOUS 85,896. 779. 104 Subtotal (add columns (B), (D), and (E)) 86,675. 105 Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions) Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's Line No. exempt purposes (other than by providing funds for such purposes). 103 MISCELLANEOUS INCOME EARNED IN FURTHERANCE OF EXEMPT PURPOSES Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions) Part IX (C)
Nature of activities (E) End-of-year (B) Percentage of Name, address, and EIN of corporation, Total income partnership, or disregarded entity ownership interest assets N/AInformation Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) Part X X No (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes

(5)5	in organization, come your, pay province, and only or mendomy, and a porcontain our		
Note: If	"Yes" to (b), file Form 8870 and Form 4720 (see instructions).		
Please Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedule correct, and complete. Declaration of preparer other than officer) is based on all information of which perform the control of the correct of	les and statements, and to the best of my knowledge preparer has any knowledge S. KHANNA	
Here	Signature of officer Date	Type or print name and title.	
Paid	Preparer's signature Stanfield	Date    Check if self-employed   Image: Self-	Preparer's SSN or PTIN
Preparer's Use Only	Firm's name (or STANFIELD, LLC yours if	EIN ►	
•	self-employed), 15825 SHADY GROVE ROAD		
5231 <b>6</b> 3 02-03-06	ROCKVILLE, MARYLAND 20850	Phone no. > (:	<u>301) 519-3280</u>
			Form <b>990</b> (2005)

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Employer identification number

	NATIONAL PARK TRUST,	INC.	<del>-</del> , <u> </u>		<u>52 16919</u>	<u> </u>
Part I	Compensation of the Five Highest Paid	d Emplo	yees Other Than	Officers, Direc	ctors, and T	rustees
	(See page 1 of the instructions. List each one. If there are	none, ente	r "None.")			
	(a) Name and address of each employee paid more than \$50,000	(	b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	
NONE						
			<u> </u>			
over \$50,000	of other employees paid		0			
Part II-A	Compensation of the Five Highest Paid (See page 2 of the Instructions, List each one (whether in	-			onal Servic	es 
	(a) Name and address of each independent contractor paid	l more than	\$50,000	<b>(b)</b> Type of s	ervice	(c) Compensation
NONE						
\$50,000 for pro	of others receiving over others receive of others receiving over others receiving over others receiving over others received on the other receiving over others.	<b>•</b>	0			
Part II-B	Compensation of the Five Highest Pai (List each contractor who performed services other than firms. If there are none, enter "None." See page 2 of the in	profession	al services, whether individu		ervices	
	(a) Name and address of each independent contractor paid	l more than	\$50,000	(b) Type of s	ervice	(c) Compensation
NONE						
Total number of \$50,000 for other	of other contractors receiving over her services		0			

Sche	dule A (Fo	orm.990 or 990-EZ) 2005 NATIONAL PARK TRUST, INC. 52-1	<u>69192</u>	4_ [	age 2
Pa	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the	year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
ł	public opi	nion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
1	lobbying a	activities > \$ \$ \$ Must equal amounts on line 38, Part VI-A,	or		
!	line i of Pa	art VI-B.)	1		X
	_	ons that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	•	Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
;	trustees, o person is	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," detailed statement explaining the transactions.)			
		ange, or leasing of property?	2a		X
_	,				
b	Lending o	f money or other extension of credit?	2b		X
C	Furnishing	g of goods, services, or facilities?	2c		X
đ	Payment o	of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART $V-A_{\star}$ FORM $99$	0 <u>2d</u>	X	
		of any part of its income or assets?	2e		X
	-	ake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	•	mine that recipients qualify to receive payments.)	3a	<del> </del>	X 77
	_	ave a section 403(b) annuity plan for your employees?	3b		X T
	•	e year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<u>3c</u>	+	<u>V</u>
	•	naintain any separate account for participating donors where donors have the right to provide advice	40		v
		e or distribution of funds? ovide credit counseling, debt management, credit repair, or debt negotiation services?	4a 4b		Y
			טיד ו		42
Pa	irt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	organizati	on is not a private foundation because it is: (Please check only <b>ONE</b> applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city	,		
		and state	<u> </u>		
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A	(iv).		_
		(Also complete the Support Schedule in Part IV-A.)			
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
		Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		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 charitable, etc., 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 acquire	4		
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	<b>.</b>		
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations d		•	
		(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that d			
		the type of supporting organization: Type 1 Type 2 Type 5	}		_
		Provide the following information about the supported organizations. (See page 6 of the instructions.)	(b)L	ne nun	nber
		(a) Name(s) of supported organization(s)		rom ab	
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
5231		An organization organized and operated to test for public safety. Section 303(a)(4). (See page 6 or the instructions.)		<del> </del>	

NONE

Page 3

52-1691924

Schedule A (Form 990 or 990-EZ) 2005

Schedule A (Form 990 or 990-EZ) 2005 NATIONAL PARK TRUST, INC.

return. Do not include these grants in line 15.

523121 02-03-08

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
_•	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	_30		<u>_</u>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	<del></del>			
				:
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d_		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:	<del></del>		
	Students' rights or privileges?	33a		
	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c	<del>                                     </del>	
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	<del></del>	—		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2005

4-Year Averaging Period Under Section 501(h)

43

44

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total				
45 Lobbying nontaxable amount	0.	0.	249,739.	306,868.	556,607.				
46 Lobbying ceiling amount (150% of line 45(e))					834,911.				
47 Total lobbying expenditures	0.	0.	1,168	3,234.	4,402.				
48 Grassroots nontaxable amount	0.	0.	62,435.	76,717.	139,152.				
49 Grassroots ceiling amount (150% of line 48(e))					208,728.				
50 Grassroots lobbying expenditures	0.	0.	1,168.	3,234.	4,402.				

Part VI-B | Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

\$1,000,000

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

a Volunteers

Over \$17,000,000

Grassroots nontaxable amount (enter 25% of line 41)

Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.

Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.

- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		<u> </u>
		0

Schedule		5 NATIONAL PARK T			91924	Page 6
Part \		_		d Relationships With Noncharit	table	
		zations (See page 12 of the instr				
		lirectly or indirectly engage in any of section 501(c)(3) organizations) or it				<del></del>
		ganization to a noncharitable exempt	organization of:			es No
•	) Cash				51a(i)	X
•	) Other assets her transactions:				a(ii)	
_		ets with a noncharitable exempt orgai	กเรลนดก		b(i)	x
•		a noncharitable exempt organization	riization		b(ii)	$\frac{\Lambda}{X}$
•	Rental of facilities, equipme	• –			b(iii)	X
•	) Reimbursement arrangeme			b(iv)	X	
(v	) Loans or loan guarantees				b(v)	X
(vi	) Performance of services or	membership or fundraising solicitat	ions		b(vi)	<u> </u>
		, mailing lists, other assets, or paid e			C	X
	<del>-</del>	_	• •	always show the fair market value of the		
_	·	s given by the reporting organization.	<del>-</del>		n.T.	/ <b>7</b>
		nent, show in column (d) the value o	t the goods, other assets, o	<u> </u>	<u>N</u> ,	<u>/A</u>
(a) Line no.	(b) Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and	sharing arran	gements
	<u> </u>		<u> </u>			<del>-</del>
		<u> </u>	•			
				···		
						- <del>-</del>
						<u>. —</u>
	_		<u> </u>	<u>                                     </u>	<u>-</u>	
				<u> </u>	_	
						<u>.</u>
		<u> </u>				<del></del>
		<u> </u>				
	<u> </u>			<del>-</del>		
						•
			· · · · · · · · · · · · · · · · · · ·			
			one or more tax-exempt org	ganizations described in section 501(c) of the	<del></del> 1	
	ode (other than section 501(c				Yes	X No
<b>D</b>	"Yes," complete the following	schedule: N/A	75.3			
	(a Name of or	ganization	(b) Type of organization	(c) Description of relations	hip	
				·		
			<u> </u>			
			<u> </u>		<del>-</del>	
					_	
				<u> </u>		<u>.                                    </u>
			<del>_</del>			
	<u> </u>		<del>                                     </del>			·-
	<u> </u>	<u> </u>		<del></del>	· <del></del>	
523151 02-03-06				Schedule A (For	m 990 or 990	)-EZ) 2005

FORM 990	OTHER	CHANGES	IN NET	ASSETS	OR	FUND	BALANCES	STATEMENT	1
DESCRIPTION								AMOUNT	
UNREALIZED LO	SSES ON	INVESTME	NTS			,		-13,0	12.
TOTAL TO FORM	990, PAI	RT I, LI	NE 20					-13,0	12.

FORM 990	OTHER	EXPENSES		STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL &				
OUTSIDE SERVICES NEWSLETTER & PUBLIC	297,936.	249,999.	8,340.	39,597.
EDUCATION INSURANCE, LICENSES	49,914.	49,914.		
& TAXES PROGRAM GRANTS	19,073. 5,000.	15,828. 5,000.	1,174.	2,071.
DUES & SUBSCRIPTION COMPUTER SERVICES	3,951. 3,727.	3,238. 3,056.	301. 283.	412. 388.
BANK SERVICE CHARGES	3,625.	3,040.	19.	566.
LIST RENTAL & RELATED EXPENSE	3,446.	2,895.		551.
OFFICE & EQIPMENT EXPENSES	2,126.	1,774.	133.	219.
TOTAL TO FM 990, LN 43	388,798.	334,744.	10,250.	43,804.

1,270,700.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

FORM 990 NONCASH	GRANTS AND	ALLOCAT	rions			STA	TEME	NT 3
CLASS OF ACTIVITY: DONATION OF	LAND							
DONEE'S NAME		DONE	EE'S	ADDR:	ESS			
U.S. NATIONAL PARK SERVICE		1849	C ST	NW,	WASHING	TON,	DC	20240
RELATIONSHIP OF DONEE	DESCRIPT	ION OF	PROP	ERTY	DAT	E OF	GIF	${f T}$
NONE	5.36 ACR	ES LANI	)			5/26	/05	
METHOD USED TO DETERMINE BOOK	VALUE							
FAIR MARKET VALE AT DATE OF G	FT							
METHOD USED TO DETERMINE FAIR	MARKET VALUE	E	•	воок	VALUE	AM	OUNT	GIVE
MARKET PRICES			<del></del> -	1,	270,700.		1,27	0,700.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT PART III

### EXPLANATION

ASSISTS IN THE IMPROVEMENT, PROTECTION, AND EXPANSION OF PROPERTIES HELD OR MANAGED BY THE NATIONAL PARK SERVICE OF THE UNITIED STATES DEPARTMENT OF THE INTERIOR AND BY PARK SERVICES OF STATES AND LOCALITIES OF THE UNITED STATES.

FORM 990 OTHER SECURI	TIES	STATEMENT	5
SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES	S
SECURITIES AND OTHER INVESTMENTS	FMV	1,101,20	05.
TO FORM 990, LINE 54, COL B		1,101,20	05.

6

STATEMENT

FORM 990

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
F. WILLIAM BROWNELL 51 MONROE STREET, SUITE 110 ROCKVILLE, MD 20850	CHAIRMAN 2.00	0.	0.	0.
BARRY SCHIMEL 51 MONROE STREET, SUITE 110 ROCKVILLE, MD 20850	VICE CHAIRMAN 2.00	0.	0.	0.
ROBERT GLENN IV 51 MONROE STREET, SUITE 110 ROCKVILLE, MD 20850	TREASURER 2.00	0.	0.	0.
RAYMOND B. SHERBILL 51 MONROE STREET, SUITE 110 ROCKVILLE, MD 20850	SECRETARY 2.00	0.	0.	0.
J. PAUL DUFFENDACK 51 MONROE STREET, SUITE 110 ROCKVILLE, MD 20850	TRUSTEE 2.00	0.	0.	0.
JOHN W. ROLLINS, JR. 51 MONROE STREET, SUITE 110 ROCKVILLE, MD 20850	TRUSTEE 2.00	0.	0.	0.
EVAN ANDERSON 51 MONROE STREET, SUITE 110 ROCKVILLE, MD 20850	TRUSTEE 2.00	0.	0.	0.
DAVID BUTLER 51 MONROE STREET, SUITE 110 ROCKVILLE, MD 20850	TRUSTEE 2.00	0.	0.	0.
DALE A. CRANE 51 MONROE STREET, SUITE 110 ROCKVILLE, MD 20850	TRUSTEE 2.00	0.	0.	0.
YVONNE FERRELL 51 MONROE STREET, SUITE 110 ROCKVILLE, MD 20850	TRUSTEE 2.00	0.	0.	0.
MILTON T. ENGLISH III 51 MONROE STREET, SUITE 110 ROCKVILLE, MD 20850	TRUSTEE 2.00	0.	0.	0

PART V-A - LIST OF OFFICERS, DIRECTORS,

NATIONAL PARK TRUST, 1	INC.			52	-1691924
JAMES MACFARLAND 51 MONROE STREET, SUITE ROCKVILLE, MD 20850	110	TRUSTEE 2.00	0.	0.	0.
RICHARD LEHMAN 51 MONROE STREET, SUITE ROCKVILLE, MD 20850	110	TRUSTEE 2.00	0.	0.	0.
SUSAN VENTO 51 MONROE STREET, SUITE ROCKVILLE, MD 20850	110	TRUSTEE 2.00	0.	0.	0.
PAUL C. PRITCHARD 51 MONROE STREET, SUITE ROCKVILLE, MD 20850	110	PRESIDENT 40.00	126,000.	8,333.	0.
DAVINDER S. KHANNA 51 MONROE STREET, SUITE ROCKVILLE, MD 20850	110	SENIOR VICE 40.00	PRESIDENT 78,508.	5,533.	0.
TOTALS INCLUDED ON FORM	990,	PART V-A	204,508.	13,866.	0.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT PART VI, LINE 90

## STATES

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

National Park Trust Fixed Assets 6/30/2006

Ending Balance	43,906.74)	11,429.72)	55,336.46)
Disposals			-
Additions	(3, 13908)	•	(3,139 08)
Beginning Balance	(40,767 66)	(11,42972)	(52, 197.38)
Ending Balance	49,044 14	11,429 72	60,473 86
Disposals	•	•	1
Additions	1	•	
Beginning Balance	49,044.14	11,429 72	60,473 86

Furniture and equipment Leasehold Improvements

15110 15120