TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2014

Prepared for	
	NATIONAL ARCHIVES FOUNDATION 700 PENNSYLVANIA AVENUE, N.W. NO. G12 WASHINGTON, DC 20408-0001
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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-	_		
Form			

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.



AF	or th	e 2014 calendar year, or tax year beginning ar	nd ending	_	
B c a	heck if	e: C Name of organization		D Employer identifie	cation number
	Addr	NATIONAL ARCHIVES FOUNDATION			
X	Name			52-1	792608
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final	700 PENNSYLVANIA AVENUE, N.W.	G12	202-	357-5221
_	termi ated			G Gross receipts \$	4,970,314.
		WASHINGION, DC 20408-0001		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: I ATINICIA IN MADDEIN	-	for subordinates	
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		tempt status: $X 501(c)(3) = 501(c) () < (insert no.) = 4947(a)($	1) or 52		list. (see instructions)
		te: WWW.ARCHIVESFOUNDATION.ORG		H(c) Group exemption	
	orm o Int I	f organization: X Corporation Trust Association Other ► Summary	L Yea	r of formation: 1992 N	State of legal domicile: DC
FC		Briefly describe the organization's mission or most significant activities: SEE	DART		
JCe	1	Briefly describe the organization's mission or most significant activities:	IANI		
Activities & Governance	2	Check this box	nosed of mo	re than 25% of its net as	eate
ver	3	Number of voting members of the governing body (Part VI, line 1a)			39
ß	4	Number of independent voting members of the governing body (Part VI, line 1)			39
s S	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		·····	49
<i>i</i> ttie	6	Total number of volunteers (estimate if necessary)			39
cţj	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.
<		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		3,912,768.	2,543,741.
Revenue	9	Program service revenue (Part VIII, line 2g)		155,108.	195,347.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,616.	839.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,266,181.	1,326,461.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,335,673.	4,066,388.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		40,850.	18,070.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	1,801,194.	1,859,484.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25) 635,			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,962,238.	3,115,515.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,804,282.	4,993,069.
	19	Revenue less expenses. Subtract line 18 from line 12		-4,468,609.	-926,681.
Net Assets or Fund Balances				eginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)	······ _	4,648,238.	4,095,344.
let A ind I		Total liabilities (Part X, line 26)		501,912. 4,146,326.	875,923.
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		4,140,320.	3,219,421.
100	11 L H				

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

Sign	Signature of officer			Date
Here	📐 PATRICK M. MADDEN, EXE	CUTIVE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid				if self-employed
Preparer		G & FREEDMAN		Firm's EIN 52–1392008
Use Only	Firm's address 4550 MONTGOMERY	AVE SUITE 650N		
	BETHESDA, MD 208	14-2930		Phone no. (301) 951-9090
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
	IIIA For Denominaria Deduction Act Natio	a see the concrete instructions		Carm 900 (2014)

OMB No. 1545-0047

Open to Public Inspection

		52-1792608	Pa
Par			
		<u></u>	I
1	TO STRENGTHEN OUR NATION'S DEMOCRACY AND INSPIRE A DE OF OUR NATIONAL HERITAGE BY SUPPORTING AND COMPLEMENT	TING THE NATIONA	
		VATE CIVIC	
2			
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3		ices?Yes	Х
4	Describe the organization's program service accomplishments for each of its three largest program service		
	revenue, if any, for each program service reported.		
4a			
			101
	If III Statement of Program Service Accomplishments Date if Statement of Program Service Accomplishments Provide Control and the any line in this Part III Provide Account is a reasonate or note to any line in this Part III CO STREMENTING THEN OUR NATION'S DEMOCRACY AND INSPIRE A DEEPER APPRECIATION TARGETHEN NATIONAL HERITAGE BY SUPPORTING AND COMPLEMENTING THE NATIONAL ARCHIVES IN IT'S QUEST TO EDUCATE THE PUBLIC AND CULTIVATE CIVIC PARTICIPATION THROUGH ACCESS TO IT'S RECORDS. Dd the organization undertake any significant program services during the year which were not listed on the proform 300 or 000627 [ves [Dd the organization undertake any significant duringes in how it conducts, any program services, as measured by expenses. Sectors to organization's program service accomplishments for each of its three largest program services, as measured by expenses. Sectors to organization's program service accomplishments for each of its three largest program services, as measured by expenses. Sectors to organization's program service accomplishments for each of its three largest program services. MORE THAN 20,000 TEACHERS AND SYUDENTS FROM AROUND THE COUNTRY PARTICIPATED DIN WORKSHOPS AND YUDENTS FROM AROUND THE COUNTRY PARTICIPATED DOEING LEARNING CENTER IN 2014. TO LEARN HOW TO USE NATION ARCHIVES RECORDS IN THE CLASSROOM. THE FOUNDATION ALSO HELPED THE MATIONAL ARCHIVES UPGRADE IT'S DOCSTEACH WEBSITE AND SUPPORTED NATION AROUND THE ACCHIVES. PARTICIPATED DOEING LEARNING CENTER IN 2014. TO LEARN HOW TO USE NATION ARCHIVES REVERING STOR PLAYS A VITAL ROLE IN FULPILLING THE MISSION OF THE M		1111
		JA	
Fart III Statement of Program Service Accomplishments			
	THE FOUNDATION FOR THE NATIONAL ARCHIVES BY PROVIDING AND PUBLICATIONS BASED ON THE HOLDINGS OF THE NATIONA PATRONS EXTEND THEIR EDUCATIONAL JOURNEY AT HOME AND PRODUCTS DEVELOPED ESPECIALLY FOR THE FOUNDATION. PRO NATIONAL ARCHIVES EXPERIENCE AND EDUCATIONAL PROGRAMM	G QUALITY PRODUC AL ARCHIVES. AT SCHOOL WITH DCEEDS SUPPORT T	СТ
PARTICIPATION THROUGH ACCESS TO ITS RECORDS. 2 Dd the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 L27 IT 'Yae, 'describe these news services on Schedule 0. 3 Dd the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expension sections 501(c)(3) and 501(c)(4) organizations are required to report the anount of grants and allocations to others, the total expenses revenue, 'farly for each program service accomplishments for each of its three largest program services, as measured by expension sections 501(c)(3) and 501(c)(4) organizations are required to report the anount of grants and allocations to others, the total expenses revenue, 'farly for each program service accomplishments for each of its three largest program services, as measured by expension sections 501(c)(3) and 501(c)(4) organizations are required to report the anount of grants and allocations to others, the total expenses revenue, 'farly for each program service accomplishments for each of its three largest program services, as measured by expension sections 501(c)(3) and 501(c)(4) organizations are required to report the sections to other sections. The COUNTRY PROTED IN WORKSHOPS AND VIDEO CONFERENCES THACUM THE COUNTRY PROTED IN WORKSHOPS AND VIDEO CONFERENCES THACUM THE FOUNDATION ALCENTIVES RECORDS IN THE CLASSROOM. THE FOUNDATION ALGO BLEVED THE NATIONAL ARCHIVES BY PROVIDING QUALITY PROT ARCHIVES RECORDS IN THE NATIONAL ARCHIVES SECTION VIDEO CONFERENCES SUPPORTS AND AND PUBLICATIONS BASED ON THE HOLDINGS OF THE NATIONAL ARCHIVES. 40 (code			
4c	(Code:) (Expenses \$ 666,796, including grants of \$)	edue Contains a response or note to any line in this Part III <pre></pre>	
10			
			T
4d	Other program services (Describe in Schedule O.)		
ти	(Evnenses \$ 1,323,205, including grants of \$	١	
<u>4</u> 0			
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1-07-	_		
51	—	ΓΟΙΙΝΠΔ ΨΤΟ 1593	3
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Form	990	(2014)
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Part IV Checklist of Required Schedules

NATIONAL ARCHIVES FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		A
Ø	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	ļ	- 22
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
10	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

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Form 990 (2014) NATIONAL ARCHIVES FOUNDATION Part IV Checklist of Required Schedules (continued)

1 61	Checkist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		30		х
24	contributions? If "Yes," complete Schedule M	30		- 23
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
20		31		- 23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	20		х
22	Schedule N, Part II	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		х
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5		
	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?			v
-	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			77
	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** (2014)

432004 11-07-14

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a Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable Image: Control of Co	Pai	Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W-20 included in line 1a. Enter 0-in not applicable payments to vendors and reportable gaming (gambling) winnings to praw winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 4.9 2b 3a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 4.9 2b X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of line 1a and 2a is greater than 250, you may be required to effice cen structions) 3a X 3b If "Yes," hast life at a Form 301 for this year? 3a X 4a At any time during the catendar year, did the organization have an inferest in, or a signature or other authority year, a famacial accounts (FBAP). 5a X 5a If "Yes," return the mame of the foreign country. 5a X 5a If Yes," role as a cb, did the organization have an inferest in, or a signature or other famacial Accounts (FBAP). 5a X 5a If Yes," role in 6a ar cb, did the organization the Form 800.000, and did the organization solid as whether transaction an express statement that such contributions or gifts were on tax deductible as harthable contributions or gifts were on tax deductible for mate port 8a st						Yes	No
b Determination complex wheth backpy withholding rules for reportable payments to vendors and reportable gaming (gambing) withings to prize winners? Iter the number of employees reported on form W-3, Transmittal of Wage and Tax Statements, (gambing) withings to prize winners? Iter the number of employees reported on form W-3, Transmittal of Wage and Tax Statements, (gambing) withings to prize winners? Iter the number of employees reported on form W-3, Transmittal of Wage and Tax Statements, (gambing) with backpy withings the year of the regulation for the regulatis and regrets as a contrintution of the scale for the r							
gambling: winnings to prize winners? Ic X 2a Enter the mather of employees reported on from W3, Transmittal of Wage and Tax Statements. 2a 49 b If at least one is reported on line 2a, did the organization fiel all required leaderal employment tax returns? 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to 4% (see instructions) 3a X 3b Diff tax is filed a Form 0906 Tor this yar? 3a X 3c Diff the calendar year, diff the organization have an inferest in, or a signature or other authority over, a financial account is or thing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FEAR). 5a X 3c Wast the organization have annual gross receipts that are normally greater than 150,000, and did the organization solt. 5a X 3c Did any taxable party notify the organization that if was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5a X 3c Did any taxable party notify the organization in the TW as or is a party to a prohibited tax sheller transaction? 5c C 3c Did any taxable party notify the organization and the organization and party for goods and services provided to the payof? 5a X 3c Dif the organization neave a summal frost modes o	b						
2a Enter the number of employees reported on Form W-3, Transmittel of Wage and Tax Statements. 2a 49 bit at last one is reported on ine 2, ald the organization file all employment tax returns? 2b X Note. If the sum of lines 1 and 2 is greater than 250, you may be required to be file (see instructions) 3a X 3b Dit the organization have unified business greater than 250, you may be required to e-file (see instructions) 3a X 3b If Yes, "has if field a form 990-T for this year? If No, 'to ine 3b, provide an explanation in Schedule O 3b X 3b If Yes, "has if field a form 990-T for this year? If No, 'to ine 3b, provide an explanation in Schedule O 3b X 3c A tax y time the name of the oregin country (such as a bank account, ecurities account; or other financial Accounts (FBAR). 5a X 5c Max the organization have nonally greater than 510,000, and did the organization have nonally greater than 510,000, and did the organization solid any contributions or gifts were not tax deductible? 5b X 61 If Yes, 'to line 5a or 5b, did the organization have manally greater than 510,000, and did the organization solid any contributions or gifts were not tax deductible? 7a X 7 Or organization have manally greater than 250, you provide an advectory for which it was required to the form 8282? 7c X 7 Or organization solid the organization nolid were solif soft mate p	с						
tied for the calendary year ending with or within the year covered by this return					1c	X	
b If at least one is reported on line 2a, did the organization file all required to effel (sei instructions) 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effel (sei instructions) 3a X b If "Yes," has if field a Form 980-T for this year? If "No," to line 30, provide an explanation in Schedule O 3b X b If "Yes," has if field a Form 980-T for this year? If "No," to line 30, provide an explanation on the authority over, a 4a X b If "Yes," tenter the name of the 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. b See See X b Did any taxable pary notify the organization that it was or is a party to a problet data shelter transaction? 5b X b Did any taxable pary notify the organization the form 8886-T? Se X b Did the organization nave annual gross accounts? fb X b Did any taxable pary notify the problet data shelter transaction 70(c). fb X c Did any taxable pary notify the party to a problet data shelter transaction? fb fc X b If "Yes," did the organization	2a			10			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a 3a X 3a Diff the organization have unrelated business gross income of \$1,000 more during the year? 3b X 3b Diff the organization have unrelated business gross income of \$1,000 more during the year? 3b X 4a Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account), a control country (b-100 more during the year? 3a X bif 'Yes, 'enter the name of the foreign country, b See instructions for fining requirements for fining for the system? 5a X 5a Dif any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 6a Dif 'Yes, 'id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). bif the organization neclew a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor? 7a 7a 7a 7a 7a 7a 7a 7a			-			37	
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a Did the sponsoring organization make any taxable distributions under section 4966? N/A 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. N/A 12b 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? N/A 13a 13a N/A 13a 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	٩				0		
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10 Section 501(c)(7) organizations. Enter: a 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: a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? N/A 13a 14a Did the organization is licensed to issue qualified health plans 13b 13c	h						
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b				
b 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. Image: N/A 13a a 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. Image: N/A 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Image: Im	12a		n 1041?	•	12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. N/A 13a a 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. Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans Image: Comparization receives on hand Image: Comparization receive any payments for indoor tanning services during the tax year? Image: Comparization receive any payments for indoor tanning services during the tax year? Image: Comparization receive any payments for indoor tanning services during the tax year? Image: Comparization receive any payments for indoor tanning services during the tax year? Image: Comparization receive any payments for indoor tanning services during the tax year?			1 1				
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Note. See the instructions for additional information the organization must report on Schedule O. Image: Constraint of the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а			N/A	13a		
 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 c Enter the amount of reserves on hand 13c 14a X 							
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b						
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			13b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	с		13c				
h If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O					14a		Х
b in res, has it ned at offin 720 to report these payments in rise, provide an explanation in concease of	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

NATIONAL ARCHIVES FOUNDATION

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NATIONAL ARCHIVES FOUNDATION

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.

io ci				<u></u>		
eci	ion A. Governing body and Management				Yes	Т
12	Enter the number of voting members of the governing body at the end of the tax year	1 1 2	-	39	165	
		16	-	39		
		· · · · · · · · · · · · · · · · · · ·				
2				2		l
3	Did the ergenization delegate control over management dution sustemarily performed by or under	tha diraa	touponicion			┥
				2		
					x	┥
						-
				··		┥
				. 6		+
7a				_		
				. 7a		+
b		, stockho	olders, or			
				. 7b		
		-	-		v	
а	The governing body?			<u>8a</u>	X	4
	there the number of voting members of the governing body at the end of the tax year		8b	X		
9						
				9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	Code.)			
_					Yes	
				. 10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b	L	
		ody befo	re filing the form?	? 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
					X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to conf	licts?	. 12 b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," de	escribe			
	in Schedule O how this was done			. 12c	X	
					X	
4	an A. Governing Body and Management inter the number of voting members of the governing body at the end of the tax year 1a 3 there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing the diversion of voting members included in line 1a, above, who are independent 1b 3 sid any officer, director, trustee, or key employee? 1b 3 id the organization delegate control over management duties customarily performed by or under the direct supervision forficers, director, sor trustee, or key employees to a management company or other person? 3 id the organization become avere during the year of a significant diversion of the organization's assets? 3 id the organization become avere during the year of a significant diversion of the organization's assets? 3 id the organization have members, stockholders, or other persons who had the power to elect or appoint one or one enothers of the governing body? 3 era org governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or eraons other than the governing body? 3 ach committee with authority to act on behalf of the governing body? 3 it eray aptication fave members, branches, or affiliates? 3 ''Yes, ''d id the organization nave written policies and procedures governing the activities of such chapters, affiliates, not brannet metery organisation maining address? I''Yes,''rox'		14	Х		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decisior	י. ו?	-			
а				15a	X	I
						1
						1
l6a		ement w	rith a			
				16a		1
						t
		-	-			
				16b		1
		0				
			on 501(c)(3)s onl	v) availal	ole	
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		in in Sch	edule O)			
9				and finar	ncial	
		2				
		oooks an	d records:			
20						
20						
20	PATRICK M. MADDEN - 202-357-5222	DC	20408-000)1		_

Part VII	Compensation of Officers, Director	rs, Trustees	, Key Employees,	, Highest	Compensated
	Employees, and Independent Con	ractors			

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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		ר than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			en sate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tri		loyee	e e				and related
	below	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	ц Ц	lns	£	Ke	E ^{Hi} C	<u>ě</u>			
(1) A'LEILA BUNDLES CHAIR/PRESIDENT	5.00	x		x				0.	0.	0.
(2) JAMES J. BLANCHARD	2.00	^						0.	0.	0.
VICE PRESIDENT	2.00	x		x				0.	0.	0.
(3) MICHAEL R. BESCHLOSS	2.00							0.	•	0.
VICE PRESIDENT	2.00	x		x				0.	0.	0.
(4) KEN BURNS	2.00									
VICE PRESIDENT		x		x				0.	0.	0.
(5) COKIE ROBERTS	2.00									
VICE PRESIDENT		x		x				0.	0.	0.
(6) MARVIN F. WEISSBERG	1.50									
TREASURER		x		x				0.	0.	0.
(7) MARILYNN WOOD HILL	1.50									
SECRETARY		X		Х				0.	0.	0.
(8) WILLIAM MINOR	3.00									
BOARD MEMBER AND COUNSEL		Х						0.	0.	0.
(9) STEVE CAPLE	1.50									_
BOARD MEMBER		Х						0.	0.	0.
(10) JIM CICCONI	1.50									
BOARD MEMBER		х						0.	0.	0.
(11) JERRY FINGER	1.50									0
BOARD MEMBER		X						0.	0.	0.
(12) WILLIAM HARMAN	1.50							0.	0	0
BOARD MEMBER	1.50	X						0.	0.	0.
(13) FAY HARTOG LEVIN BOARD MEMBER	1.50	x						0.	0.	0.
(14) CAPPY R. MCGARR	1.50	^						0.	0.	0.
BOARD MEMBER	1.50	x						0.	0.	0.
(15) DAVID MCKEAN	1.50								••	0.
BOARD MEMBER	1130	x						0.	0.	0.
(16) DAVID MESKER	1.50									
BOARD MEMBER		x						0.	0.	0.
(17) LARRY O'BRIEN	1.50					\top				
BOARD MEMBER		x						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d H	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(1-			sitior			Reportable	Reportable	E	stimat	ted
	hours per					than is bot		compensation	compensation	a	mount	t of
	week	offi	cer ar	nd a d	directo	or/trus	stee)	from	from related		othe	r
	(list any	ector						the	organizations	cor	npens	ation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	1	from th	ne
	related	stee c	ustee			en sa		(W-2/1099-MISC)		or	ganiza	ition
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					nd rela	
	below	ividu	titutic	Officer	emp	hest i ploye	Former			org	janizat	tions
	line)	pul	Ins	0ffi	Key	em Hig	For					
(18) SOLEDAD O'BRIEN	1.50											-
BOARD MEMBER		Х						0.	0	•		0.
(19) LUCINDA ROBB	1.50											
BOARD MEMBER		Х						0.	0	•		0.
(20) DEBORAH RATNER SALZBERG	1.50											
BOARD MEMBER		X						0.	0	•		Ο.
(21) THEODORE SEGAL	1.50											
BOARD MEMBER		x						0.	0			0.
(22) ALBERT SMALL	1.50											
BOARD MEMBER		x						0.	0			Ο.
(23) ROSS SWIMMER	1.50									-		
BOARD MEMBER	1130	x						0.	0			0.
(24) RILEY TEMPLE	1.50			-				Ŭ.	0			••
BOARD MEMBER	1.30	x						0.	0			0.
	1.50	^		-		+		0.	0	•		0.
(25) LINDA WATTERS	1.50							0.	0			0
BOARD MEMBER	1 50	X				-		0.	0	•		0.
(26) JOHN ZENTAY	1.50								0			•
BOARD MEMBER		X						0.	0			0.
1b Sub-total								0.	0			0.
c Total from continuation sheets to Part VI	I, Section A							399,657.	0			578.
d Total (add lines 1b and 1c)								399,657.	0	•	31,5	578.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	lbov	e) wl	no r	received more than \$100	,000 of reportable			
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey e	mplo	oyee	, 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	4	X	
5 Did any person listed on line 1a receive or a									dual for services			
rendered to the organization? If "Yes," com					-			•		5		X
Section B. Independent Contractors			0/ 01		pon	0011						
1 Complete this table for your five highest co	mponsatod in	don	ando	ont (cont	racto	ore t	that received more than	\$100.000 of compor	eation	from	
the organization. Report compensation for	-	-								Sation	nom	
	ine calendar y	ear	enui	ng	WILLI	OF W	<u>10 m</u>				<u></u>	
(A) Name and business	address	M	ONI	F				(B) Description of s	ervices	Compe	C) ensatio	on
		TA	5141				-					
							_					
							_					
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than			
\$100,000 of compensation from the organized						0						
SEE PART VII, SECTION	A CON	ΓII	NUZ	AT	IOI	N S	SH	EETS		Form	990	(2014)
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Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	mplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any hours for	lirecto				l em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related	e or c	stee			Isated		(00-2/1099-00130)		organization and related
	organizations	truste	al trus		yee	mper				organizations
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er			5
	line)	Indiv	Instit	Officer	Keye	High	Former			
(27) BESS ABELL	1.50									
BOARD MEMBER		х						0.	0.	0.
(28) HONEY ALEXANDER	1.50									_
BOARD MEMBER		Х						0.	0.	0.
(29) PETER CUNEO	1.50									
BOARD MEMBER		Х						0.	0.	0.
(30) RICHARD ELIASBERG	1.50									
BOARD MEMBER		Х						0.	0.	0.
(31) BITSEY FOLGER	1.50									
BOARD MEMBER		X						0.	0.	0.
(32) FRANK KEATING	1.50									
BOARD MEMBER		X						0.	0.	0.
(33) MARY LYNN KOTZ	1.50									
BOARD MEMBER		Х						0.	0.	0.
(34) ZINA KRAMER	1.50									
BOARD MEMBER		Х						0.	0.	0.
(35) KEN LORE	1.50									
BOARD MEMBER		Х						0.	0.	0.
(36) JON MEACHAM	1.50									_
BOARD MEMBER		Х						0.	0.	0.
(37) MOLLY MOYNIHAN	1.50									
BOARD MEMBER		Х						0.	0.	0.
(38) BRUCE RAMER	1.50									_
BOARD MEMBER		Х						0.	0.	0.
(39) HOWARD RUBENSTEIN	1.50									
BOARD MEMBER		X						0.	0.	0.
(40) PATRICK MADDEN	45.00									
EXECUTIVE DIRECTOR				Х				245,167.	0.	18,527.
(41) ABBY PONTIUS	40.00									
DIR. OF FINANCE/ADMIN. (FROM 3/2014)				Х				67,853.	0.	4,212.
(42) FRANCK CORDES	40.00									
DEP. EXECUTIVE DIR. (UNTIL 9/2014)				Х				86,637.	0.	8,839.
								399,657.		31,578.

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Ра	rt \	/	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any	line in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
							revenue	revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns		6,665	5.			
Gra			Membership dues		1,029,710).			
ts,			Fundraising events			_			
Gif liar			Related organizations			_			
Sin',			Government grants (contribut			_			
utio		f	All other contributions, gifts, gran		1 507 26				
đ Otjo			similar amounts not included abo		1,507,366				
		-	Noncash contributions included in lines Total. Add lines 1a-1f			2,543,741.			
<u> </u>					Business Cod				
Ð	2	а	EXHIBITION REVENUE		900099	195,347.	195,347.		
, vic	~	b							
Sei		c							
Program Service Revenue		d							
ogr B		е							
ሻ		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		►	195,347.			
	3		Investment income (including						
			other similar amounts)			662.			662
	4		Income from investment of tax						
	5		Royalties			143.			143
				(i) Real	(ii) Personal	_			
	6		Gross rents			_			
			Less: rental expenses			-			
			Rental income or (loss)		L	_			
	_			(1) 0					
	1	а	Gross amount from sales of	(i) Securities	(ii) Other	-			
		h	assets other than inventory Less: cost or other basis	5,102		-			
		U	and sales expenses	9,585.					
		c	Gain or (loss)	177		-			
			Net gain or (loss)			177.			177
Ð	8		Gross income from fundraisin						
nu			including \$	•					
eve			contributions reported on line	1c). See					
л Н			Part IV, line 18	а					
Other Revenue		b	Less: direct expenses						
0		с	Net income or (loss) from fund	draising events	►				
	9	а	Gross income from gaming ac	ctivities. See					
			Part IV, line 19			_			
			Less: direct expenses			_			
			Net income or (loss) from gam		····· •				
	10	а	Gross sales of inventory, less		2 215 021				
			and allowances			-			
			Less: cost of goods sold		,		1 321 580		
		C	Net income or (loss) from sale Miscellaneous Revenu		Business Cod	1,321,580.	1,321,580.		
	11	2	MISCELLANEOUS		900099	4,738.			4,738
		a b				=,/50.			±,750
		с С							
			All other revenue						
			Total. Add lines 11a-11d			4,738.			
	12		Total revenue. See instructions.			4,066,388.	1,516,927.	0.	5,720
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Part IX Statement of Functional Expenses

NATIONAL ARCHIVES FOUNDATION

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

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	18,070.	18,070.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	431,235.	154,241.	211,070.	65,924
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,191,163.	827,356.	149,270.	214,537
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20,877.	3,128.	12,540.	5,209
9	Other employee benefits	98,320.	63,610.	16,482.	18,228
10	Payroll taxes	117,889.	73,183.	23,328.	21,378
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	120,054.	51,663.	68,128.	263
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,990,726.	1,741,510.	126,653.	122,563
12	Advertising and promotion	344,282.	344,127.		155
13	Office expenses	293,779.	205,342.	35,853.	52,584
14	Information technology	32,379.	6,278.	482.	25,619
15	Royalties				
16	Occupancy				
17	Travel	72,730.	50,910.	5,760.	16,060
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	117,946.	38,604.	3,199.	76,143
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,161.		36,161.	
23	Insurance	13,349.		13,349.	
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.)				
а	MISCELLANEOUS	31,934.	4,346.	14,485.	13,103
b	BAD DEBT	29,019.		29,019.	,
c	EQUIPMENT	26,043.	13,996.	12,047.	
d	DUES AND SUBSCRIPTIONS	6,933.	1,979.	1,599.	3,355
e	All other expenses	180.	180.		,
25	Total functional expenses. Add lines 1 through 24e	4,993,069.	3,598,523.	759,425.	635,121
26	Joint costs. Complete this line only if the organization	- •			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2014)

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Form 990 (2014)

Part X Balance Sheet

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NATIONAL	AKCUIVES	FOUNDATION

		Check if Schedule O contains a response or not	e to any li	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,769.	1	6,473.
	2	Savings and temporary cash investments			2,500,107.	2	2,177,969.
	3	Pledges and grants receivable, net		Г	1,311,078.	3	991,573.
	4	Accounts receivable, net			11,037.	4	158,785.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated empl	oyees. Complete			
		Part II of Schedule L				5	
	6		bans and other receivables from other disqualified persons (as defined under				
		section 4958(f)(1)), persons described in section	1 4958(c)(3	3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Complete	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		[7	
Ä	8	Inventories for sale or use			722,489.	8	659,367.
	9	Prepaid expenses and deferred charges			29,370.	9	58,143.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	177,536.			
	b	Less: accumulated depreciation	10b	134,502.	69,388.	10c	43,034.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			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	al line 34)		4,648,238.	16	4,095,344.
	17	Accounts payable and accrued expenses			501,912.	17	871,273.
	18	Grants payable				18	
	19	Deferred revenue				19	4,650.
	20	Tax-exempt bond liabilities		······		20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
ies	22	Loans and other payables to current and former					
iliti		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			501,912.	25	875,923.
	26	Total liabilities. Add lines 17 through 25			501,912.	26	075,525.
		Organizations that follow SFAS 117 (ASC 958					
Ces	27	complete lines 27 through 29, and lines 33 and lines 34 and lines 35 a			1,506,485.	27	1,765,150.
ılan	27 28	Unrestricted net assets Temporarily restricted net assets			2,639,841.	28	1,454,271.
Fund Balances	20 29				2,000,041.	20 29	1,151,2710
nnc	29	Organizations that do not follow SFAS 117 (A		chack hora		29	
Ē		and complete lines 30 through 34.	30 930),				
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	<u> </u>
Ne	33	Total net assets or fund balances		E E E E E E E E E E E E E E E E E E E	4,146,326.	33	3,219,421.
	34	Total liabilities and net assets/fund balances			4,648,238.	34	4,095,344.
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Form **990** (2014)

Form	990 (2014) NATIONAL ARCHIVES FOUNDATION	52-17	92608	Paç	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)	1	4,066		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,993		
3	Revenue less expenses. Subtract line 2 from line 1	3	-926		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,140		
5	Net unrealized gains (losses) on investments	5		-2	24.
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	3,219	9,4	21.
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te 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				
	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				
3a	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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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.

1	2014
orm990.	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Name of the organization	
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				VES FOUNDATI				5	2-1792608
Pa	rt I	Reason for Public	Charity Status (All organizations must c	omplete th	is part.) Se	e instructions.		
Гhe	organ	ization is not a private found	dation because it is:	(For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectic	on 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(i	ii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a go	overnmental un	it describ	bed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ally receives a substa	antial part of its support	irom a gov	ernmental	unit or from the	e general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe							
9		An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributio	ons, membersh	ip fees, a	nd gross receipts from
		activities related to its exer	-	-					-
		income and unrelated busi		e (less section 511 tax) fr	om busine	esses acqu	ired by the orga	anization	after June 30, 1975.
		See section 509(a)(2). (Co							
10		An organization organized	-	•	•				
11		An organization organized	-	•				•	
		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.							
_		7				-		-	, aiving
а		Type I. A supporting orgative the supported organization	• •	•					
			., .	• • • • • •	amajonty			s or the s	supporting
b		organization. You must organization. You must org	-		tion with it		d organization	(c) by ba	vina
D		control or management of	-				-		-
		organization(s). You mus			ame perso	JIS IIAL CO	introi or manag	e uie sup	ported
<u>د</u>		Type III functionally inte	-		in connec	tion with a	and functionally	integrate	ed with
Ŭ		its supported organizatio					-	integrati	
d		Type III non-functionally						ed organi	zation(s)
		that is not functionally inf						-	
		requirement (see instruct			•		-		
е		Check this box if the org	-	-				, Type III	
		functionally integrated, o							
f	Ente	er the number of supported	organizations						
g	Pro	vide the following information	n about the supporte	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed	rganization in your	(v) Amount of m		(vi) Amount of
		organization		above or IRC section	governing	document?	support (s Instructior		other support (see Instructions)
				(see instructions))	Yes	No	inicia detter	,	

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 NATIONAL ARCHIVES FOUNDATION

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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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,187,715.	17,168,102.	2,073,567.	3,912,768.	2,543,741.	27,885,893.
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 \dots						
4	Total. Add lines 1 through 3	2,187,715.	17,168,102.	2,073,567.	3,912,768.	2,543,741.	27,885,893.
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)						9,974,965.
	Public support. Subtract line 5 from line 4.						17,910,928.
	ction B. Total Support	() 0010	(1) 0011	() 0040	(1) 0010	() 001 ((0 T + +
	endar year (or fiscal year beginning in)	(a) 2010 2,187,715.	(b)2011 17,168,102.	(c) 2012 2,073,567.	(d) 2013 3,912,768.	(e) 2014 2,543,741.	(f) Total 27,885,893.
	Amounts from line 4	2,107,713.	17,100,102.	2,073,307.	5,912,700.	2,545,741.	27,005,095.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	4,533.	12,501.	13,009.	1,827.	805.	32,675.
۵	Net income from unrelated business	4,555.	12,5010	13,005.	1,027.		52,075.
3	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.)	128.	3,105.	3,313.	57,761.	4,738.	69,045.
11	Total support. Add lines 7 through 10		-	-			27,987,613.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 13	,366,789.
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (I	line 6, column (f) di	ivided by line 11, c	olumn (f))		14	64.00 %
	Public support percentage from 2013					15	61.65 %
16a	33 1/3% support test - 2014. If the c	•		•			
	stop here. The organization qualifies						
k	33 1/3% support test - 2013. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	
_	meets the "facts-and-circumstances"	•	•		•		
k	0 10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	IT UID NOT CHECK A	box on line 13, 16	a, 100, 17a, or 17b		and see instructions edule A (Form 990	
					JUDE		UI JJU-LLI LU 14

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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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
~							
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
D	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	<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 sectio	on 501(c)(3) organiz	zation,
							>
Sec	tion C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2014 (line 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Investion						
17	Investment income percentage for 20	14 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2014. If the					 33 1/3% , and line ⁻	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-17-14	ala not oncon a	200 01 110 17, 10	, o. 100, 0100K t		nedule A (Form 99	
10202				16	301		5 51 555 EZ / 2014
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Schedule A (Form 990 or 990-EZ) 2014 NATIONAL ARCHIVES FOUNDATION

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *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.)

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Schedule A (Form 990 or 990-EZ) 2014

10a

10b

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Schedule A (Form 990 or 990-EZ) 2014 NATIONAL ARCHIVES FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
	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		
	stion 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 <i>Part VI</i> 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	•		
2				
	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,	•		
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V.	
_	More a majority of the avaphing in division of the states of the tax service states of the states		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. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
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			
	that these activities constituted substantially all of its activities.	2a		
b	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
43202	5 09-17-14 Schedule A (Form 9	90 or 99	0-EZ)	2014

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Schedule A (Form 990 or 990-EZ) 2014 NATIONAL ARCHIVES FOUNDATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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	on 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-functional	y-integra	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990 EZ) 2014 NATIONAL ARCHIVES FOUNDATION

	Type III Non-Functionally Integrated 509			2 1792000 Fager
	ion D - Distributions		(continucu)	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified 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	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.	0		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, _,			
b				
c				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
•	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
0	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
a b				
<u>с</u>				
	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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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

2014

Employer identification number

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Organization type (check of	ne).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Page 2 Employer identification number

52-1792608 NATIONAL ARCHIVES FOUNDATION Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 115,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 150,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

423452 11-05-14

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Employer identification number

52-1792608

NATIONAL ARCHIVES FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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2014.04030 NATIONAL ARCHIVES FOUNDATIO 15933_1

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423452 11-05-14

Employer identification number

52-1792608

NATIONAL ARCHIVES FOUNDATION

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

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

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Name of org	anization		Employer identification number					
NATION	NAL ARCHIVES FOUNDATION	N	52-1792608					
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	ntributions to organizations described columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations					
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	ous, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) 🕨 \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
F		e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
F	(e) Transfer of gift							
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
F		(e) Transfer of gift	I					
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
423454 11-05-	-14	26	Schedule B (Form 990, 990-EZ, or 990-PF) (2014					

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form9900



Department of the Treasury Internal Revenue Service

Employe	ər	ide	nt	ifi	ca	tic	on	n	um	be
	_	-		_	-	-	-	-	-	

Nam	e of the organization NATIONAL ARCHIVES FOU	NDATION	Employer identification number 52-1792608
Pa	t I Organizations Maintaining Donor Advised Fu	Inds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's exclu	-	
6	Did the organization inform all grantees, donors, and donor adviso		
	for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose co	onferring
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete if the organiza	tion answered "Yes" to Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization (ch	neck all that apply).	
	Preservation of land for public use (e.g., recreation or educa	tion)	ically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired after 8	-	
	listed in the National Register		
3	Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the o	organization during the tax
	year		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic		
•	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, and e	-	
7	Amount of expenses incurred in monitoring, inspecting, and enford		
8	Does each conservation easement reported on line 2(d) above sat		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ea		
9	include, if applicable, the text of the footnote to the organization's	•	
	conservation easements.	inancial statements that describes th	e organization's accounting for
Pa	t III Organizations Maintaining Collections of Art	. Historical Treasures. or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 990, I		
1a	If the organization elected, as permitted under SFAS 116 (ASC 95)		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibitio		
	the text of the footnote to its financial statements that describes the		
b	If the organization elected, as permitted under SFAS 116 (ASC 95	8), to report in its revenue statement a	Ind balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educat		
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		• *
2	If the organization received or held works of art, historical treasure		
	the following amounts required to be reported under SFAS 116 (A		
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
b			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) a Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items a Poble exhibition d b Check at that apply: d c Debite exhibition d c Debitition d Debit or aske that athath the organization societa interastic athathathathathathathathathathathathatha	Sche		L ARCHIVES						52-17			age 2
cleack at that apply: d Loan or exchange programs a Poble exhibition d Loan or exchange programs b Scholarly research 0 Other	Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	er Simila	ır Asse	ts (contii	nued)	
a Public exhibition during the year induced and a set of the organization and a set of the organization includes an anount on Form 990, Part X, line 21. a Bis the organization and the the following table: b Exploring the year is the organization include an anount on Form 990, Part X, line 21. b Exploring the year is the organization and the organization acceleration of the organization and the organization acceleration of the organization acceleration acceleration acceleration of the organization acceleration	3	Using the organization's acquisition, access	ion, and other record	ls, checl	k any of the	following that	at are a si	ignificant u	ise of its	collectio	n item	s
b Scholary research e Other		(check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' to Form 990, Part X, line 91, or reported an amount on Form 990, Part X, line 21. 13 Is the organization's exempt purpose in Part XIII. 14 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? 16 Indicating balance 17 Endowment Funds. Complete if the organization maxwed' Yes' to Form 990, Part X, line 21, for escrow or custodial account liability? 20 Duting balance Indicating balance 18 Complete if the organization maxwed' Yes' to Form 990, Part X, line 21, for escrow or custodial account liability? 21 Duting oblance Indicating balance 22 Duting balance Indicating balance 23 Duting oblance Indicating balance 24 Endowment Funds. Complete if the organization maxwed' Yes' to Form 990, Part X, line 10. 24 Endowment Fun	а	Public exhibition	c	ı 🛄 ı	Loan or exc	hange progra	ams					
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b Contributions	10	Reginning of year balance	(a) Current year	(0) F	nor year		IS DACK	(u) mee ye	ais Dauk	(e) i oui	years	Dauk
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f Administrative expenses	C											
g End of year balance	f											
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Scheo	dule R?					3b		
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basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 177,536. 134,502. e Other		Complete if the organization answere	d "Yes" to Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
b Buildings		Description of property			• •				b	(d) Boo	k value	Э
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c Leasehold improvements	b	Buildings										
d Equipment 177,536. 134,502. 43,034. e Other 1000000000000000000000000000000000000											_	
	d	Equipment			17	7,536.	1	L34,50)2.	4	3,0	34.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c.)				4	3,0	34.

Schedule D (Form 990) 2014

432052 10-01-14

Schedule D (Form 990) 2014	NATIONAL	ARCHIVES	FOUNDATION	ſ

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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

Part IX Other Assets.

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

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

Other Liabilities. Part X

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

<u>1.</u>	(a) Description of liability	(b) BOOK Value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

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

Schedule D (Form 990) 2014

432053 10-01-14

Sche	edule D (Form 990) 2014 NATIONAL ARCHIVES FOUNDATI	ON		52-	1792608 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,322,820.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-224.		
b	Donated services and use of facilities	2b	256,656.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	256,432.
3	Subtract line 2e from line 1			3	4,066,388.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,066,388.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retu	
Pa	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		· ·		rn.
Pa 1			· ·	Retu	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				rn.
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		· ·		rn.
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			rn.
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c			rn.
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	256,656.		rn. 5,249,725.
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	256,656.	1 2e	rn. 5,249,725. 256,656.
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	256,656.	1	rn. 5,249,725.
1 2 b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	256,656.	1 2e	rn. 5,249,725. 256,656.
1 2 b c 4 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	256,656.	1 2e	rn. 5,249,725. 256,656.
1 2 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	256,656.	1 2e	rn. 5,249,725. 256,656.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	256,656.	1 2e 3 4c	rn. 5,249,725. 256,656. 4,993,069. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	256,656.	1 2e 3	rn. 5,249,725. 256,656.

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 DECEMBER 31, 2014, 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. THE FEDERAL FORM 990, RETURN OF ORGANIZATION
EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE
SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

432054 10-01-14

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭn i " to Form 990, Pa	ited States		OMB No. 1545-0047 2014 Open to Public
Department of the Treasury Internal Revenue Service	Informati	on about Schedule I	Attach to For (Form 990) and its		It www.irs.gov/form90	0	Inspection
Name of the organization		FOUNDATION	(www.iis.goviioiiii as	0.	Employer identification number 52-1792608
Part I General Information on Grants							
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pi 	istance?		·····	· · ·			tion X Yes No
Part II Grants and Other Assistance to	-				anization answered "\	es" to Form 990, Part	IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	ded. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	ns listed in the line	1 table	ne line 1 table			•	Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

52-1792608

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS	30	12,450.	0.		
PATRICIA BEARING AWARDS	2	1,000.	0.		
NATURAL HISTORY DAY SCHOLARSHIPS	46	4,620.	0.		

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

PART I, LINE 2:

THE STIPENDS, AWARDS AND SCHOLARSHIPS GRANT ALLOCATION WAS ESTABLISHED BY A

VOTE OF THE BOARD OF DIRECTORS IN 2010. THE FOUNDATION PAID THE GRANTS

DIRECTLY TO THE WINNER OF THE AWARD IN 2014. PROGRESS REPORTS WERE

FURNISHED TO THE FOUNDATION ON A REGULAR BASIS.

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	1/	[
		Compensated Employees		ΖU	14	r
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo		Inspe		
Nan	ne of the organizatio		Employer i			mber
		NATIONAL ARCHIVES FOUNDATION	52-1	179260	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, j				
	Travel for com					
		cation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (e.g., maid, chauffeur, o	chef)			
_						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rrs, including the CEO/Executive Director, regarding the items checked in line 1a?	•••••	2		
3	Indianta which if a	ay of the following the filing exception used to establish the companyation of the exception	ation's			
3		ny, of the following the filing organization used to establish the compensation of the organiz actor. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
		ther organizations X Approval by the board or compensation of	committee			
			Johnmittee			
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?				Х
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	-					
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а						X
b		ation?		6b		X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment				
		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forr	n 990)) 2014

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	in prior Form 990
(1) PATRICK MADDEN	(i)	245,167.	0.	0.		5,627.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

432113 10-13-14 Schedule J (Form 990) 2014

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Δ Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization Employer identification number 52-1792608 NATIONAL ARCHIVES FOUNDATION FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EXHIBITS: TWO EXHIBITIONS DEBUTED IN THE LAWRENCE F. O'BRIEN GALLERY AT THE NATIONAL ARCHIVES IN WASHINGTON, DC, DURING 2014: MAKING THEIR MARK, STORIES THROUGH SIGNATURES SPIRITED REPUBLIC: ALCOHOL IN AMERICAN HISTORY EXPENSES \$ 602,210. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. THE FOUNDATION HELPED SUPPORT THE NATIONAL ARCHIVES EXPERIENCE, WHICH INCLUDES MUSEUM EXHIBITIONS, PUBLIC PROGRAMS, EDUCATIONAL ACTIVITIES, PUBLICATIONS, AND ONLINE INITIATIVES. A NEW, PERMANENT EXHIBITION AND VISITOR ORIENTATION PLAZA OPENED IN 2013. EXPENSES \$ 485,719. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. THE WILLIAM G. MCGOWAN THEATER, BUILT AND SUPPORTED BY THE FOUNDATION, IS WASHINGTON'S PREMIER VENUE FOR FREE DOCUMENTARY FILMS, AUTHOR LECTURES, AND PANEL DISCUSSIONS EXPLORING HISTORICAL AND CURRENT EVENTS. EXPENSES \$ 232,153. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. AUXILIARY PROGRAMS EXPENSES \$ 3,123. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 4: DURING 2014, THE ORGANIZATION AMENDED ITS ARTICLES OF INCORPORATION TO LEGALLY CHANGE ITS NAME FROM FOUNDATION FOR THE NATIONAL ARCHIVES TO NATIONAL ARCHIVES FOUNDATION. LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

15151001 745960 15933

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

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 THE BOARD OF DIRECTORS AND SIGNED ANNUALLY. THE EMPLOYEES REVIEW THE POLICY AND SIGN IT UPON HIRE AND DURING THE YEARLY REVIEW.

UPON THE FIRST KNOWLEDGE BY AN INTERESTED PERSON THAT THE 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 THIS RESULTS ARE PRESENTED TO OFFICERS OF THE BOARD FOR RECOMMENDATIONS.

A SIMILAR PROCESS IS CONDUCTED ANNUALLY BY THE EXECUTIVE DIRECTOR FOR THE 432212 08-27-14
Schedule O (Form 990 or 990-EZ) (2014) 37 15151001 745960 15933
2014.04030 NATIONAL ARCHIVES FOUNDATIO 15933_1

Name of the organization	Employer identification number
NATIONAL ARCHIVES FOUNDATION	52-1792608
DIRECTOR OF FINANCE & ADMINISTRATION OF THE ORGANIZATION	N, ALONG WITH OTHER
DIRECTORS OF THE FOUNDATION. ALL REVIEWS ARE DOCUMENTED	AND PLACED INTO TH
RESPECTIVE PERSONNEL FILE. THE LAST SALARY REVIEW TOOK	PLACE IN MARCH
2015.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING CO	PY OF FORM 990:
AL, AK, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, N	J, NM, NY, NC, ND, OH, OK
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLIC	T OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLI	C UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
DESIGN SERVICES:	
PROGRAM SERVICE EXPENSES	93,827
MANAGEMENT AND GENERAL EXPENSES	900
FUNDRAISING EXPENSES	21,334
TOTAL EXPENSES	116,061
PRODUCT INSTALLATION:	
PROGRAM SERVICE EXPENSES	226,397
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	226,397
CATERING:	
PROGRAM SERVICE EXPENSES	153,928
400040	hedule O (Form 990 or 990-EZ) (2014

15151001 745960 15933 2014.04030 NATIONAL ARCHIVES FOUNDATIO 15933__1

Name of the organization NATIONAL ARCHIVES FOUNDATION	Employer identification number 52-1792608
MANAGEMENT AND GENERAL EXPENSES	29,352.
FUNDRAISING EXPENSES	55,170.
TOTAL EXPENSES	238,450.
TEMPORARY HELP:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	65,831.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	65,831.
MAINTENANCE:	
PROGRAM SERVICE EXPENSES	100,479.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	100,479.
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	1,166,879.
MANAGEMENT AND GENERAL EXPENSES	30,570.
FUNDRAISING EXPENSES	46,059.
TOTAL EXPENSES	1,243,508.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,990,726.

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Schedule O (Form 990 or 990-EZ) (2014)

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If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (or (1 م

	t II Additional (Not Automatic) 3-Month				•	,
					-	r, see instruction
Type print	or Name of exempt organization or other filer, see inst	ructions.		Employe	r identifica	ition number (EIN)
File by		ON			52-1	792608
due da filing y return.				Social se	curity nun	nber (SSN)
nstruc	City, town or post office, state, and ZIP code. For a WASHINGTON, DC 20408-0001	a foreign ado	dress, see instructions.			
Ente	the Return code for the return that this application is for (file a separa	ate application for each return)			01
Appl	cation	Return	Application			Retur
s Fo		Code	Is For			Code
	990 or Form 990-EZ	01				
	990-BL	02	Form 1041-A			08
Form	4720 (individual)	03	Form 4720 (other than individual)			09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
STO	P. Do not complete Part II if you were not already grant	ed an autor	natic 3-month extension on a prev	iously file	d Form 8	868.
● If ● If	lephone No. $\blacktriangleright 202 - 357 - 5222$ he organization does not have an office or place of busine his is for a Group Return, enter the organization's four dig $\blacktriangleright \qquad .$ If it is for part of the group, check this box $\blacktriangleright \qquad .$	it Group Exe	emption Number (GEN) If	this is fo	r the whol	e group, check thi
• If • If • 00X • 4 • 5 • 6	he organization does not have an office or place of busine his is for a Group Return, enter the organization's four dig	it Group Exe	nited States, check this box If emption Number (GEN) If ach a list with the names and EINs of BER 15, 2015. , and ending son: Initial return	f this is fo all memb g Final i	r the whol ers the ex return	e group, check thi tension is for.
● If ● If	he organization does not have an office or place of busine his is for a Group Return, enter the organization's four dig \sim If it is for part of the group, check this box \sim I request an additional 3-month extension of time until For calendar year 2014 , or other tax year beginning If the tax year entered in line 5 is for less than 12 months. Change in accounting period State in detail why you need the extension	it Group Exe	nited States, check this box If emption Number (GEN) If ach a list with the names and EINs of BER 15, 2015. , and ending son: Initial return	f this is fo all memb g Final i	r the whol ers the ex return	e group, check thi tension is for.
 If If If box 4 5 6 7 	he organization does not have an office or place of busine his is for a Group Return, enter the organization's four dig ↓ . If it is for part of the group, check this box ↓ . I request an additional 3-month extension of time until For calendar year 2014, or other tax year beginning If the tax year entered in line 5 is for less than 12 months Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUIRED 1 If this application is for Forms 990-BL, 990-PF, 990-T, 472	it Group Exe and atta NOVEM , check reas	nited States, check this box	CCURA	r the whol ers the ex return TE RE	e group, check thi ttension is for.
 If If DOX 4 5 6 7 	he organization does not have an office or place of busine his is for a Group Return, enter the organization's four dig	it Group Exe and atta NOVEM , check reas	nited States, check this box	f this is fo all memb g Final i	r the whol ers the ex return	e group, check thi tension is for.
 If If DOX 4 5 6 7 	he organization does not have an office or place of busine his is for a Group Return, enter the organization's four dig □ . If it is for part of the group, check this box ▶ □ I request an additional 3-month extension of time until For calendar year 2014, or other tax year beginning If the tax year entered in line 5 is for less than 12 months. □ Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUIRED 1 If this application is for Forms 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 600	it Group Exe and atta NOVEM , check reas TO FIL 20, or 6069, 69, enter an	nited States, check this box	CCURA	r the whol ers the ex return TE RE	e group, check thi ttension is for.
 If If If 200x 4 5 6 7 7 8a 	he organization does not have an office or place of busine his is for a Group Return, enter the organization's four dig □ . If it is for part of the group, check this box ▶ □ I request an additional 3-month extension of time until For calendar year 2014, or other tax year beginning If the tax year entered in line 5 is for less than 12 months. □ Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUIRED T If this application is for Forms 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 600 tax payments made. Include any prior year overpayment	it Group Exe and atta NOVEM , check reas TO FIL 20, or 6069, 69, enter an	nited States, check this box	CCURA	r the whol ers the ex eturn TE RE \$	e group, check thi tension is for.
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Initial File #: 920910

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code have been complied with and accordingly, this *CERTIFICATE OF RESTATED ARTICLES* is hereby issued to:

NATIONAL ARCHIVES FOUNDATION

Effective Date: 6/4/2015

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 6/4/2015 4:20 PM



Muriel Bowser Mayor

Tracking #: CgYrqTQh

Business and Professional Licensing Administration

PATRICIA E. GRAYS Superintendent of Corporations Corporations Division

AMENDED AND RESTATED ARTICLES OF INCORPORATION OF THE FOUNDATION FOR THE NATIONAL ARCHIVES

Under the provisions of the Title 29 of the D.C. Code (Business Organizations Act), FOUNDATION FOR THE NATIONAL ARCHIVES, a District of Columbia nonprofit corporation (the "Corporation"), hereby applies for a Certificate of Restated Articles of Incorporation and certifies to the Department of Consumer and Regulatory Affairs that:

FIRST: The original Articles of Incorporation of the Corporation were filed on March 13, 1992.

SECOND: The Corporation desires to amend certain provisions contained in its Articles of Incorporation, to restate its Articles of Incorporation as currently in effect, and to change the name of the Corporation.

THIRD: These Amended and Restated Articles of Incorporation have been advised by the Board of Directors of the Corporation and approved by the members of the Corporation on December 19, 2014 in accordance with the Corporation's Articles of Incorporation and the District of Columbia Nonprofit Corporation Act of 2010.

FOURTH: The name of the Corporation is hereby amended to the following:

NATIONAL ARCHIVES FOUNDATION

FIFTH: The Corporation is organized to operate exclusively for charitable and educational purposes within the meaning of Sections 501(c)(3) and 170(e)(2) of the Internal Revenue Code of 1986, as amended (hereinafter, the "Code), including:

(1) To further advance the national archival and record activities of the National Archives and Records Administration (NARA) with specific emphasis on public programs;

(2) To solicit contributions for the support of NARA and its national archival and records activities;

(3) To support educational programs to further advance the activities of NARA, including exhibits, publications and films;

(4) To work with the Archivist of the United States in developing projects for the Corporation to fund and support consistent with its charitable and educational purposes; and

(5) To make contributions to organizations recognized as exempt from federal income taxation under Section 501(c)(3) of the Code, and to the National Archives Trust Fund, organized under 44 U.S.C. 2305, consistent with i CRAtaGorad Div.

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educational purposes.

The Corporation may engage in any and all other activities permitted to an organization organized exclusively for charitable and educational purposes that is exempt from federal income tax under Section 501(c)(3) of the Code, or corresponding section of any future federal tax law. To these ends, the Corporation may do and engage in any and all lawful activities that may be incidental or reasonably necessary to any of the purposes set forth in this Article Third, and it shall have and may exercise all other powers and authority now or hereafter conferred upon nonprofit corporations in the District of Columbia to the extent not inconsistent with these purposes and Sections 501(c)(3) and 170(c)(2) of the Code, or corresponding sections of any future federal tax law.

SIXTH: The Corporation shall have no members.

SEVENTH: The directors shall be elected or appointed in accordance with, and their voting rights shall be set forth in, the Bylaws of the Corporation.

EIGHTH: The powers which the Corporation may exercise in carrying out the prescribed purposes are described in the following paragraphs:

(1) The Corporation is empowered to do everything and anything reasonably and lawfully necessary, proper, suitable, or convenient for the achievement of the purposes stated above, or for any of them, or for the furtherance of said purposes. The Corporation is specifically authorized to solicit and accept donations in furtherance of the purposes stated above.

(2) The Corporation shall never be operated for the primary purpose of carrying on a trade or business for profit. Neither the whole, nor any part of the assets or net earnings of the Corporation shall be used, nor shall the Corporation be organized or operated, for purposes that are not exclusively charitable and educational within the meaning of Section 501(c)(3) of the Code. No substantial part of the activities of the Corporation shall be for the carrying on of propaganda or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

(3) No compensation or money shall be paid to any member, officer, director, trustee, creator, or organizer of the Corporation, or substantial contributor to it, except as a reasonable allowance for actual expenditures or for compensation for services rendered to or for the Corporation. Neither the whole nor any part of the assets or net earnings, current or accumulated, of the Corporation shall be distributed to or divided among any such person. Neither the whole nor any part of such assets or net earnings shall be used for, accrue to, or inure to the benefit of any member or private individual within the meaning

of Section 501(c)(3) of the Code.

In the event of termination, dissolution, or winding up of the Corporation in any manner or for any reason, its remaining assets, if any, shall be distributed and paid into the trust fund account in the Treasury of the United States known as the National Archives Trust Fund provided for in 44 U.S.C. § 2305.

(5) In the event that the Corporation is considered a private foundation within the meaning of Section 509 of the Code:

(a) The Corporation shall distribute its income for each taxable year at such time and in such manner as may be required so as not to become subject to tax on undistributed income imposed by Section 4942 of the Code, or corresponding section of any future federal tax law.

(b) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Code, or corresponding section of any future federal tax law.

(c) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Code, or corresponding section of any future federal tax law.

(d) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Code, or corresponding section of any future federal tax law.

(e) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Code, or corresponding section of any future federal tax law.

NINTH: The registered agent of the Corporation is Patrick Madden, or his successor as Executive Director of the Corporation, at the following address of the Corporation: National Archives and Records Administration, 7th-Street and 700 Pennsylvania Avenue, N.W., Room 101, Washington, D.C. 20408.

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TENTH: These Amended and Restated Articles of Incorporation may be executed in one or more counterparts each of which will be deemed an original, but all of which together will constitute one and the same instrument.

IN WITNESS WHEREOF, the NATIONAL ARCHIVES FOUNDATION has caused these Amended and Restated Articles of Incorporation to be signed in its name and on its behalf by its President, and attested to by its Secretary this 19th day of December, 2014, and its President hereby acknowledges that these Amended and Restated Articles of Incorporation are the corporate act and, under the penalties of perjury, that the matters and facts set forth herein with respect to authorization and approval are true in all material respects to the best of her knowledge, information and belief.

Attest:

NATIONAL ARCHIVES FOUNDATION

rilynn Wood Hill retarv

Title: Secretary

Alex By:

Name: A'Lelia Title: President

WRITTEN CONSENT TO ACT AS RESIDENT AGENT

The individual herein named is a resident of the District of Columbia and herein consents to act as a Registered Agent for:

NATIONAL ARCHIVES FOUNDATION

M. Madd By:

Patrick M. Madden Executive Director