

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2017

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning** 07/01, 2017, and ending 06/30, 2018

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES</b> Doing Business As			<b>D</b> Employer identification number 53-0210807	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E</b> Telephone number (202) 588-6000	
	2600 VIRGINIA AVENUE, NW		1100		
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037				
<b>F</b> Name and address of principal officer: <b>PAUL EDMONDSON</b> SAME AS C ABOVE			<b>G</b> Gross receipts \$ 96,137,256.		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>J</b> Website: ▶ SAVINGPLACES.ORG			<b>H(c)</b> Group exemption number ▶		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1949 <b>M</b> State of legal domicile: DC		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	29.	
	4	29.	
	5	401.	
	6	1,131.	
	7a	98,279.	
7b	-1,068,074.		
<b>Revenue</b>	<b>Prior Year</b>	<b>Current Year</b>	
	8 Contributions and grants (Part VIII, line 1h)	24,300,800.	65,970,800.
	9 Program service revenue (Part VIII, line 2g)	4,960,629.	4,973,686.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,359,083.	7,134,608.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,338,702.	2,434,560.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,959,214.	80,513,654.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,575,848.	7,364,798.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,659,803.	23,327,373.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	346,843.	402,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,551,671.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,809,965.	23,118,443.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,392,459.	54,212,614.	
19 Revenue less expenses. Subtract line 18 from line 12	-3,433,245.	26,301,040.	
<b>Net Assets or Fund Balances</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	20 Total assets (Part X, line 16)	311,812,342.	357,126,901.
	21 Total liabilities (Part X, line 26)	45,800,205.	52,775,390.
22 Net assets or fund balances. Subtract line 21 from line 20	266,012,137.	304,351,511.	

COPY FOR PUBLIC INSPECTION

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer: <u>DENISE WISE</u>		Date: <u>05/13/2019</u>		
	Type or print name and title: <u>DENISE WISE CONTROLLER</u>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <u>MARC BERGER</u>	Preparer's signature:	Date: <u>5/14/19</u>	Check <input type="checkbox"/> if self-employed	PTIN: <u>P01871563</u>
	Firm's name ▶ <u>BDO USA, LLP</u>			Firm's EIN ▶ <u>13-5381590</u>	
	Firm's address ▶ <u>8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102</u>			Phone no. <u>703-893-0600</u>	

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

**For Paperwork Reduction Act Notice, see the separate instructions.**

Form **990** (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE NATIONAL TRUST FOR HISTORIC PRESERVATION PROTECTS SIGNIFICANT PLACES REPRESENTING OUR DIVERSE CULTURAL HERITAGE BY TAKING DIRECT ACTION AND INSPIRING BROAD PUBLIC SUPPORT.

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

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

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

4a (Code: ) (Expenses \$ 17,826,018. including grants of \$ 2,684,382. ) (Revenue \$ 3,506,227. ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 10,914,444. including grants of \$ 2,617,049. ) (Revenue \$ 534,892. ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ 8,278,938. including grants of \$ 2,063,367. ) (Revenue \$ 1,175,749. ) SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 4,424,300. including grants of ) (Revenue \$ 746,980. )

4e Total program service expenses 41,443,700.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (29), 1b (29), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DENISE WISE 2600 VIRGINIA AVENUE, NW SUITE 1100 WASHINGTON, DC 20037 202-588-6000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)TIMOTHY P. WHALEN TRUSTEE, CHAIR	2.00 0.	X		X				0.	0.	0.
(2)SUSAN CHAPMAN HUGHES TRUSTEE, VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(3)JAY C. CLEMENS TRUSTEE, VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(4)VICTOR ASHE TRUSTEE	2.00 0.	X						0.	0.	0.
(5)CHRISTY BROWN TRUSTEE	2.00 0.	X						0.	0.	0.
(6)LINDA BRUCKHEIMER TRUSTEE	2.00 0.	X						0.	0.	0.
(7)LAURA W. BUSH TRUSTEE	2.00 0.	X						0.	0.	0.
(8)FERNANDO LLOVERAS SAN MIGUEL TRUSTEE	2.00 0.	X						0.	0.	0.
(9)MARITA RIVERO TRUSTEE	2.00 0.	X						0.	0.	0.
(10)LAWRENCE H. CURTIS TRUSTEE	2.00 0.	X						0.	0.	0.
(11)LESTER G. FANT III TRUSTEE	2.00 0.	X						0.	0.	0.
(12)KEVIN GOVER TRUSTEE	2.00 0.	X						0.	0.	0.
(13)JOE GRILLS TRUSTEE	2.00 0.	X						0.	0.	0.
(14)F. SHEFFIELD HALE TRUSTEE	2.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) MARILYNN WOOD HILL TRUSTEE	2.00 0.	X						0.	0.	0.
( 16) LUIS G. HOYOS TRUSTEE	2.00 0.	X						0.	0.	0.
( 17) F. JOSEPH MORAVEC TRUSTEE	2.00 0.	X						0.	0.	0.
( 18) MARTHA NELSON TRUSTEE	2.00 0.	X						0.	0.	0.
( 19) CHARLES M. ROYCE TRUSTEE	2.00 0.	X						0.	0.	0.
( 20) LISA SEE TRUSTEE	2.00 0.	X						0.	0.	0.
( 21) G. JACKSON TANKERSLEY, JR. TRUSTEE	2.00 0.	X						0.	0.	0.
( 22) PHOEBE TUDOR TRUSTEE	2.00 0.	X						0.	0.	0.
( 23) SAMUEL B. DIXON TRUSTEE	2.00 0.	X						0.	0.	0.
( 24) EARL A. POWELL STATUTORY EX-OFFICIO TRUSTEE	2.00 0.	X						0.	0.	0.
( 25) DAVID BERNHARDT STATUTORY EX-OFFICIO TRUSTEE	2.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,701,428.	0.	324,253.
<b>d Total (add lines 1b and 1c)</b>								2,701,428.	0.	324,253.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 51

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 3



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) EDWARD PASSARELLI STATUTORY EX-OFFICIO TRUSTEE	2.00 0.	X					0.	0.	0.	
( 27) JEAN FOLLETT NONSTATUTORY EXOFFICIO TRUSTEE	2.00 0.	X					0.	0.	0.	
( 28) DONNA COLSON NONSTATUTORY EXOFFICIO TRUSTEE	2.00 0.	X					0.	0.	0.	
( 29) KIRK HUFFAKER NONSTATUTORY EXOFFICIO TRUSTEE	2.00 0.	X					0.	0.	0.	
( 30) STEPHANIE MEEKS PRESIDENT & CEO	39.00 1.00			X			508,446.	0.	33,287.	
( 31) PAUL EDMONDSON CHIEF LEGAL OFFICER	39.00 1.00			X			265,442.	0.	19,156.	
( 32) CARLA WASHINKO CHIEF FIN/ADMIN OFFICER	40.00 0.			X			250,718.	0.	35,454.	
( 33) DAVID BROWN CHIEF PRESERVATION OFFICER	40.00 0.				X		332,793.	0.	38,562.	
( 34) KIMBERLY SKELLY CHIEF DEVELOPMENT OFFICER	40.00 0.				X		172,361.	0.	38,808.	
( 35) JON KEVIN GOSSETT TERM 5/25/18 CHIEF ADVANCEMENT OFFICER	40.00 0.				X		232,543.	0.	29,841.	
( 36) BARBARA PAHL SENIOR VP - FIELD OFFICES	40.00 0.					X	207,562.	0.	21,856.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 51

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37 ) TOM CASSIDY VP - GOV'T RELATIONS/POLICY	40.00 0.					X		190,706.	0.	37,819.
( 38 ) MARIANNA KNIGHT VP - HUMAN RESOURCES	40.00 0.					X		185,116.	0.	9,222.
( 39 ) JOHN HILDRETH SENIOR ADVISOR-SPECIAL PROJECT	40.00 0.					X		184,900.	0.	35,757.
( 40 ) ALEC RADAY DIRECTOR OF INDIVIDUAL GIVING	40.00 0.					X		170,841.	0.	24,491.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **51**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	31,763.				
	<b>b</b> Membership dues . . . . .	<b>1b</b>	3,521,674.				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	261,078.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	557,711.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	61,598,574.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		4,306,193.				
	<b>h Total.</b> Add lines 1a-1f . . . . .		65,970,800.				
	<b>Program Service Revenue</b>	<b>2a</b> DUES	<b>Business Code</b>				
		900099	1,091,171.	1,091,171.			
<b>b</b> CONTRACT SERVICES/COMMISSIONS		900099	272,226.	272,226.			
<b>c</b> ADMISSION AND SPECIAL EVENTS		900099	2,839,398.	2,699,193.	140,205.		
<b>d</b> ADVERTISING		541800	522,308.		522,308.		
<b>e</b> REIMBURSEMENT OF EXPENSES		900099	248,583.	248,583.			
<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .		4,973,686.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .		2,197,550.		-834,777.	3,032,327.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0.				
	<b>5</b> Royalties . . . . .		1,160,555.		59,130.	1,101,425.	
	<b>6a</b> Gross rents . . . . .	(i) Real	3,294,899.				
		(ii) Personal					
	<b>b</b> Less: rental expenses . . . . .		2,674,496.				
	<b>c</b> Rental income or (loss) . . . . .		620,403.				
	<b>d</b> Net rental income or (loss) . . . . .		620,403.	620,403.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	17,264,106.				
		(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		12,327,048.				
	<b>c</b> Gain or (loss) . . . . .		4,937,058.				
	<b>d</b> Net gain or (loss) . . . . .		4,937,058.			4,937,058.	
	<b>8a</b> Gross income from fundraising events (not including \$ 261,078. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	188,405.				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	333,527.				
<b>c</b> Net income or (loss) from fundraising events . . . . .		-145,122.			-145,122.		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .		0.					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	869,704.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	288,531.				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		581,173.	369,760.	211,413.		
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> INSURANCE REPAYMENTS	900099	141,938.			141,938.		
<b>b</b> MISC INCOME	900099	40,613.			40,613.		
<b>c</b> TRANSFER ENDOWMENT TO ANOTHER GRANT	900099	35,000.			35,000.		
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		217,551.					
<b>12 Total revenue.</b> See instructions. . . . .		80,513,654.	5,301,336.	98,279.	9,143,239.		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	7,362,557.	7,362,557.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	2,241.	2,241.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,746,241.	906,733.	512,317.	327,191.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	17,972,649.	12,761,013.	2,034,827.	3,176,809.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	744,259.	517,011.	113,441.	113,807.
<b>9</b> Other employee benefits . . . . .	1,347,031.	869,215.	173,726.	304,090.
<b>10</b> Payroll taxes . . . . .	1,517,193.	1,026,960.	253,986.	236,247.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	95,425.	71,987.	16,903.	6,535.
<b>c</b> Accounting . . . . .	287,063.	4,705.	275,350.	7,008.
<b>d</b> Lobbying . . . . .	9,944.	9,944.		
<b>e</b> Professional fundraising services. See Part IV, line 17.	402,000.			402,000.
<b>f</b> Investment management fees . . . . .	738,397.	670,011.	68,386.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	3,664,118.	2,799,098.	543,279.	321,741.
<b>12</b> Advertising and promotion . . . . .	0.			
<b>13</b> Office expenses . . . . .	282,125.	220,667.	27,093.	34,365.
<b>14</b> Information technology . . . . .	688,732.	508,264.	110,492.	69,976.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	3,561,334.	2,457,657.	568,557.	535,120.
<b>17</b> Travel . . . . .	1,425,255.	1,056,102.	104,348.	264,805.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	0.			
<b>20</b> Interest . . . . .	231,179.	75,103.	156,076.	
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	969,733.	637,371.	136,843.	195,519.
<b>23</b> Insurance . . . . .	722,878.	637,308.	52,055.	33,515.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REAL ESTATE	4,241,906.	4,241,411.		495.
<b>b</b> PRINTING	2,279,076.	1,524,025.	6,136.	748,915.
<b>c</b> POSTAGE	1,221,278.	510,745.	13,767.	696,766.
<b>d</b> PROPERTY DEVELOPMENT	1,083,248.	1,083,164.		84.
<b>e</b> All other expenses	1,616,752.	1,490,408.	49,661.	76,683.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	54,212,614.	41,443,700.	5,217,243.	7,551,671.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments . . . . .	1,610,590.	<b>2</b>	2,515,416.
	<b>3</b> Pledges and grants receivable, net . . . . .	8,231,365.	<b>3</b>	42,288,312.
	<b>4</b> Accounts receivable, net . . . . .	1,780,520.	<b>4</b>	1,614,502.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	447,868.	<b>8</b>	443,944.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	901,491.	<b>9</b>	1,018,114.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 16,017,601.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 4,961,424.		
	<b>11</b> Investments - publicly traded securities . . . . .	57,343,554.	<b>11</b>	42,876,545.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	229,288,528.	<b>12</b>	254,529,362.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	944,185.	<b>15</b>	784,529.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	311,812,342.	<b>16</b>	357,126,901.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,898,356.	<b>17</b>	8,548,753.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	11,991,627.	<b>19</b>	10,477,315.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	3,900,040.	<b>24</b>	9,870,463.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	24,010,182.	<b>25</b>	23,878,859.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	45,800,205.	<b>26</b>	52,775,390.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	98,503,045.	<b>27</b>	99,399,027.
	<b>28</b> Temporarily restricted net assets . . . . .	81,386,939.	<b>28</b>	86,999,256.
	<b>29</b> Permanently restricted net assets . . . . .	86,122,153.	<b>29</b>	117,953,228.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	266,012,137.	<b>33</b>	304,351,511.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	311,812,342.	<b>34</b>	357,126,901.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	80,513,654.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	54,212,614.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	26,301,040.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	266,012,137.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	13,433,829.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-1,395,495.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	304,351,511.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
IN THE UNITED STATES

Employer identification number  
**53-0210807**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2017

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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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	26,392,308.	24,924,529.	26,018,553.	24,300,800.	65,970,800.	167,606,990.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	26,392,308.	24,924,529.	26,018,553.	24,300,800.	65,970,800.	167,606,990.
<b>5</b> 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). . . . .						51,776,374.
<b>6 Public support.</b> Subtract line 5 from line 4						115,830,616.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .	26,392,308.	24,924,529.	26,018,553.	24,300,800.	65,970,800.	167,606,990.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	6,412,395.	7,285,099.	7,870,870.	4,332,079.	4,133,752.	30,034,195.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .					98,279.	98,279.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	156,350.	1,948,166.	701,190.	1,494,689.	217,551.	4,517,946.
<b>11 Total support.</b> Add lines 7 through 10. . . . .						202,257,410.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	26,951,173.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	57.27%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	65.35%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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? <i>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.</i>	<b>2a</b>		
<b>b</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? <i>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.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

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

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013 . . . . .			
c From 2014 . . . . .			
d From 2015 . . . . .			
e From 2016 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013 . . . . .			
b Excess from 2014 . . . . .			
c Excess from 2015 . . . . .			
d Excess from 2016 . . . . .			
e Excess from 2017 . . . . .			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
INSURANCE LOSS REPAYMENTS	151,905.	183,273.	82,248.	69,697.	141,938.	629,061.
SALE OF PROPERTY		1,579,755.	618,942.	1,376,190.		3,574,887.
OTHER MISCELLANEOUS INCOME	4,445.	185,138.		48,802.	40,613.	278,998.
TRANSFER ENDOWMENT					35,000.	35,000.
<b>TOTALS</b>	<u>156,350.</u>	<u>1,948,166.</u>	<u>701,190.</u>	<u>1,494,689.</u>	<u>217,551.</u>	<u>4,517,946.</u>

**Schedule of Contributors**

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<b>Name of the organization</b> NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	<b>Employer identification number</b> 53-0210807
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	<b>Employer identification number</b> 53-0210807
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 3,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 2,734,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 35,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,395,495.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,500,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	<b>Employer identification number</b> 53-0210807
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**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
4	GIS MAPPING SOFTWARE _____ _____ _____	\$ 1,395,495.	06/30/2018
6	TEPPER PROPERTY _____ _____ _____	\$ 1,500,000.	06/30/2018
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

<b>Name of organization</b> NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	<b>Employer identification number</b> 53-0210807
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**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization <b>NATIONAL TRUST FOR HISTORIC PRESERVATION</b> IN THE UNITED STATES	Employer identification number <b>53-0210807</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2017

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		116,090.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		370,303.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		486,393.	
<b>d</b> Other exempt purpose expenditures . . . . .		53,726,221.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		54,212,614.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2014</b>	<b>(b) 2015</b>	<b>(c) 2016</b>	<b>(d) 2017</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	526,203.	482,024.	329,059.	486,393.	1,823,679.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	48,953.	54,445.	171,856.	116,090.	391,344.

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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

Table with 3 rows and 3 columns: Question, Yes, No. Questions about dues, lobbying expenditures, and carryover.

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

Table with 5 rows and 3 columns: Question, Yes, No. Questions about dues, non-deductible lobbying, and carryover.

Part IV Supplemental Information

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

Horizontal lines for providing supplemental information.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES

Employer identification number 53-0210807

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (public use, natural habitat, open space, historically important land area, certified historic structure), a table for conservation contribution details (2a-2d), and several Yes/No questions regarding monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a, 2b regarding reporting requirements and amounts for art and historical treasures.

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

Schedule D (Form 990) 2017

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	262,563,154.	245,073,534.	270,110,391.	291,685,068.	261,829,310.
<b>b</b> Contributions	3,454,987.	1,367,899.	1,387,561.	-63,855.	803,634.
<b>c</b> Net investment earnings, gains, and losses	19,007,471.	31,727,169.	-7,987,480.	-4,930,949.	43,987,167.
<b>d</b> Grants or scholarships	1,404,843.	1,356,301.	1,563,495.	1,372,952.	1,221,096.
<b>e</b> Other expenditures for facilities and programs	8,372,955.	9,234,158.	15,691,433.	13,831,414.	12,221,232.
<b>f</b> Administrative expenses	3,336,506.	5,014,989.	1,182,010.	1,375,507.	1,492,715.
<b>g</b> End of year balance	271,911,308.	262,563,154.	245,073,534.	270,110,391.	291,685,068.

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

- a** Board designated or quasi-endowment  40.9700 %
- b** Permanent endowment  47.5900 %
- c** Temporarily restricted endowment  11.4400 %

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

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

	Yes	No
<b>(i)</b> unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		6,787,991.	1,514,539.	5,273,452.
<b>c</b> Leasehold improvements		3,269,629.	997,164.	2,272,465.
<b>d</b> Equipment		5,959,981.	2,449,721.	3,510,260.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,056,177.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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) INVESTMENT IN SUBSIDIARIES	14,885,043.	COST
(B) OTHER NON-PUBLIC INVESTMENTS	239,644,319.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	254,529,362.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes ATTACHMENT 1	
(2) GIFT ANNUITIES	1,195,062.
(3) ENDOWMENT FOR CONGRESSIONAL CEMETER	5,048,552.
(4) DEFERRED RENT	5,154,197.
(5) ENDOWMENT FOR MONTPELIER	11,059,032.
(6) ENDOWMENT FOR BELLE GROVE	259,425.
(7) CHARITABLE REMAINDER TRUSTS	395,681.
(8) EMERSON SCHOOL DEPOSIT RESERVE	15,820.
(9) NELLY'S NEEDLERS LIABILITY	39,634.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	23,878,859.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 80,513,654.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 54,212,614.

Part XIII Supplemental Information.

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

PART II, LINE 4:

NUMBER OF STATES WHERE PROPERTIES SUBJECT TO CONSERVATION EASEMENTS ARE LOCATED WAS 25 PLUS THE DISTRICT OF COLUMBIA FOR A TOTAL OF 26.

PART II, LINE 5:

THE NATIONAL TRUST'S BOARD-ESTABLISHED EASEMENT POLICY SETS OUT GENERAL STANDARDS FOR ACQUISITION, INSPECTION AND ENFORCEMENT. THESE POLICIES ARE REFLECTED IN EASEMENT DEEDS, AUTHORIZING INSPECTION RIGHTS AND FULL ENFORCEMENT POWERS. THE NATIONAL TRUST PHYSICALLY INSPECTS ITS EASEMENTS ON A REGULAR BASIS. IN ADDITION TO PHYSICAL MONITORING, THE NATIONAL TRUST ALSO MONITORS PROPERTIES THROUGH THE PROVISION OF TECHNICAL ADVICE TO PROPERTY OWNERS RELATED TO THE CARE AND MAINTENANCE OF THEIR PROPERTY. ALSO, THE NATIONAL TRUST USING THE SECRETARY OF THE INTERIOR'S STANDARDS FOR THE TREATMENT OF HISTORIC PROPERTIES, REVIEWS THE EXISTING CONDITION OF A PROPERTY WHENEVER IT RECEIVES A REQUEST TO MAKE A CHANGE OR ALTERATION FROM A PROPERTY OWNER. THE NATIONAL TRUST ENFORCES RESTRICTIONS IN EASEMENTS, INCLUDING THROUGH LEGAL ACTION WHEN NECESSARY.

PART II, LINE 9:

EXPENSES RELATING TO THE ADMINISTRATION OF THE NATIONAL TRUST'S EASEMENT PROGRAM ARE INCLUDED AS PROGRAM-RELATED EXPENSES ON THE STATEMENT OF FUNCTIONAL EXPENSES. THE VALUE OF EASEMENTS IS NOT INCLUDED ON THE STATEMENT OF FINANCIAL POSITION.

**Part XIII** Supplemental Information (continued)

PART III, LINE 1:

THE TRUST FOLLOWS THE ACCOUNTING PRACTICE OF NOT INCLUDING IN ITS ASSETS THE COST OR APPRAISED VALUE OF ANY OF ITS HISTORIC SITES, WHICH UPON RECEIPT MAY BE RETAINED BY THE TRUST. RELATED EXPENDITURES FOR RESTORATION, STABILIZATION, RECONSTRUCTION AND DEVELOPMENT ARE CHARGED TO EXPENSE AS INCURRED. PROPERTIES ACCEPTED WITH THE INTENT OF SALE ARE RECOGNIZED AS REVENUE AT THE TIME OF RECEIPT AT THE ESTIMATED FAIR VALUE LESS COSTS FOR HISTORIC EVALUATION, REPAIR, MAINTENANCE COSTS AND IMPACT OF THE EASEMENT. THE HISTORIC SITES, INCLUDING OBJECTS AND FURNISHINGS OWNED BY THE TRUST WITH THE INTENT OF RETENTION ARE NOT REPORTED IN THE ACCOMPANYING BALANCE SHEETS UNDER THE ACCOUNTING POLICY STATED ABOVE.

PART III, LINE 4:

THE NATIONAL TRUST OWNS CERTAIN HISTORIC SITES THAT ARE OPERATED AS MUSEUMS OR ARE OTHERWISE INTEGRAL TO THE TRUST'S CHARITABLE AND EDUCATIONAL PRESERVATION PROGRAM. THESE HISTORIC SITES, MOST OF WHICH CONTAIN SIGNIFICANT COLLECTIONS OF FURNISHINGS, ARE REGULARLY OPEN TO THE PUBLIC.

PART V, LINE 4:

THE NATIONAL TRUST'S ENDOWMENT FUNDS ARE USED TO SUPPORT THE COSTS OF MAINTAINING ITS HISTORIC SITES, FOR GRANTS TO PRESERVATION ORGANIZATIONS AND SIMILAR PURPOSES, AND TO SUPPORT THE VARIETY OF NATIONAL TRUST'S CHARITABLE AND EDUCATIONAL PROGRAMS AND ACTIVITIES. A PORTION OF THE ENDOWMENT IS UNRESTRICTED AND USED FOR GENERAL OPERATING SUPPORT FOR THE ORGANIZATION.

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

THE TRUST ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES (ASC 740), WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE TRUST DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS. THE TRUST IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR ENDED JUNE 30, 2015 FORWARD.

THE NATIONAL TRUST IS A SECTION 501(C)(3) ORGANIZATION EXEMPT FROM INCOME TAX AS PROVIDED UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE. UNRELATED BUSINESS TAXABLE INCOME IS SUBJECT TO INCOME TAX.

PART XI, LINE 4B:

COGS	- \$288,531
SPECIAL EVENT EXPENSE	- \$333,527
TOTAL	- \$622,058

PART XII, LINE 2D:

COGS	\$288,531
SPECIAL EVENT EXPENSE	\$333,527
TOTAL	\$622,058

ATTACHMENT 1SCHEDULE D, PART X - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
457B PLAN BALANCE	527,824.
RETAINED LIFE ESTATES	180,000.

**Part XIII** Supplemental Information (continued)

ATTACHMENT 1 (CONT'D)

SCHEDULE D, PART X - OTHER LIABILITIES

DESCRIPTION

BOOK VALUE

ENDOWMENT HELD FOR NATIONAL MAIN STREET CENTER

3,632.

TOTALS

23,878,859.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
IN THE UNITED STATES

Employer identification number  
**53-0210807**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EUROPE	0.	0.	GRANTMAKING		2,361.
<b>(2)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		71,255,425.
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .					71,257,786.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					71,257,786.

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

Schedule F (Form 990) 2017

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

---

PART I, LINE 2:

THE INTERNATIONAL ORGANIZATION OF NATIONAL TRUSTS (INTO) IS AN ASSOCIATION OF NATIONAL TRUSTS FROM THROUGHOUT THE WORLD. AS ONE OF THE OLDEST AND LARGEST NATIONAL TRUSTS, NTHP PLAYS A LEADERSHIP ROLE IN THE OVERSIGHT AND MANAGEMENT OF INTO. DURING 2018, DAVID J. BROWN, EXECUTIVE VICE PRESIDENT AND CHIEF PRESERVATION OFFICER WITH NTHP, FOLLOWED BY KATHERINE MALONE-FRANCE, SENIOR VICE PRESIDENT FOR HISTORIC SITES, SAT ON THE EXECUTIVE COMMITTEE OF INTO, WHERE NTHP HAS A PERMANENT SEAT. IN THAT CAPACITY, S/HE REVIEWED BUDGETS AND EXPENDITURES OF THE INTO SECRETARIAT AND WORKED CLOSELY WITH THE HEAD OF THE SECRETARIAT ON INTO ISSUES OF SPECIAL INTERESTS IN THE UNITED STATES.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
IN THE UNITED STATES

Employer identification number  
**53-0210807**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....					402,000.	

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		GLASS HOUSE	WOODLAWN	3.	(add col. (a) through col. (c))		
		(event type)	(event type)	(total number)			
Revenue	1	Gross receipts . . . . .	314,640.	54,271.	80,533.	449,444.	
	2	Less: Contributions . . . . .	188,487.	12,988.	59,603.	261,078.	
	3	Gross income (line 1 minus line 2) . . . . .	126,153.	41,283.	20,930.	188,366.	
Direct Expenses	4	Cash prizes . . . . .					
	5	Noncash prizes . . . . .					
	6	Rent/facility costs . . . . .					
	7	Food and beverages . . . . .					
	8	Entertainment . . . . .					
	9	Other direct expenses . . . . .	279,247.	19,770.	34,510.	333,527.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶					333,527.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					-145,161.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

PART II, EVENT TYPE:

(A) EVENT #1: GLASS HOUSE FUNDRAISING EVENTS

(B) EVENT #2: WOODLAWN SPRING EVENT

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
BEACONFIRE RED 2300 CLARENDON BLVD., SUITE 925 ARLINGTON VA 22201	ONLINE SERVICES		X		216,000.	
EIDOLON COMMUNICATIONS INC. 15 MAIDEN LANE, SUITE 1401 NEW YORK NY 10038	DIRECT MARKETING		X		186,000.	

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
IN THE UNITED STATES

Employer identification number  
**53-0210807**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 1940 AIR TERMINAL MUSEUM 8325 TRAVELAIR STREET HOUSTON, TX 77061	76-0612294	501(C)(3)	5,500.				SAVE HISTORIC PLACES
(2) AMERICAN COLLEGE OF THE BUILDING ARTS 649 MEETING STREET CHARLESTON, SC 29403	57-1075250	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(3) ASSN PRES.OF HISTORIC CONGRESSNL CEMETERY 1801 E STREET SE WASHINGTON, DC 20003	52-1071828	501(C)(3)	260,578.				SAVE HISTORIC PLACES
(4) ASTRODOME CONSERVANCY 2726 BISSONNET #240-417 HOUSTON, TX 77005	81-3660137	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(5) AUDITORIUM THEATRE OF ROOSEVELT UNIVERSITY 50 EAST CONGRESS PARKWAY CHICAGO, IL 60605	36-3145476	501(C)(3)	15,000.				SAVE HISTORIC PLACES
(6) BEDFORD STUYVESANT RESTORATION CORPORATION 1368 FULTON STREET BROOKLYN, NY 11216	11-6083182	501(C)(3)	20,000.				SAVE HISTORIC PLACES
(7) BELLE GROVE INC PO BOX 537 MIDDLETOWN, VA 22645	54-1047175	501(C)(3)	15,605.				SAVE HISTORIC PLACES
(8) BETHEL PERFORMING ARTS CENTER, LLC PO BOX 222 LIBERTY, NY 12754	45-4083198	501(C)(3)	6,000.				SAVE HISTORIC PLACES
(9) BIRMINGHAM LANDMARKS, INC 1817 3RD AVENUE NORTH BIRMINGHAM, AL 35203	63-0958984	501(C)(3)	140,000.				SAVE HISTORIC PLACES
(10) BRUCEMORE INC 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403	42-1170531	501(C)(3)	8,038.				SAVE HISTORIC PLACES
(11) CASA GRANDE MAIN STREET 110 W 2ND STREET CASA GRANDE, AZ 85122	86-0693733	501(C)(3)	92,000.				SAVE HISTORIC PLACES
(12) CHEROKEE RANCH & CASTLE FOUNDATION 6113 N DANIELS PARK ROAD SEDALIA, CO 80135	84-1363339	501(C)(3)	7,000.				SAVE HISTORIC PLACES

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

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

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

Schedule I (Form 990) (2017)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
IN THE UNITED STATES

Employer identification number  
**53-0210807**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CHINATOWN-INTL DISTRICT BIZ IMPROVEMENT 409 B MAYNARD AVE S SEATTLE, WA 98104	91-1661557	501(C)(3)	20,000.				SAVE HISTORIC PLACES
<b>(2)</b> CHRIST CHURCH LUTHERAN 3244 34TH AVE S MINNEAPOLIS, MN 55406	41-0704439	501(C)(3)	130,000.				SAVE HISTORIC PLACES
<b>(3)</b> CHRIST CHURCH PRESERVATION TRUST 20 N AMERICAN STREET PHILADELPHIA, PA 19106	20-0252106	501(C)(3)	125,000.				SAVE HISTORIC PLACES
<b>(4)</b> CINCINNATI PRESERVATION ASSOCIATION 342 WEST FOURTH STREET CINCINNATI, OH 45202	31-6049618	501(C)(3)	105,000.				SAVE HISTORIC PLACES
<b>(5)</b> CITY OF COTTAGE GROVE 400 E. MAIN STREET COTTAGE GROVE, OR 97424	93-6002146	501(C)(3)	10,000.				SAVE HISTORIC PLACES
<b>(6)</b> CITY OF MIAMI 444 S.W. 2ND AVE MIAMI, FL 33130	59-6000375	501(C)(3)	63,256.				SAVE HISTORIC PLACES
<b>(7)</b> CLEVELAND RESTORATION SOCIETY SARAH BENEDICT HOUSE CLEVELAND, OH 44115	23-7218767	501(C)(3)	12,250.				SAVE HISTORIC PLACES
<b>(8)</b> CLIVEDEN INC 6401 GERMANTOWN AVE PHILADELPHIA, PA 19144	23-2232675	501(C)(3)	121,944.				SAVE HISTORIC PLACES
<b>(9)</b> COLORADO PRESERVATION INC 1420 OGDEN STREET., # 104 DENVER, CO 80218	74-2403583	501(C)(3)	10,000.				SAVE HISTORIC PLACES
<b>(10)</b> CRISFIELD HERITAGE FOUNDATION INC 3 NINTH STREET CRISFIELD, MD 21817	52-1122897	501(C)(3)	10,000.				SAVE HISTORIC PLACES
<b>(11)</b> CROW CANYON ARCHAEOLOGICAL CENTER 23390 ROAD K CORTEZ, CO 81321	84-0631786	501(C)(3)	10,000.				SAVE HISTORIC PLACES
<b>(12)</b> DADE HERITAGE TRUST, INC. 190 SE 12TH TERRACE MIAMI, FL 33131	59-2194849	501(C)(3)	145,000.				SAVE HISTORIC PLACES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
IN THE UNITED STATES

Employer identification number  
53-0210807

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> DOWNTOWN GREENSBORO INCORPORATED 536 SOUTH ELM STREET GREENSBORO, NC 27406	56-2011549	501(C)(3)	95,000.				SAVE HISTORIC PLACES
<b>(2)</b> DOWNTOWN OKLAHOMA CITY INITIATIVES, INC 211 N ROBINSON AVE OKLAHOMA CITY, OK 73102	20-3674008	501(C)(3)	20,000.				SAVE HISTORIC PLACES
<b>(3)</b> EDITH BOLLING WILSON BIRTHPLACE FOUNDATION 145 EAST MAIN STREET WYTHEVILLE, VA 24382	20-5726243	501(C)(3)	15,000.				SAVE HISTORIC PLACES
<b>(4)</b> FILOLI CENTER INC 86 CANADA ROAD WOODSIDE, CA 94062-0000	95-2996648	501(C)(3)	46,179.				SAVE HISTORIC PLACES
<b>(5)</b> FIRST CHRISTIAN REFORMED CHURCH 650 BATES STREET SE GRAND RAPIDS, MI 49503	38-1390600	501(C)(3)	50,000.				SAVE HISTORIC PLACES
<b>(6)</b> FIRST CHURCH OF CHRIST IN HARTFORD 60 GOLD STREET HARTFORD, CT 06103	06-0646636	501(C)(3)	125,000.				SAVE HISTORIC PLACES
<b>(7)</b> FRANCES WILLARD HISTORICAL 1730 CHICAGO AVE EVANSTON, IL 60201	36-3940738	501(C)(3)	14,000.				SAVE HISTORIC PLACES
<b>(8)</b> FRANK LLOYD WRIGHT FOUNDATION 12621 N FL WRIGHT BLVD SCOTTSDALE, AZ 85259	86-0197576	501(C)(3)	17,000.				SAVE HISTORIC PLACES
<b>(9)</b> FRIENDS OF THE EMBASSY THEATRE, INC C/O 114 2ND AVE BURNHAM, PA 17009	25-1663561	501(C)(3)	6,000.				SAVE HISTORIC PLACES
<b>(10)</b> GERMANTOWN UNITED COMMUNITY DVLP CORP 5219 GERMANTOWN AVE PHILADELPHIA, PA 19144	45-3739378	501(C)(3)	105,000.				SAVE HISTORIC PLACES
<b>(11)</b> HERITAGE CONSERVATION GROUP, LLC 2421 SE ORANGE AVE PORTLAND, OR 97214	47-3126359	501(C)(3)	15,000.				SAVE HISTORIC PLACES
<b>(12)</b> HERITAGE FDN OF FRANKLIN&WILLIAMSON COUNTY P.O. BOX 723 FRANKLIN, TX 37065	23-7042596	501(C)(3)	20,000.				SAVE HISTORIC PLACES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury  
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▶ Attach to Form 990.

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Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
IN THE UNITED STATES

Employer identification number  
**53-0210807**

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> HISTORIC SAVANNAH FOUNDATION 321 EAST YORK STREET SAVANNAH, GA 31401	58-0838253	501(C)(3)	25,000.				SAVE HISTORIC PLACES
<b>(2)</b> HISTORIC VALLEY JUNCTION FOUNDATION 137 5TH STREET WEST DES MOINES, IA 50265	42-1338090	501(C)(3)	20,000.				SAVE HISTORIC PLACES
<b>(3)</b> HOUSE OF THE SEVEN GABLES SETTLEMENT ASSN 115 DERBY STREET SALEM, MA 01970	04-2104324	501(C)(3)	10,000.				SAVE HISTORIC PLACES
<b>(4)</b> HYDE PARK CHAMBER OF COMMERCE DBA HYDE PARK 1715 E 55TH STREET UNIT B CHICAGO, IL 60615	36-2953031	501(C)(3)	20,000.				SAVE HISTORIC PLACES
<b>(5)</b> JPR FOUNDATION, INC 1250 SISKIYOU BLVD ASHLAND, OR 97520	93-1233656	501(C)(3)	15,000.				SAVE HISTORIC PLACES
<b>(6)</b> KENT CONSERVATION AND PRESERVATION ALLIANCE 861 WASHINGTON AVE CHESTERTOWN, MD 21620	47-3751617	501(C)(3)	18,000.				SAVE HISTORIC PLACES
<b>(7)</b> KENT COUNTY ARTS COUNCIL P.O. BOX 330 CHESTERTOWN, MD 21620	52-1236800	501(C)(3)	17,000.				SAVE HISTORIC PLACES
<b>(8)</b> LATENT DESIGN CORPORATION 900 N ASHLAND AVE CHICAGO, IL 60622	27-1609456	501(C)(3)	10,000.				SAVE HISTORIC PLACES
<b>(9)</b> LINDEN HERITAGE FOUNDATION P.O. BOX 507 LINDEN, TX 78620	47-5126258	501(C)(3)	9,750.				SAVE HISTORIC PLACES
<b>(10)</b> LOS ANGELES CONSERVANCY 523 W. 6TH STREET, SUITE 826	95-3273046	501(C)(3)	100,000.				SAVE HISTORIC PLACES
<b>(11)</b> LOUISVILLE PRESERVATION FUND INC 325 W MAIN ST NO 1110 LOUISVILLE, KY 40202	46-2871014	501(C)(3)	50,165.				SAVE HISTORIC PLACES
<b>(12)</b> LOWER EAST SIDE TENEMENT MUSEUM 91 ORCHARD STREET NEW YORK, NY 10002	13-3475390	501(C)(3)	15,000.				SAVE HISTORIC PLACES

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

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

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Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

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Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
IN THE UNITED STATES

Employer identification number  
**53-0210807**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> LULAC COUNCIL 60/ C 60 INC 8203 GLENCREST HOUSTON, TX 77061	47-3435329	501(C)(3)	70,000.				SAVE HISTORIC PLACES
<b>(2)</b> MAIN STREET STEAMBOAT SPRINGS 141 9TH ST STEAMBOAT SPRINGS, CO 80477	20-0932370	501(C)(3)	20,000.				SAVE HISTORIC PLACES
<b>(3)</b> MAINSTREET LAS VEGAS, INC 500 RAILROAD AVE LAS VEGAS, NM 87701	20-3922979	501(C)(3)	95,000.				SAVE HISTORIC PLACES
<b>(4)</b> MCKINNEY DOWNTOWN BUSINESS RE-DEVELOPMENT 111 N TENNESSEE STREET MCKINNEY, TX 75069	04-3615798	501(C)(3)	95,000.				SAVE HISTORIC PLACES
<b>(5)</b> MESA PRIETA PETROGLYPH PROJECT P.O. BOX 407 VELARDE, NM 87582	85-0464041	501(C)(3)	7,500.				SAVE HISTORIC PLACES
<b>(6)</b> MONTEZUMA COUNTY 109 WEST MAIN, ROOM 302 CORTEZ, CO 81321	84-6000786	501(C)(3)	10,000.				SAVE HISTORIC PLACES
<b>(7)</b> MONTPELIER FOUNDATION PO BOX 67 MONTPELIER STATION, VA 22957	31-1620682	501(C)(3)	25,000.				SAVE HISTORIC PLACES
<b>(8)</b> MUSEUM OF AFRICAN-AMERICAN HISTORY 46 JOY STREET BOSTON, MA 02114-0000	04-2429556	501(C)(3)	15,000.				SAVE HISTORIC PLACES
<b>(9)</b> NATIONAL MAIN STREET CENTER INC 2600 VIRGINIA AVE NW WASHINGTON, DC 20037	46-1405965	501(C)(3)	44,980.				SAVE HISTORIC PLACES
<b>(10)</b> NEVADA PRESERVATION FOUNDATION 330 W WASHINGTON AVE LAS VEGAS, NV 89106	46-3397538	501(C)(3)	8,100.				SAVE HISTORIC PLACES
<b>(11)</b> NORTH PARK MAIN STREET 3939 IOWA STREET SAN DIEGO, CA 92104	33-0483949	501(C)(3)	20,000.				SAVE HISTORIC PLACES
<b>(12)</b> OATLANDS INC 20850 OATLANDS PLNTN LA LEESBURG, VA 20175	54-1118635	501(C)(3)	106,523.				SAVE HISTORIC PLACES

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

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

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Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
IN THE UNITED STATES

Employer identification number  
**53-0210807**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> OLD TOWN CAPE, INC 338 BROADWAY CAPE GIRARDEAU, MO 63701	43-1857875	501(C)(3)	83,825.				SAVE HISTORIC PLACES
<b>(2)</b> ORETHA CASTLE HALEY BLVD MERCH & BIZ ASSN 1712 O.C HALEY BLVD NEW ORLEANS, LA 70113	20-1028637	501(C)(3)	20,000.				SAVE HISTORIC PLACES
<b>(3)</b> PARA LA NATURALEZA, INC P.O. BOX 9023978 SAN JUAN, PR 00902	66-0801404	501(C)(3)	97,650.				SAVE HISTORIC PLACES
<b>(4)</b> PRESERVATION NORTH CAROLINA 220 FAYETTEVILLE ST RALEIGH, NC 27611-7644	56-1145386	501(C)(3)	9,000.				SAVE HISTORIC PLACES
<b>(5)</b> PRES LINCOLNS COTTAGE AT THE SOLDIERS HOME 3700 N CAPITOL ST NW WASHINGTON, DC 20011	47-1453864	501(C)(3)	38,158.				SAVE HISTORIC PLACES
<b>(6)</b> RESTORE OREGON 1130 SW MORRISON ST PORTLAND, OR 97205	93-0697099	501(C)(3)	10,000.				SAVE HISTORIC PLACES
<b>(7)</b> RICHMOND MAIN STREET INITIATIVE 1015 NEVIN AVE RICHMOND, CA 94801	68-0481132	501(C)(3)	20,000.				SAVE HISTORIC PLACES
<b>(8)</b> ROBERT A & ELIZABETH R JEFFE FDN TRUST WELLS FARGO ADVISORS CHICAGO, IL 60606	06-6455294	501(C)(3)	69,330.				SAVE HISTORIC PLACES
<b>(9)</b> SALT LAKE CITY CORPORATION 451 S STATE ST SALT LAKE CITY, UT 84114	87-6000279	501(C)(3)	45,000.				SAVE HISTORIC PLACES
<b>(10)</b> SHAW MAIN STREET INC 875 N ST NW WASHINGTON, DC 20001	16-1665834	501(C)(3)	20,000.				SAVE HISTORIC PLACES
<b>(11)</b> SWEET AUBURN WORKS INC 522 AUBURN AVENUE NE ATLANTA, GA 30312	46-1784089	501(C)(3)	30,000.				SAVE HISTORIC PLACES
<b>(12)</b> TABOR OPERA HOUSE PRESERVATION FOUNDATION 308 HARRISON AVENUE LEADVILLE, CO 80461	06-1714846	501(C)(3)	12,500.				SAVE HISTORIC PLACES

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

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

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Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
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Employer identification number  
**53-0210807**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRINITY EPISCOPAL CHURCH 1015 HOLMAN STREET HOUSTON, TX 77004	74-6001398	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(2) TRINITY UNITED METHODIST CHURCH 237 N WATER AVE IDAHO FALLS, ID 83402	82-0209074	501(C)(3)	102,525.				SAVE HISTORIC PLACES
(3) UNION STATION REDEVELOPMENT CORPORATION 10 G ST NE STE 504 WASHINGTON, DC 20002	52-1318977	501(C)(3)	14,000.				SAVE HISTORIC PLACES
(4) UNIVERSITY NEIGHBORHOOD PRESERVATION ASSN 230 WESTMINSTER AVE SYRACUSE, NY 13210	16-1383908	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(5) UNIVERSITY OF DETROIT MERCY 4001 WEST MCNICHOLS ROAD DETROIT, MI 48221	38-1360586	501(C)(3)	20,000.				SAVE HISTORIC PLACES
(6) UPHAM'S CORNER MAIN STREET P.O. BOX 255917 DORCHESTER, MA 02125	04-3344542	501(C)(3)	20,000.				SAVE HISTORIC PLACES
(7) VILLA FINALE MUSEUM & GARDENS 401 KING WILLIAM ST SAN ANTONIO, TX 78204	81-4436786	501(C)(3)	656,215.				SAVE HISTORIC PLACES
(8) YORK COUNTY HERITAGE TRUST 250 E. MARKET STREET YORK, PA 17403	23-1352323	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 80.

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

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

Schedule I (Form 990) (2017)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
1					
2					
3					
4					
5					
6					
7					

**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:

GRANT RECIPIENTS ARE REQUIRED TO SUBMIT A FINAL REPORT AT THE END OF THE PROJECT, WITHIN ONE YEAR OF THE DATE OF THE DISBURSEMENT. GRANTEEES MUST SUBMIT A BUDGET AND STATE HOW THE FUNDS WERE USED AT THE END OF THE PROJECT. IF A FUNDING MATCH IS REQUIRED, PROOF OF THE RECEIPTS IS REQUIRED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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Inspection**

Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
IN THE UNITED STATES

Employer identification number  
**53-0210807**

**Part I Questions Regarding Compensation**

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

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>	X	
<b>2</b>	X	
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEPHANIE MEEKS PRESIDENT & CEO	(i)	490,446.	0.	18,000.	13,500.	19,787.	541,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PAUL EDMONDSON CHIEF LEGAL OFFICER	(i)	265,442.	0.	0.	13,496.	5,660.	284,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CARLA WASHINKO CHIEF FIN/ADMIN OFFICER	(i)	250,718.	0.	0.	13,058.	22,396.	286,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DAVID BROWN CHIEF PRESERVATION OFFICER	(i)	332,793.	0.	0.	13,500.	25,062.	371,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 BARBARA PAHL SENIOR VP - FIELD OFFICES	(i)	207,562.	0.	0.	10,472.	11,384.	229,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 TOM CASSIDY VP - GOV'T RELATIONS/POLICY	(i)	190,706.	0.	0.	10,373.	27,446.	228,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 KIMBERLY SKELLY CHIEF DEVELOPMENT OFFICER	(i)	172,361.	0.	0.	9,361.	29,447.	211,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MARIANNA KNIGHT VP - HUMAN RESOURCES	(i)	185,116.	0.	0.	9,222.	0.	194,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JOHN HILDRETH SENIOR ADVISOR-SPECIAL PROJECT	(i)	184,900.	0.	0.	9,785.	25,972.	220,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JON KEVIN GOSSETT TERM CHIEF ADVANCEMENT OFFICER	(i)	232,543.	0.	0.	12,188.	17,653.	262,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 ALEC RADAY DIRECTOR OF INDIVIDUAL GIVING	(i)	170,841.	0.	0.	8,899.	15,592.	195,332.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

THE TRUST PAID GROSS UP PAYMENTS OF \$12,800 TO THE CEO IN LIEU OF  
CONTRIBUTIONS DIRECTLY TO A RETIREMENT PLAN.

PART I, LINE 4B:

THE TRUST MADE A \$18,000 CONTRIBUTION TO A 457(B) DEFERRED COMPENSATION  
PLAN ON BEHALF OF THE CEO.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
IN THE UNITED STATES

Employer identification number  
**53-0210807**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	40.	650,698.	STOCK GIFTS
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .	X	2.	1,500,000.	FAIR MARKET VALUE
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .		3.	2,155,495.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 1.

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

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

Schedule M (Form 990) (2017)

JSA

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

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PART I, COLUMN (B):

THE TRUST REPORTS THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B).

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
GSI MAPPING SOFTWARE	X	1.	1,395,495.	FAIR MARKET VALUE
RETAINED LIFE ESTATES	X	2.	760,000.	FAIR MARKET VALUE
TOTALS		<u>3.</u>	<u>2,155,495.</u>	

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
NATIONAL TRUST FOR HISTORIC PRESERVATION  
IN THE UNITED STATES

Employer identification number  
53-0210807

FORM 990, PART I, LINE 1:

THE NATIONAL TRUST FOR HISTORIC PRESERVATION PROTECTS SIGNIFICANT PLACES  
REPRESENTING OUR DIVERSE CULTURAL HERITAGE BY TAKING DIRECT ACTION AND  
INSPIRING BROAD PUBLIC SUPPORT.

FORM 990, PART III, LINE 4A:

HISTORIC SITES - THE NATIONAL TRUST AND ITS PARTNERS ARE THE STEWARDS OF  
28 NATIONAL TRUST HISTORIC SITES WHICH ARE OPEN TO THE PUBLIC. THEY ARE A  
NATIONALLY SIGNIFICANT COLLECTION OF HISTORIC PLACES THAT REPRESENT A  
WIDE VARIETY OF ARCHITECTURAL STYLES AND STRUCTURES AND MAGNIFICENT  
LANDSCAPES WITH REMARKABLE OBJECT COLLECTIONS AND DIVERSE STORIES THAT  
BRING AMERICAN HISTORY TO LIFE. IN FY2018, THE NATIONAL TRUST OWNED AND  
MANAGED 10 OF THESE SITES; OWNED 11 SITES (ONE THROUGH A LONG-TERM LEASE)  
THAT ARE MANAGED BY INDEPENDENT LOCAL ORGANIZATIONS; AND PROVIDED LIMITED  
SUPPORT TO SIX OTHER SITES THAT ARE OWNED AND MANAGED BY OTHER ENTITIES.  
THESE HISTORIC SITES WELCOMED OVER ONE MILLION VISITORS IN FY2018. THE  
HISTORY, STORIES, PEOPLE, COLLECTIONS, ARCHITECTURE AND LANDSCAPES OF  
THESE SITES ARE INTERPRETED TO ON-SITE VISITORS, AND THROUGH SOCIAL  
MEDIA, WEBSITES AND WRITTEN COMMUNICATION TO MILLIONS MORE INDIVIDUALS.  
THE SITES SERVE THEIR COMMUNITIES BY PROVIDING EDUCATIONAL PROGRAMS,  
EVENTS AND UNIQUE GATHERING PLACES FOR COMMUNITY RESIDENTS. THE NATIONAL  
TRUST AND ITS PARTNER ORGANIZATIONS MAINTAIN THE SITES AS GOOD MODELS FOR  
HISTORIC PRESERVATION, COLLECTIONS MANAGEMENT, INTERPRETATION AND  
COMPREHENSIVE STEWARDSHIP.

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 53-0210807
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FORM 990, PART III, LINE 4B:

HISTORIC PRESERVATION & CONSERVATION: PRESERVATION SERVICES INCLUDES 1) WORK TO SAVE THREATENED HISTORIC PLACES OF NATIONAL SIGNIFICANCE AND WHERE THE PRESERVATION IMPLICATIONS ARE NATIONAL IN SCOPE; 2) INFORMATION AND TECHNICAL ASSISTANCE TO MEMBERS, PRIVATE AND PUBLIC ORGANIZATIONS, AND GOVERNMENT BODIES WITH RESPECT TO CONTEMPORARY PRESERVATION ISSUES AND REHABILITATION PROJECTS RELATED TO IMPORTANT HISTORIC BUILDINGS, LANDSCAPES AND LANDMARKS; 3) FINANCIAL ASSISTANCE/GRANTS TO ORGANIZATIONS TO FACILITATE PRESERVATION EDUCATION PROGRAMS, CONFERENCES AND RETENTION OF PROFESSIONAL CONSULTANTS; 4) PARTNERSHIPS WITH STATE AND LOCAL PRIVATE NONPROFIT PRESERVATION GROUPS TO STIMULATE AND RETAIN THEIR CAPACITY TO WORK IN THE FIELD, PROFESSIONALISM, LEADERSHIP IN THEIR GEOGRAPHICAL LOCATION, FINANCIAL STRENGTH, AND ABILITY TO SAVE HISTORIC RESOURCES; 5) TECHNICAL ASSISTANCE AND INFORMATION TO COMMUNITIES IN ALL PARTS OF THE COUNTRY WORKING TO REVITALIZE THEIR HISTORIC MAIN STREET COMMERCIAL DISTRICTS; 6) OPERATIONS OF NINE FIELD OFFICES INCLUDING ATLANTA; CHICAGO; DENVER; HOUSTON; LOS ANGELES; NEW YORK CITY; SAN FRANCISCO; SEATTLE; AND WASHINGTON, D. C., THAT WORK CLOSELY WITH ORGANIZATIONS AND GOVERNMENTS AT ALL LEVELS TO SAVE HISTORIC PLACES.

FORM 990, PART III, LINE 4C:

HISTORIC PRESERVATION & CONSERVATION: EDUCATION - COMMUNICATES THE BENEFITS OF HISTORIC PRESERVATION, THREATS TO HISTORIC PLACES, AND ACHIEVEMENTS IN SAVING HISTORIC PLACES TO MEMBERS AND THE PUBLIC. PROVIDES A QUARTERLY MAGAZINE, PROFESSIONAL JOURNAL, NICHE AUDIENCE

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION  
IN THE UNITED STATES

Employer identification number  
53-0210807

NEWSLETTERS, AND A WEBSITE TO HIGHLIGHT IMPORTANT PRESERVATION ISSUES, COMMUNICATES PRESERVATION SUCCESSES, AND STIMULATES NEW INTEREST IN HISTORIC PRESERVATION. TO MOBILIZE ACTION BY THE PUBLIC, STAGES MEDIA CAMPAIGNS SUCH AS THE 11 MOST ENDANGERED HISTORIC PLACES LIST. PROVIDES INFORMATION ABOUT THE LEGAL AND POLICY ASPECTS OF HISTORIC PRESERVATION.

FORM 990, PART III, LINE 4D:

HISTORIC PRESERVATION & CONSERVATION: MEMBERSHIP OUTREACH - EDUCATE THE GENERAL PUBLIC ON THE IMPORTANCE OF AND TECHNIQUES FOR PRESERVING THE NATION'S ARCHITECTURAL AND CULTURAL HERITAGE.

HISTORIC PRESERVATION AND CONSERVATION: PUBLICATIONS INCLUDE: 1)

"PRESERVATION," THE QUARTERLY MAGAZINE CHRONICLING INDIVIDUALS AND PROGRAMS WORKING TO SAVE HISTORIC PLACES; 2) "FORUM JOURNAL," A SCHOLARLY JOURNAL SERVING A NETWORK OF PRESERVATION PROFESSIONALS, STUDENTS AND VOLUNTEERS; 3) SAVINGPLACES.ORG AND PRESERVATION LEADERSHIP FORUM OFFER ONLINE CONTENT AND EMAIL COMMUNICATIONS THAT INSPIRE AND EDUCATE PRESERVATIONISTS AT ALL LEVELS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONSISTS FOR THE CHAIR AND TWO VICE CHAIRS AND THE CHAIR OF EACH OF THE STANDING COMMITTEE CHAIRS, INCLUDING THE INVESTMENTS, FINANCE AND MANAGEMENT, AUDIT, TRUSTEESHIP & GOVERNANCE, FUNDRAISING & MARKETING, AND PRESERVATION & HISTORIC SITES COMMITTEES. THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL THE POWERS OF THE BOARD OF TRUSTEES BETWEEN THE MEETINGS OF



Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 53-0210807
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THE BOARD OF TRUSTEES, SUBJECT TO GENERAL POLICIES ESTABLISHED BY THE BOARD, EXCEPT THAT THE FULL BOARD OF TRUSTEES SHALL RETAIN EXCLUSIVE AUTHORITY TO AMEND THE BYLAWS, TO EXERCISE THE BOARD'S AUTHORITY TO FILL TEMPORARY VACANCIES ON THE BOARD, AND TO ELECT THE CHAIR AND VICE CHAIRS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 2:

ONE TRUSTEE, WHO IS IN THE REGULAR BUSINESS OF MANAGING INVESTMENTS, MANAGES A FLOW-THROUGH ENTITY IN WHICH ANOTHER TRUSTEE HAS INVESTED.

FORM 990, PART VI, SECTION A, LINE 6:

THE NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES IS A MEMBER ORGANIZATION WITH 97,611 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE BOARD OF TRUSTEES (OTHER THAN STATUTORY EX-OFFICIO TRUSTEES). ELECTIONS ARE CONDUCTED AT AN ANNUAL MEMBERSHIP MEETING HELD IN CONJUNCTION WITH AN ANNUAL CONFERENCE IN THE FALL.

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

THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM BDO USA, LLP AND REVIEWED BY MANAGEMENT. THE DRAFT IS THEN MADE AVAILABLE TO THE AUDIT COMMITTEE AND ALL BOARD MEMBERS (EITHER DIGITALLY OR IN HARD COPY, DEPENDING ON THEIR PREFERENCE). ANY CHANGES FOLLOWING THESE REVIEWS WERE AGAIN REVIEWED BY BDO BEFORE THE FINAL 990 WAS FILED.

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION  
IN THE UNITED STATES

Employer identification number  
53-0210807

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS SENT TO THE BOARD MEMBERS ONCE A YEAR WITH A DISCLOSURE FORM THAT ASKS TRUSTEES TO DESCRIBE INTEREST IN OR RELATIONSHIPS WITH BOTH FOR-PROFIT ENTITIES AND TO DESCRIBE ANY TRANSACTIONS (DIRECT OR INDIRECT) WITH THE ORGANIZATION. TRUSTEES ARE ALSO REQUIRED TO DISCLOSE ANNUALLY ANY BUSINESS OR FAMILY RELATIONSHIPS WITH OTHER TRUSTEES AND WITH OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION (IDENTIFIED BY NAME), CONSISTENT WITH THE DISCLOSURE OBLIGATION OF PART VI, LINE 2. TRUSTEES ARE REGULARLY REMINDED OF THEIR OBLIGATION UNDER THE POLICY FOR POTENTIAL TRANSACTIONS. THE POLICY ALSO PROVIDES A PROCESS FOR REVIEW OF POTENTIAL CONFLICTS.

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

THE ORGANIZATION'S COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION OF THE PRESIDENT AND TOP MANAGEMENT STAFF (INCLUDING OFFICERS AND KEY EMPLOYEES). ALL MEMBERS OF THE COMPENSATION SUBCOMMITTEE ARE INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES. THE ORGANIZATION REGULARLY REVIEWS COMPENSATION STUDIES AND COMPARABILITY ANALYSES, AND SUCH INFORMATION FOR THE OFFICERS AND KEY EMPLOYEES IS MADE AVAILABLE TO THE COMPENSATION SUBCOMMITTEE. THE COMPENSATION SUBCOMMITTEE APPROVES COMPENSATION OF THE PRESIDENT IN ADVANCE AND IN WRITING. COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE COMPENSATION SUBCOMMITTEE, BUT IS SET BY THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINES 18 AND 19:

THE ORGANIZATION MAKES DIGITAL COPIES OF THE STATUTORY CHARTER, BYLAWS,

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 53-0210807
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CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, DONOR BILL OF RIGHTS, FORM 990, AND CURRENT AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE, WWW.SAVINGPLACES.ORG UNDER "OUR WORK", "ABOUT THE NATIONAL TRUST." THESE DOCUMENTS ARE ALSO MADE AVAILABLE TO ANY PERSON IN HARD COPY UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
MEMBERSHIP OUTREACH AND PUBLICATIONS		4,424,300.	746,980.
TOTALS		<u>4,424,300.</u>	<u>746,980.</u>

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AK, CA, CO, CT,  
DC, FL, GA, HI, ID, IL, IA, KS, KY, LA, ME, MD, MA, MI,  
MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
RI, SC, TN, TX, UT, VA, WA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BDO USA, LLP P.O. BOX 642743 PITTSBURGH, PA 15264-2743	AUDIT & TAX SERVICES	273,757.
DAY ONE AGENCY 307 SEVENTH AVENUE, #1201 NEW YORK, NY 10001	MARKETING	253,388.
NATIONAL GEOGRAPHIC PO BOX 417131 BOSTON, MA 02241-7131	BROADBAND CHARGES	400,000.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
IN THE UNITED STATES

Employer identification number  
**53-0210807**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> HERITAGE TRAVEL, LLC 26-1983358 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	TRAVEL	DE	1,361,829.	678,016.	NTCIC
<b>(2)</b>					
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> NT CDFI, INC. 41-2138426 2600 VIRGINIA AVE, NW STE 1100 WASHINGTON, DC 20037	COMM. DEVELOP	DE	501(C)(3)	12A TYPE 1	NTHP	X	
<b>(2)</b> NATIONAL MAIN STREET CENTER, INC. 46-1405965 2600 VIRGINIA AVE, NW STE 1100 WASHINGTON, DC 20037	HIST. PRESERV	DE	501(C)(3)	LINE 10	NTHP	X	
<b>(3)</b>							
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							

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

Schedule R (Form 990) 2017

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NATIONAL TRUST INSURANCE 20-05 24 COMMERCE ST BALTIMORE, MD 2	INSURANCE AGENCY	MD	NTCIC	UNRELATED	439,514.	83,300.		X				99.0000
(2) COOPER-MOLERA PRESERVATION LLC 1121 WHITE ROCK RD, #205 EL DO	SEE PART VII	CA	NTHP	UNRELATED	0.	5,635,661.		X				92.0000
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER UNITRUSTS FOR NTHP 53-0210807 2600 VIRGINIA AVE, NW, SUITE 1100 WASHINGTON, DC 20037	CHARITABLE TRUSTS	DC	N/A	TRUST	-30,544.	791,514.	100.0000		X
(2) NATIONAL TRUST COMMUNITY INVESTMENT CORP 52-2267085 1155 15TH STREET, NW, STE 300 WASHINGTON, DC 20005	INVESTMENTS	DE	NTHP	C CORP	9,603,390.	15,542,384.	100.0000	X	
(3) NT SOLAR INC. 47-1272855 1155 15TH STREET, NW, SUITE 300 WASHINGTON, DC 20005	INVESTMENTS	DE	NTCIC	C CORP	447,846.	343,782.	100.0000		X
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .	X	
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL TRUST COMMUNITY INVESTMENT CORP.	A-III	705,954.	BOOK VALUE
(2) COOPER-MOLERA PRESERVATION LLC	B	1,438,297.	BOOK VALUE
(3) NATIONAL TRUST COMMUNITY INVESTMENT CORP.	F	818,100.	BOOK VALUE
(4) NATIONAL TRUST COMMUNITY INVESTMENT CORP.	O	103,252.	BOOK VALUE
(5) NATIONAL TRUST COMMUNITY INVESTMENT CORP.	Q	506,669.	BOOK VALUE
(6) NATIONAL TRUST COMMUNITY INVESTMENT CORP.	S	1,575,842.	BOOK VALUE

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL MAIN STREET CENTER INC	B	56,827.	BOOK VALUE
(2) NATIONAL MAIN STREET CENTER INC	D	337,828.	BOOK VALUE
(3) NATIONAL MAIN STREET CENTER INC	N	63,670.	BOOK VALUE
(4) NATIONAL MAIN STREET CENTER INC	Q	1,894,268.	BOOK VALUE
(5) NATIONAL MAIN STREET CENTER INC	R	1,412,970.	BOOK VALUE
(6) NATIONAL MAIN STREET CENTER INC	S	3,407,957.	BOOK VALUE

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													



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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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PART III, LINE 2, COLUMN (B):

PRIMARY ACTIVITY: HISTORIC SITE MANAGEMENT