** PUBLIC DISCLOSURE COPY **

Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2015 calendar year, or tax year beginning $OCT \perp 1$, 2015 and	ending S	EP 30, 2016	1
В	Check if applicable	C Name of organization		D Employer identif	ication number
	Addres change				
	Name change	Doing business as		52-1	.792608
	Initial return Final return/		Room/suite 312	E Telephone number 202-	er :357-5221
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,058,603.
	Amend return			H(a) Is this a group r	
	Application	F Name and address of principal officer: FAIRICK III. HADDEN		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates i	included? Yes No
		mpt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	a list. (see instructions)
		e: ▶ WWW.ARCHIVESFOUNDATION.ORG		H(c) Group exemption	
K		organization: X Corporation Trust Association Other	L Year	of formation: 1992	v State of legal domicile: DC
P		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}}}$	PART I	II, LINE 1	
anc					
Activities & Governance	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	1	
Š				3	38
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			38
ies		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			32
Ĕ		Total number of volunteers (estimate if necessary)			50
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, line 34	·····	•	
ne		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year 1,540,245.	Current Year 4,906,083.
		Contributions and grants (Part VIII, line 1h)		236,113.	
Revenue	1	Program service revenue (Part VIII, line 2g)		1,565.	
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,268,717.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,046,640.	
		Fotal 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)		368,228.	
		Benefits paid to or for members (Part IX, column (A), lines 1-5)		0.	
"		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		1,397,260.	_
Expenses	162	Professional fundraising food (Part IV, column (A), line 11a)		0.	0.
per	h -	Fotal fundraising expenses (Part IX, column (A), line 25) 689, 30	60.	•	
Ě	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,545,305.	2,044,526.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,310,793.	
	1	Revenue less expenses. Subtract line 18 from line 12		-264,153.	
t Assets or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,208,665.	4,597,045.
t As	21	Total liabilities (Part X, line 26)		300,499.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		2,908,166.	4,384,075.
		Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.	
		Cionahura of officer		Doto	
Sig		Signature of officer		Date	
He	re	PATRICK M. MADDEN, EXECUTIVE DIRECTOR Type or print name and title			
		· · · · · · · · · · · · · · · · · · ·	11	Date Check	PTIN
Da!	,	Print/Type preparer's name Preparer's signature	'	if	
Pai		CEIMAN DOCENDEDO C EDEEDMAN		self-employ	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N		Firm's EIN	52-1392008
USE	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930		Dhoma = / 2	01) 951-9090
		S discuss this return with the preparer shown above? (see instructions)		Priorie no. (3	X Ves No

Pa	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: THE FOUNDATION WAS CREATED TO SUPPORT THE ARCHIVIST OF THE UNITED
	STATES IN THE DEVELOPMENT OF PROGRAMS, TECHNOLOGY, PROJECTS AND
	MATERIALS THAT WILL INTRODUCE THE ARCHIVES AND INTERPRET ITS HOLDINGS
	TO INDIVIDUALS AROUND THE WORLD.
2	Did the organization undertake any significant program services during the year which were not listed on
2	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
3	3
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 714,841 • including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$ 714,841. including grants of \$) (Revenue \$) MUSEUM ACTIVITIES: MUSEUM ACTIVITIES ARE INTENDED TO SUPPORT AUDIENCE
	DEVELOPMENT, BRANDING AND PROMOTION OF THE NATIONAL ARCHIVES, AS WELL
	AS VOLUNTEER PROGRAMS. ACTIVITIES DURING 2016 INCLUDED THE ANNUAL GALA,
	JULY 4TH CELEBRATION AND MANY OTHERS.
	OULY 4TH CELEBRATION AND MANY OTHERS.
	1 001 404
4b	(Code:) (Expenses \$ 1,091,404 · including grants of \$) (Revenue \$ 1,591,430 ·)
	NATIONAL ARCHIVES STORE: THE NATIONAL ARCHIVES STORE PLAYS A VITAL ROLE
	IN FULFILLING THE MISSION OF THE NATIONAL ARCHIVES FOUNDATION. AS THE
	EXCLUSIVE GIFT SHOP OF THE NATIONAL ARCHIVES MUSEUM, THE NATIONAL
	ARCHIVES STORE SUPPORTS EXHIBITION AND EDUCATIONAL MESSAGING THROUGH
	THE DEVELOPMENT AND PRESENTATION OF HIGH-QUALITY MERCHANDISE
	HIGHLIGHTING THE HOLDINGS OF THE NATIONAL ARCHIVES. ALL PROCEEDS HELP
	SUPPORT NATIONAL ARCHIVES EXHIBITS, PUBLIC PROGRAMS, AND EDUCATIONAL
	INITIATIVES ACROSS THE COUNTRY.
	072 006 421 500 161 525
4c	(Code:) (Expenses \$ 972,996. including grants of \$ 421,500.) (Revenue \$ 161,525.)
	EXHIBITIONS: LAST FISCAL YEAR'S MAJOR EXHIBIT, "SPIRITED REPUBLIC",
	CONTINUED TO RUN UNTIL JANUARY OF 2016. DURING THE CURRENT FISCAL YEAR,
	THE LAWRENCE F. O'BRIEN GALLERY HOSTED THE EXHIBIT, "AMENDING AMERICA",
	AN OVERVIEW OF THE CONSTITUTION AND THE PROCESS OF AMENDING IT OVER THE
	LIFE OF OUR NATION. THIS EXHIBIT OPENED IN MARCH OF 2016 AND CONTINUES
	TO RUN. ALSO FUNDED WAS A TRAVELLING EXHIBIT BASED UPON THE BILL OF
	RIGHTS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 959,373 • including grants of \$ 512,740 •) (Revenue \$)
<u>4e</u>	Total program service expenses ► 3,738,614.
	Form 990 (2015)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501c(s)G or 4947(s)1 (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributors? 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 I 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 I 5 Is the organization section 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 9.0 Part II I 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds to accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds to accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds to accounts for which donors have the right to provide advice on the distribution or investment in such funds to preserve open space. the environment, instructures II Yes, complete Schedule D, Part II	1			37	
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 II 4 Section 501(R)3 organizations. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(R) 501(R), 501(R)(S), 501(R)(S) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar unds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts for the distribution or investment of amounts and interest of the research of the schedule D, Part II Tyres, "complete Schedule D, Part III Tyres," complete Schedule D, Part II Tyres, "complete Schedule D, Part II Tyres," complete Schedule D, Part IV Tyres, "complete Schedule D, Part IV II Tyres, "complete Schedule D, Part IV II Tyres," complete Schedule D, Part IV II Tyres, "complete Schedule D, Part IV II Tyres, "complete Schedule D, Part IV II Tyres," complete Schedule D, Part IV II Tyres, "complete Schedule D, Part IV II Tyres, "complete Schedule D, Part IV II Tyres," complete Schedule D, Part IV II Tyres, "complete Schedule D, Part IV II Tyres," complete Schedule D, Part IV II Tyres, "complete Schedule D, Part IV II Tyres, "complete Schedule D, Part IV II Tyres, "com	_				
spublic office? If "Yes," complete Schedule C, Part I Section 501(K3) 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 III (III) and the organization as ection 501(c)(4), 501(c)(5), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If "Yes," complete Schedule C, Part III (III) (III) and the organization maintain any donor advised funds or any similar funds or accounts or which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III (III) (II			2	Λ	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II S Is the organization a section 501(e)(4), 501(c)6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III S Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advice on the distribution or investment or accounts of which donors have the right to provide advice on the distribution or investment or accounts of which donors have the right to provide advice on the distribution or investment or accounts of which donors have the right to provide advice on the distribution or investment investments or accounts of which donors have the right to provide advice on the distribution or investment or accounts of which donors have the right to provide advice on the distribution or investments accounts or which donors have any other labely for the distribution or investments or program amount for investments. Program or or organization report an amount for investments or the tax year include a conditional proport and amount for ordanization and progra	3				v
during the tax year // If Yes,* complete Schedule C, Part II 4			3		Λ
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III opportude advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (I"Yes," complete Schedule D, Part II Did the organization meant or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Plant organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Plant 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, II the organization report an amount for investments or the securities in Part X, line 107 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments or the tax year include a footnote that addresses the organization or sharp and amount to or their liabilities in Part X, line 231 If "Yes," complete Schedule D, Part X 11 It Did the organization or sharp and a session in P	4				v
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6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report an amount in investment, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Part X: or provide advice on the similar assets? If "Yes," complete Schedule D, Part III Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 In 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V In 14 In 15 In 16? If "Yes," complete Schedule D, Part V In 15 In 16 In 16? If "Yes," complete Schedule D, Part V In 16 In 16? If "Yes," complete Schedule D, Part V In 17 In 16 In 16? If "Yes," complete Schedule D, Part V In 17 In 16 In 16? If "Yes," complete Schedule D, Part V In 17 In 16 In 16? If "Yes," complete Schedule D, Part V In 17 In 16 In 16? If "Yes," complete Schedule D, Part V In 17 In 16 In 16? If "Yes," complete Schedule D, Part V In 17 In 18 In 16 In 16? If "Yes," complete Schedule D, Part V In 17 In 18 In 1	5		_		v
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The development of the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 1 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 2 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. 3 Did the organization services? 1 If "Yes," complete Schedule D, Part IV. 4 Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 5 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 6 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 VIII. 6 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. 5 Did the organization report an amount for other lasbilities 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 X III. 5 Did the organization report an amount for other lasbilities 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 X III. 5 Did the organization obtain separate, independent audited financial statements for th	0		6		x
By the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Schedule D, Part III Schedule D, Part III Schedule D, Part III Part X, ime 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 V II Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII II	7		0		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	•		7		x
Schedule D, Part III 10 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 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 VIII 14 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 11 Did the organization report an amount for other liabilities 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 X III 11 Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 Did the organization included in consolidated indancial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X 12 Did the organization in asset of the part X, line 128, then completing Schedule D, Part X X IIII X 13 Is 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	Q				
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 V	Ü		8		Х
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endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 VIII 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 X III f Did the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11	10				
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. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 3 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 4 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 VII 5 Did the organization report an amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 6 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 7 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 8 Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 9 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization assence "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12 Did the organization maintain an office, employees, or agents outside of the United States? 13 Is the organization maintain an office, employees, or agents outside of the United States? 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organizati			10		Х
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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		1
26				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		X
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
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?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			_ v
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			. v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015) NATIONAL ARCHIVES FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A	7h		
8	openioning of gameanion maintaining across across across across same maintaines by the			
•	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
9		00		
a h	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
''	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			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2015

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		1 1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	38			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?		7	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?	*	7	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		F			
а	The governing body?		۶	3a	Х	
b	Each committee with authority to act on behalf of the governing body?			3b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		···· -`			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
	and an analysis of the months and an				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		1	0a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such or		····	-		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?		1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			1a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay boloro ming the form				
12a	Did the supplied in the supplied of interest and in O. If IIA and a line 10		1	2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		⊢	2b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		····			
·	in Schedule O how this was done		1	2c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approx			17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official		1	5a	Х	
	Other officers or key employees of the organization			5b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		····			_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
	taxable entity during the year?		1	6a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		····	Ju		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organisms.					
	exempt status with respect to such arrangements?		1	6b		
Sec	tion C. Disclosure			0.0		
<u> 17</u>	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 (or 1024 if applicable), 990, and 990-		nly) ava	ailabl	e	
	for public inspection. Indicate how you made these available. Check all that apply.	,,-,-,-	,,,			
		n in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	, and fi	nand	cial	
	statements available to the public during the tax year.	23 2133. 33. 23. 23.03	,			
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records:				
	PATRICK M. MADDEN - 202-357-5222					
	700 PENNSYLVANIA AVENUE, NW, RM G12, WASHINGTON, I	DC 20408-00	01			
	<u> </u>					

532006 12-16-15

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	heck ss pe	more rson	than is bot or/trus	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) A'LELIA BUNDLES	5.00	١.,		,,					0	0
CHAIR & PRESIDENT	2 00	Х		Х				0.	0.	0.
(2) JAMES BLANCHARD	2.00	ļ ,,		,,					0	0
VICE CHAIR	2 00	Х		Х				0.	0.	0.
(3) KEN BURNS	2.00	Į.,		\ \ **					0	0
VICE PRESIDENT	2 00	Х		Х				0.	0.	0.
(4) COKIE ROBERTS	2.00	x		x				0.	0.	0.
VICE PRESIDENT (5) MICHAEL BESCHLOSS	2.00	^		^				0.	0.	0.
(5) MICHAEL BESCHLOSS VICE PRESIDENT	2.00	X		x				0.	0.	0.
(6) MARVIN WEISSBERG	2.00	122		<u> </u>				0.	0.	•
TREASURER	2.00	x		х				0.	0.	0.
(7) MARILYNN WOOD HILL	2.00	123						0.	•	•
SECRETARY	2.00	x		x				0.	0.	0.
(8) BESS ABELL	1.50	 								
COUNSEL		X						0.	0.	0.
(9) HONEY ALEXANDER	1.50	 								
BOARD MEMBER		X						0.	0.	0.
(10) STEVEN CAPLE	1.50									
BOARD MEMBER		Х						0.	0.	0.
(11) JAMES CICCONI	1.50									
BOARD MEMBER		Х						0.	0.	0.
(12) PETER CUNEO	1.50									
BOARD MEMBER		X						0.	0.	0.
(13) RICHARD ELIASBERG	1.50									
BOARD MEMBER		Х						0.	0.	0.
(14) JERRY FINGER	1.50									
BOARD MEMBER		Х						0.	0.	0.
(15) NANCY FOLGER	1.50									
BOARD MEMBER		Х						0.	0.	0.
(16) WILLIAM HARMAN	1.50									_
BOARD MEMBER	1	Х					<u> </u>	0.	0.	0.
(17) FRANK KEATING	1.50	١							_	_
BOARD MEMBER		Х						0.	0.	0 . Form 990 (2015)

532007 12-16-15

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	١,,		Pos	ition			Reportable	Reportable		: , Estima	ted
	hours per					than is bot		compensation	compensation		amoun	
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related		othe	r
	(list any	ector						the	organizations	со	mpens	ation
	hours for	or director				ted		organization	(W-2/1099-MISC)		from t	he
	related	stee	ruste			bens		(W-2/1099-MISC)			ganiza	
	organizations below	Jal tru	onal		oloye	com					nd rela	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Or	ganiza	LIONS
(18) MARY KOTZ	1.50	드	드	5	<u> </u>	王ə	프					
BOARD MEMBER		x						0.	0			0.
(19) ZINA KRAMER	1.50											
BOARD MEMBER		Х						0.	0			0.
(20) FAY LEVIN	1.50											
BOARD MEMBER		Х						0.	0	•		0.
(21) KENNETH LORE	1.50											
BOARD MEMBER		Х						0.	0	•		0.
(22) CAPPY MCGARR	1.50											
BOARD MEMBER		Х						0.	0	•		0.
(23) DAVID MCKEAN	1.50											_
BOARD MEMBER	1 50	Х			<u> </u>			0.	0	•		0.
(24) JON MEACHAM	1.50	. ,							_			0
BOARD MEMBER	1.50	Х						0.	0	•		0.
(25) MARY MOYNIHAN	1.50	x						0.	0			0.
BOARD MEMBER (26) SOLEDAD O'BRIEN	1.50	^						0.	0	•		0.
BOARD MEMBER	1.30	x						0.	0			0.
1b Sub-total					<u> </u>			0.	0			0.
c Total from continuation sheets to Part VI								474,242.	0		32,9	943.
d Total (add lines 1b and 1c)								474,242.	0			943.
Total number of individuals (including but n							no r	•	0.000 of reportable			
compensation from the organization						,		·	,			3
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	mplo	yee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	-		-					•	-			
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual		. 4	X	
5 Did any person listed on line 1a receive or a	•				•			•				١,,
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .				. 5		X
Section B. Independent Contractors							_		4.00.000 f		,	
1 Complete this table for your five highest co										nsatioi	1 from	
the organization. Report compensation for (A)	ine calendar y	ear	enai	ng v	WILII	Or W	luriii	(B)	year.		(C)	
Name and business	address	NO	INC	3				Description of s	services		ensati	on
								<u> </u>				
							_					
									I			

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Nours per Week (list any) hours for related organizations below line) Recommendation from related organizations (W-2/1099-MISC) Compensation from related organizations (W-2/1099-MISC) Comp	
(A) Name and title	
Name and title	(F)
Nours Per Per Nours Per Per Nours Per Nours Per Nours Per Nours Per Per Nours Per	mated
Week	ount of
1.50 Name	ther
1.50 Name	ensation
1.50 Name	m the
1.50 Name	nization
1.50 Name	related nizations
1.50 Name	iizations
BOARD MEMBER	
Carro Carr	
BOARD MEMBER	0
1.50 Name	
BOARD MEMBER	0
1.50 HOWARD RUBENSTEIN 1.50 No.	
BOARD MEMBER	0
Sample S	
BOARD MEMBER	0
1.50 BOARD MEMBER	_
BOARD MEMBER	0
1.50	•
BOARD MEMBER	0
1.50	•
BOARD MEMBER	0
1.50 Noss swimmer	•
BOARD MEMBER X 0. 0. (36) RILEY TEMPLE 1.50 0. 0. BOARD MEMBER X 0. 0. (37) LINDA WATTERS 1.50 0. 0. BOARD MEMBER X 0. 0. (38) JOHN ZENTAY 1.50 0. 0. BOARD MEMBER X 0. 0. (39) PATRICK MADDEN 40.00 X 252,105. 0. 1.	0
(36) RILEY TEMPLE 1.50 BOARD MEMBER X (37) LINDA WATTERS 1.50 BOARD MEMBER X (38) JOHN ZENTAY 1.50 BOARD MEMBER X (39) PATRICK MADDEN 40.00 EXECUTIVE DIRECTOR X 252,105. 0.17	0
BOARD MEMBER X 0. 0. (37) LINDA WATTERS 1.50 0. 0. BOARD MEMBER X 0. 0. (38) JOHN ZENTAY 1.50 0. 0. BOARD MEMBER X 0. 0. (39) PATRICK MADDEN 40.00 X 252,105. 0. 1.	0
(37) LINDA WATTERS 1.50 BOARD MEMBER X (38) JOHN ZENTAY 1.50 BOARD MEMBER X (39) PATRICK MADDEN 40.00 EXECUTIVE DIRECTOR X 252,105. 0.17	0
BOARD MEMBER X	0
(38) JOHN ZENTAY 1.50 BOARD MEMBER X (39) PATRICK MADDEN 40.00 EXECUTIVE DIRECTOR X 252,105. 0.13	0
BOARD MEMBER X 0. 0. (39) PATRICK MADDEN 40.00 X 252,105. 0. 17	- 0
(39) PATRICK MADDEN 40.00 EXECUTIVE DIRECTOR X 252,105. 0. 17	0
EXECUTIVE DIRECTOR X 252,105. 0. 1	0
	,393
(40) ABBY PONTIUS $ 40.00 $ $ $ $ $ $ $, 5 , 5
	,110
(41) BARBARA PINETTE 40.00	,
	,440
	,
Total to Part VII, Section A, line 1c 474, 242.	,943

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a	7,880.				
ara our	b	Membership dues	1b	957,106.				
s, C		Fundraising events		536,000.				
Gift lar		Related organizations						
ini	е	Government grants (contribut	ions) 1e					
tion	f	All other contributions, gifts, gran	ts, and					
t pri		similar amounts not included above	ve 1f	3,405,097.				
d O	g	Noncash contributions included in lines	1a-1f: \$	90,426.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	4,906,083.			
				Business Code				
e e	2 a	EXHIBITION REVENUE		900099	161,525.	161,525.		
e Ž	b							
Program Service Revenue	С							
leve	d							
Р	е	<u></u>						
₫	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			161,525.			
	3	Investment income (including						
		other similar amounts)		▶	13,683.			13,683.
	4	Income from investment of tax	x-exempt bond	proceeds >				
	5	Royalties		>	2,080.			2,080.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	257,771	•				
	b	Less: cost or other basis						
		and sales expenses	211,090					
	С	Gain or (loss)	46,681	.				
		Net gain or (loss)			46,681.			46,681.
ne	8 a	Gross income from fundraising						
		including \$ 536						
Other Rever		contributions reported on line	-					
ē		Part IV, line 18						
₽		Less: direct expenses						
_		Net income or (loss) from fund		>	-187,129.			-187,129.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold		1,089,695.	1 501 100	4 504 400		
ŀ	С	Net income or (loss) from sale			1,591,430.	1,591,430.		
ŀ	4.4	Miscellaneous Revenu	e	Business Code	2 026			2 026
		MISCELLANEOUS		900099	2,836.			2,836.
	b							
	C	All alla accord						
		All other revenue			2 026			
		Total. Add lines 11a-11d			2,836. 6,537,189.	1 752 055	^	121,849.
	12	Total revenue. See instructions.		🖊 📗	0,55/,189.	1,752,955.	0	·I -121,849.

532009 12-16-15

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				X
Do i	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	918,200.	918,200.		
2	Grants and other assistance to domestic	16 040	16 040		
	individuals. See Part IV, line 22	16,040.	16,040.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	377,161.	61,913.	312,939.	2,309.
6	Compensation not included above, to disqualified	377,101.	01,313.	312,333.	2,505
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,434,333.	1,014,257.	61,020.	359,056.
8	Pension plan accruals and contributions (include	_,,	_, , , , -	,	,
J	section 401(k) and 403(b) employer contributions)	34,252.	24,262.	3,598.	6,392.
9	Other employee benefits	123,540.	88,549.	34,991.	·
10	Payroll taxes	132,539.	88,019.	21,219.	23,301.
11	Fees for services (non-employees):			•	·
а	Management				
b	Legal				
С	Accounting	30,106.		30,106.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,338.		4,338.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	889,293.	780,824.	55,036.	53,433. 430.
12	Advertising and promotion	226,336.	225,417.	489.	430.
13	Office expenses	284,017.	182,406.	32,017.	69,594.
14	Information technology	54,312.	15,754.	3,979.	34,579.
15	Royalties				
16	Occupancy	440 440		- 450	45.005
17	Travel	113,149.	88,096.	7,158.	17,895.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	116 004	07.060	0 688	06 455
19	Conferences, conventions, and meetings	116,994.	27,862.	2,677.	86,455.
20	Interest	31.		31.	
21	Payments to affiliates	12 020	12 020		
22	Depreciation, depletion, and amortization	13,030. 10,931.	13,030.	10,931.	
23	Insurance	10,931.		10,931.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	162 041	100 504	72 777	15 620
a	PROGRELATED FOOD COST CREDIT CARD PROC. FEES	162,941. 88,551.	123,534. 54,284.	23,777.	15,630.
b	REGISTRATION FEES	15,577.	34,204.	34,204.	15,577.
C	STAFF DEVELOPMENT	12,287.	6,327.	4,518.	1,442.
d		22,633.	9,840.	9,529.	3,264.
	All other expenses Total functional expenses. Add lines 1 through 24e	5,080,591.	3,738,614.	652,617.	689,360.
<u>25</u>	Joint costs. Complete this line only if the organization	3,000,3910	J,,JU,U14•	032,011•	000,300.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	- In following OCF 30-2 (MOC 308-720)				Form 990 (2015)

Form 990 (2015) Part X Balance Sheet

Pai	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	ny line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			19,177.	1	9,743.
	2	Savings and temporary cash investments			772,546.	2	802,430.
	3	Pledges and grants receivable, net	924,299.	3	2,176,726.		
	4	Accounts receivable, net			4,645.	4	3,564.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
ş		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			608,965.	8	788,288.
	9	Prepaid expenses and deferred charges			103,510.	9	66,865.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	186,482.			
	b	Less: accumulated depreciation	10b	175,130.	24,382.	10c	11,352.
	11	Investments - publicly traded securities			751,141.	11	738,077.
	12	Investments - other securities. See Part IV, line 3	I1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	3,208,665.	16	4,597,045.		
	17	Accounts payable and accrued expenses	298,934.	17	202,820.		
	18	Grants payable			1 565	18	10 150
	19	Deferred revenue			1,565.	19	10,150.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines		· · ·			
		Schedule D			300,499.	25	212 070
	26			V	300,433.	26	212,970.
"		Organizations that follow SFAS 117 (ASC 958		ck nere 🟲 🕰 and			
ces		complete lines 27 through 29, and lines 33 and			1,690,102.	07	1,905,628.
Fund Balances	27	Unrestricted net assets			1,218,064.	27	2,478,447.
Ba	28	Temporarily restricted net assets			1,210,004.	28	2,470,447.
μŢ	29			2) abask bara N		29	
Ē		Organizations that do not follow SFAS 117 (A	3C 93	oj, crieck riere			
Net Assets or	00	and complete lines 30 through 34.				200	
set	30	Capital stock or trust principal, or current funds				30	
t As	31	Paid-in or capital surplus, or land, building, or ed				31	
Š	32	Retained earnings, endowment, accumulated in			2,908,166.	32	4,384,075.
	33	Total liabilities and not assets/fund balances			3,208,665.	33 34	4,597,045.
	34	Total liabilities and net assets/fund balances			3,400,003.	ა4	<u> </u>

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	1990 (2015) NATIONAL ARCHIVES FOUNDATION	52-179	<u> 2608</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		6,53		
2	Total expenses (must equal Part IX, column (A), line 25)		5,08		
3	Revenue less expenses. Subtract line 2 from line 1		1,45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,90		
5	Net unrealized gains (losses) on investments	5	1	9,3	11.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,38	4,0	75.
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 in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL ARCHIVES FOUNDATION

Employer identification number

52-1792608 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,073,567.	3,912,768.	2,543,741.	1,540,245.	4,906,083.	14,976,404.
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	2,073,567.	3,912,768.	2,543,741.	1,540,245.	4,906,083.	14,976,404.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,742,823.
6	Public support. Subtract line 5 from line 4.						10,233,581.
	etion B. Total Support						, , , ,
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	2,073,567.	3,912,768.	2,543,741.	1,540,245.	4,906,083.	14,976,404.
	Gross income from interest,	, ,	, ,		, ,	, ,	
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	13,009.	1,827.	805.	4,885.	15,763.	36,289.
9	Net income from unrelated business	,	, -		,	,	
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,313.	57,761.	4,738.	758.	2.836.	69,406.
11		7,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				15,082,099.
12	Gross receipts from related activities,	etc (see instruction	nns)			12 12	,574,809.
13	First five years. If the Form 990 is for			 I fourth or fifth tax			, ,
	organization, check this box and stor	-			-		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2015 (I	line 6, column (f) di	vided by line 11, co	olumn (f))		14	67.85 %
15	Public support percentage from 2014					15	64.00 %
16a	33 1/3% support test - 2015. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·		·	\triangleright X
b	33 1/3% support test - 2014. If the c						is box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
<u></u>		ala not oncon a		, ,	,	555	

Schedule A (Form 990 or 990-EZ) 2015

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

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

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	<u> </u>	` ′	, ,	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
_	or expended on its behalf						
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5			1	-		
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>		<u> </u>	L	1	<u> </u>
14	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
<u></u>	check this box and stop here						
	ction C. Computation of Publ					1 1	
	Public support percentage for 2015 (I						%
						16	%
	ction D. Computation of Inves					14-1	
17							%
18	1 3					18	%
19	a 33 1/3% support tests - 2015. If the						
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization						\

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	OI:		
	9b		
	9с		
	10a		
	10b		00:5
m 9	90 or 99	JU-EZ)	2015

Pa	rt IV Supporting Organizations (continued)			
	(sommasa)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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 in (2), 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 yea(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 government entity (see inst	tructions		
2	Activities Test. Answer (a) and (b) 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	0-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) 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	Oh		
•	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) helow.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Pid the organization have the power to requirely appoint or elect a majority of the officers, directors, or			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	30		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	Ÿ			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All						
	other Type III non-functionally integrated supporting organizations must 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):						
a	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 1-1/2% 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 .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 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally	/-integra	ated Type III supporting org	anization (see			
	instructions)			•			

Schedule A (Form 990 or 990-EZ) 2015

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2015 from Section C, line 6			
10		amount divided by Line 9 amount			
		,	(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	ion E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2		rdistributions, if any, for years prior to 2015			
		onable cause required-see instructions)			
3		ss distributions carryover, if any, to 2015:			
a	Ελουσ	o distributions sarry over, it arry, to 2010.			
b					
c					
	From	2013			
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
i		over from 2010 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2015 from Section D,			
-	line 7:	·			
а		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2015, if			
-		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6	_	ining underdistributions for 2015. Subtract lines 3h			
-		b from line 1 (if amount greater than zero, see			
		ctions).			
7		ss distributions carryover to 2016. Add lines 3j			
-	and 4	-			
8		down of line 7:			
a					
b					
	Exces	ss from 2013			
		ss from 2014			
		ss from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part V	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.										
COLLET	(See instructions.)										
	CHEDULE A, PART III, COLUMN (E) 2014: THIS COLUMN REFLECTS ACTIVITY FROM A SHORT PERIOD OF 01/01/15-09/30/15.										
THIS	COLUMN	KEFL	ECTS	ACTIVIT	Y FROI	M A	SHORT	PERIOD	OF	01/01/15-	09/30/15.

532028 09-23-15

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

NATIONAL ARCHIVES FOUNDATION 52-1792608

Organization type (check one):								
Filers of:		Section:						
Form 99	0 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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, 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, II, and III.							
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year						
but it m u	ust answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number

NATIONAL ARCHIVES FOUNDATION

52-1792608

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,660,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 132,931.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 610,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Training data coop and En 1 1	\$ 127,162.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$110,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$165,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

NATIONAL ARCHIVES FOUNDATION

52-1792608

Part II	art 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			
—		<u> </u>				
23453 10-26-			990, 990-EZ, or 990-PF) (201			

Name of organization Employer identification number 52-1792608 NATIONAL ARCHIVES FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL ARCHIVES FOUNDATION

Employer identification number 52-1792608

Pa	t I Organizations Maintaining Donor Advised		s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		·
		(a) Donor advised funds	(b) Fur	nds 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 advis	sed funds	
	are the organization's property, subject to the organization's ex	_		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
_	for charitable purposes and not for the benefit of the donor or o			
			ŭ	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	<u> </u>	,	
	Preservation of land for public use (e.g., recreation or edu	`	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b			۱ ۵۰	
С	Number of conservation easements on a certified historic struc			
d	Number of conservation easements included in (c) acquired aft			
	listed in the National Register			
3	Number of conservation easements modified, transferred, release			n during the tax
	year >		· ·	· ·
4	Number of states where property subject to conservation ease	ment is located >		
5	Does the organization have a written policy regarding the perio			
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170)(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	the organiza	tion's accounting for
	conservation easements.			
Pa	t III Organizations Maintaining Collections of A		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ment and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public exhib	pition, education, or research in furthera	ance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	t and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	ıblic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	al gain, provid	de
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

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

Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, d	or Other	Similar A	ssets(conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sig	nificant use o	f its collection	n items
	(check all that apply):								
а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	ams			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizati	on's exem	pt purpose in	Part XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	asures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's c	ollection?			Yes	☐ No
Par	t IV Escrow and Custodial Arran							t IV, line 9, o	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not ir	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amoun	ıt
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F						/?	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	provided on	Part XIII .			
Par									
		(a) Current year		rior year	1) Three years b	oack (e) Fou	r years back
1a	Beginning of year balance	,	. ,			,	, ,		
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	rent vear end halanc	e (line 1	a column (a)) held as:	I			
	Board designated or quasi-endowment	•	%	g, colaiiii (a,, mora ao.				
	Permanent endowment	%	_′°						
	Temporarily restricted endowment								
·	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse		ation tha	nt are held a	and administs	ared for the	organization	,	
Ou	by:	331011 Of the organiza	ation the	it are noid e	ina aamiinista	ica ioi tiic	organization	•	Yes No
	(i) unrelated organizations							3a(i)	103 110
	(ii) related organizations								
h	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
_	t VI Land, Buildings, and Equipm		WITHELLE	ulius.					
	Complete if the organization answere) Part IV	/ line 11a 9	See Form 990) Part X lii	ne 10		
	Description of property				1			(d) Poo	ık valuo
	Description of property	(a) Cost or o			t or other (other)		umulated eciation	(d) Boo	n value
	Land	` `	i iCi itj	Dasis	(50.101)	черп	JOIGHOIT	_	
	Land								
	Buildings							-	
	Leasehold improvements			1 9	6,482.	1'	75,130.	1	1,352.
	Equipment			10	, , , , , ,	<u> </u>	, , , , , , , , ,	 	<u> </u>
	Other		Y colum	an (R) line i	100)			1	1,352.
iUldi	. Aud mies la tiliough le. (Column (u) must e	quari Onn 330, Parl	A, COIUII	וווו (ט), ווווט	1 00./				_,

Part VII	Investments -	Other	Securities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	luation: 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)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of val	luation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(6)				
(9)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, P	Part X, line 15.	(A) Declarates
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, P	Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, P	Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, P	Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) □ (1) (2) (3)		2 11d. See Form 990, P	Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, P	Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		: 11d. See Form 990, P	Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, P	Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) □ (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, P	Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) □ (1) (2) (3) (4) (5) (6) (7) (8)		2 11d. See Form 990, P	Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) □ (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	2 11d. See Form 990, P	Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line f	Description	e 11d. See Form 990, P	Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description	a 11e or 11f. See Form	>	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		>	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description	a 11e or 11f. See Form	>	(b) Book value
(9) fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	a 11e or 11f. See Form	>	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	a 11e or 11f. See Form	>	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description	a 11e or 11f. See Form	>	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description	a 11e or 11f. See Form	>	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	a 11e or 11f. See Form	>	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	a 11e or 11f. See Form	>	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" [. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	a 11e or 11f. See Form	>	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	a 11e or 11f. See Form	>	(b) Book value

Schedule D (Form 990) 2015	NATIONAL	ARCHIVES	FOUNDATION		52-	179	2608	Р
Part XI Reconciliation of	of Revenue per	Audited Fina	ncial Statements	With Revenue per R	etur	n.		
Complete if the organ	nization answered "	Yes" on Form 990	, Part IV, line 12a.					
1 Total rayanya gaina and at	har aumnart nar au	ditad financial atat	omonto		4	7	309	-6

	· · · · · · · · · · · · · · · · · · ·				
1	Total revenue, gains, and other support per audited financial statements			1	7,309,697.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	19,311.		
b	Donated services and use of facilities	2b	536,906.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	220,629.		
	Add lines 2a through 2d			2e	776,846.
3	Subtract line 2e from line 1			3	6,532,851.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,338.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	4,338.
5	Total revenue Add lines 2 and 4c (This must equal Form 990, Part I line 12)			5	6 537 189.

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

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

	Complete if the organization answered Tes Off Offi 990, Fait IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,833,788.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	536,906.		
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	220,629.		
е	Add lines 2a through 2d			2e	757,535.
3	Subtract line 2e from line 1			3	5,076,253.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,338.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	4,338.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,080,591.
Da	t XIII Supplemental Information		•		

| Part XIII | Supplemental Information.

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

PART X, LINE 2:

FOR THE YEAR ENDED SEPTEMBER 30, 2016, THE FOUNDATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990.

220,629.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

,

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL ARCHIVES FOUNDATION

Employer identification number

52-1792608

Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	red "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not	
 Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includer	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i)			or control of		(vi) Amount paid to (or retained by) organization
		Yes	No				
S List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration	

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

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 NATIONAL ARCHIVES FOUNDATION 52-1792608 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events GALA (SEPT. NONE (add col. (a) through 2016) col. (c)) (event type) (total number) (event type) Revenue 569,500. 1 Gross receipts 569,500. 536,000 536,000. 2 Less: Contributions 33,500 33,500. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 112,600. 112,600. 7 Food and beverages 36,950. 36,950. 8 Entertainment 71,079. 71,079. Other direct expenses 220,629 10 Direct expense summary. Add lines 4 through 9 in column (d) -187,129 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2015

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2015 NATIONAL ARCHIVES FOUNDATION 52-1	19260	8 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
d		Yes	☐ No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	103	
L	organization's own exempt activities during the tax year > \$		
Da	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	inos O. Oh	10b 15b
ıa		nes e, eu,	100, 130,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G	(Form 990 or 990-EZ)	NATIONAL ARCHI	VES FOUNDATION	52-1792608	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Info	rmation (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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
		FOUNDATION					52-1792608
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t							
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	-				anization answered "\	es" on Form 990, Part	: IV, line 21, for any
recipient that received more than \$		<u> </u>	· ·		(f) Method of	(a) Description of	(IN Down and of sweet)
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO SUPPORT NATIONAL
NATIONAL ARCHIVES TRUST FUND							ARCHIVES DIGITIZATION
8601 ADELPHI ROAD							PROJECT, NARA EDUCATION
COLLEGE PARK, MD 20740		GOVERNMENT	918,200.	0.			PROGRAMS, FABRICATION AND
2 Enter total number of acation 501/5/0)	nd acusement -	raprizationa lieta di la di	ha lina 1 tabla				<u> </u>
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations							
2 Littor total Humber of other organizations		1 table					

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Scriedale 1 (1 01111 990) (2019)	1 - 0 - 1 - 0 - 1 - 1				Tage
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed	•	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					CONTROL OF FUNDS RAISED BY THE FOUNDATION AND TURNED OVER TO
AWARDS	51	16,040	. 0.		NARA
Part IV Supplemental Information. Provide the information re	quired in Part I, Iir	ne 2, Part III, columr	n (b), and any other a	dditional information.	
PART I, LINE 2:					
AWARDS TO INDIVIDUALS ARE MADE TH	ROUGH NAR	A'S "DOCS	TEACH" PRO	GRAM. EACH	
YEAR, 35-40 TEACHERS ARE INVITED	TO ATTEND	A WEEK-LO	NG PROGRAM	IN THE	
MUSEUM'S BOEING LEARNING CENTER,	WHERE THE	Y LEARN HO	OW TO INCOR	PORATE USE OF	
NARA-HELD DOCUMENTS INTO THEIR CL	ASSROOM C	URRICULA.	THE FOUNDA	TION MAKES	
SMALL AWARDS TO COVER THE PARTICI	PANTS' TR	AVEL EXPEN	ISES.		
PART II, LINE 1, COLUMN (H):					

Part IV Supplemental Information
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NATIONAL ARCHIVES
DIGITIZATION PROJECT, NARA EDUCATION PROGRAMS, FABRICATION AND PRODUCTION
COSTS OF AMENDING AMERICA EXHIBITION AND VIETNAM EXHIBITION. EACH YEAR,
THE FOUNDATION AND NARA AGREE TO THE PROJECTS AND THE FUNDS REQUIRED FOR
THESE PROJECTS. NO MONITORING OF THESE GRANTS IS REQUIRED.

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

NATIONAL ARCHIVES FOUNDATION

Employer identification number 52-1792608

Pa	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 (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Z Compensation survey or study			
	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:			37
а	Receive a severance payment or change-of-control payment?	4a		X
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.			
	0 11 504/ 1/01 504/ 1/01 1 1 1 1 1 1 1 1 1			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		х
	The organization?	5a		X
b	Any related organization?	5b		A
^	If "Yes" to 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:			х
a	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 non-fixed payments	_		Х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
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		A
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		Щ_

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

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) PATRICK MADDEN	(i)	252,105.	0.	0.		4,490.	269,498.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							ļ
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							ļ
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

NATIONAL ARCHIVES FOUNDATION

Employer identification number 52-1792608

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion an	iourit	5
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	2	80,092.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ▶ (CATERING)	X	1	5,040.	E-M-7			
25	`	Λ		3,040.	LHV			
26	Other ()							
27 28	Other () Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tay year for o	ontributions				
25	for which the organization completed Form 828		•				0	
	To whom the organization completed from each	50,1 41111,1	sonee / totalowied	20		Τ,	Yes	No
30a	During the year, did the organization receive by	contributio	on any property rer	oorted in Part I. lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?		,			30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any non-standard contrib	utions?	31		Х
32a	Does the organization hire or use third parties of							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	necked,			
	describe in Part II.							

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Part I	is repo	lement rting in Pa rt for any	art I. colı	umn (b).	the nun	vide the inform	nation outions	required by Part I, lines 30 s, the number of items rec	0b, 32k eived,	o, and 33, and whether or a combination of bo	the organization th. Also complete
SCHE	DULE M	, PAI	RT I	, CO	LUMN	(B):					
THIS	COLUM	N REI	PRESI	ENTS	THE	NUMBER	OF	CONTRIBUTORS	OF	NON-CASH	
CONT	RIBUTI	ONS.									
										O a la a de d	o M (Form 000) (2015)

42

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

2015
Open to Public Inspection

Name of the organization

NATIONAL ARCHIVES FOUNDATION

Employer identification number 52-1792608

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EDUCATION: MORE THAN 15,000 TEACHERS AND STUDENTS FROM AROUND THE COUNTRY PARTICIPATED IN WORKSHOPS AND VIDEO CONFERENCES THROUGH THE FOUNDATION SUPPORTED BOWING LEARNING CENTER IN 2015. PARTICIPATING IN THESE WORKSHOPS AND VIDEOS, STUDENTS AND TEACHERS LEARN HOW TO USE THE NATIONAL ARCHIVES RECORDS IN THE CLASSROOM. THAT FOUNDATION ALSO HELPED THE NATIONAL ARCHIVES UPGRADE IT'S DOCSTEACH WEBSITE, WHICH UPGRADE INITIATIVE SPANS OVER 3 FISCAL YEARS. THE FOUNDATION ALSO SUPPORTS NATIONAL HISTORY DAY ACTIVITIES. EXPENSES \$ 743,417. INCLUDING GRANTS OF \$ 496,700. REVENUE \$ 0. NATIONAL ARCHIVES EXPERIENCE: THE FOUNDATION HELPED SUPPORT THE NATIONAL ARCHIVES EXPERIENCE, WHICH INCLUDES MUSEUM EXHIBITIONS, PUBLIC PROGRAMS, EDUCATIONAL ACTIVITIES, PUBLICATIONS, AND ONLINE INITIATIVES. A PERMANENT EXHIBITION, VISITOR ORIENTATION PLAZA, AND UPGRADES TO THE MUSEUM STORE OPENED IN 2013. CONTINUING MAINTENANCE COSTS ARE CONTINUOUSLY INCURRED FOR THIS SPACE IN THE MUSEUM. EXPENSES \$ 78,324. INCLUDING GRANTS OF \$ 16,040. REVENUE \$ 0. THEATER PROGRAMS: THE WILLIAM G. MCGOWAN THEATER, BUILT AND SUPPORTED BY THE FOUNDATION, IS WASHINGTON, DC'S PREMIER VENUE FOR FREE DOCUMENTARY FILMS, AUTHOR LECTURES, AND PANEL DISCUSSIONS EXPLORING HISTORICAL AND CURRENT EVENTS. EXPENSES \$ 137,632. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

NATIONAL ARCHIVES FOUNDATION

Employer identification number 52-1792608

THE DRAFT FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY
THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE & ADMINISTRATION. UPON
THE DETERMINATION OF THE ACCURACY OF THE DRAFT, IT WAS SENT TO THE BUDGET
AND FINANCE COMMITTEE FOR APPROVAL. ONCE APPROVED BY THE COMMITTEE, THE
FINAL FORM 990 WAS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS AND THEN
FILED WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED BY EACH MEMBER OF THE BOARD OF
DIRECTORS AND A CONFLICT OF INTEREST COMPLIANCE STATEMENT IS SIGNED
ANNUALLY. THE EMPLOYEES REVIEW THE POLICY AND SIGN A COMPLINACE STATEMENT
UPON HIRE AND DURING THE YEARLY REVIEW.

UPON THE FIRST KNOWLEDGE BY AN INTERESTED PERSON THAT NAF, THE BOARD OR A

COMMITTEE IS CONSIDERING OR HAS CONSIDERED A TRANSACTION OR ARRANGEMENT

WITH AN ENTITY OR INDIVIDUAL WITH WHICH THE INTERESTED PERSON HAS AN

INTEREST, THE INTERESTED PERSON DISCLOSES THE EXISTENCE AND NATURE OF

HIS/HER INTEREST TO THE COMMITTEE. THE INTERESTED PERSON ALSO RECUSES

HIMSELF/HERSELF FROM VOTING ON THIS MATTER.

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

THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE & ADMINISTRATION CONDUCT

SALARY RESEARCH ON COMPARABLE INDUSTRY AND SIMILAR-SIZED NONPROFIT

ORGANIZATIONS. THE FINDINGS OF THESE RESULTS ARE PRESENTED TO OFFICERS OF

THE BOARD FOR RECOMMENDATIONS AND THE PROCESS IS DOCUMENTED.

A SIMILAR PROCESS IS CONDUCTED ANNUALLY BY THE EXECUTIVE DIRECTOR FOR THE

DIRECTOR OF FINANCE & ADMINISTRATION OF THE ORGANIZATION, ALONG WITH OTHER
592212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization NATIONAL ARCHIVES FOUNDATION	Employer identification number 52-1792608
DIRECTORS OF THE FOUNDATION. ALL REVIEWS ARE DOCUMENTED	AND PLACED INTO THE
RESPECTIVE PERSONNEL FILE. THE LAST SALARY REVIEW TOOK	PLACE IN SEPTEMBER
2016.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COP	Y OF FORM 990:
AL, AR, CA, CT, FL, GA, 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 IX, LINE 11G, OTHER FEES:	
DESIGN SERVICES:	
PROGRAM SERVICE EXPENSES	134,117
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	134,117. 125.
MANAGEMENT AND GENERAL EXPENSES	125
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	125. 5,572.
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES	125 5,572 139,814
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES	125. 5,572.
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES	125. 5,572. 139,814. 646,707.
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	125. 5,572. 139,814. 646,707. 54,911.