

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020

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	C Name of organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES		D Employer identification number 53-0210807
	Doing Business As		E Telephone number (202) 588-6000
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2600 VIRGINIA AVENUE, NW, STE 1100		
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037		G Gross receipts \$ 84,741,140.
F Name and address of principal officer: PAUL EDMONDSON SAME AS "C" ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I 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	J Website: ▶ SAVINGPLACES.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1949	M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 25.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 25.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 375.
	6 Total number of volunteers (estimate if necessary)	6 540.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 944,218.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 39,569,269. Current Year 54,853,483.
	9 Program service revenue (Part VIII, line 2g)	5,057,609. 3,350,264.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,484,676. 7,894,484.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,846,230. 1,811,003.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,957,784. 67,909,234.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)		22,893,889. 19,761,424.
16a Professional fundraising fees (Part IX, column (A), line 11e)		535,961. 567,314.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,382,721.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		28,448,407. 27,645,759.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	60,238,430. 55,690,609.	
19 Revenue less expenses. Subtract line 18 from line 12	3,719,354. 12,218,625.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 354,581,540. End of Year 363,613,414.
	21 Total liabilities (Part X, line 26)	44,745,878. 39,571,402.
	22 Net assets or fund balances. Subtract line 21 from line 20.	309,835,662. 324,042,012.

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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.

Sign Here	Signature of officer	Date			
	LAURA BRACIS CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARC BERGER	Preparer's signature 	Date 5/7/2021	Check <input type="checkbox"/> if self-employed	PTIN P01871563
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590			
	Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102	Phone no. 703-893-0600			

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** (2019)

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 EXPERIENCES 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 \$ 20,202,976. including grants of \$ 735,490.) (Revenue \$ 2,654,445.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 13,255,505. including grants of \$ 5,468,791.) (Revenue \$ 475,592.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 10,553,483. including grants of \$ 1,511,830.) (Revenue \$ 960,900.) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 44,011,964.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	X	
7 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	
8 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	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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 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	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 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	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
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	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 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
17 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	
18 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	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 375		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d _____		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a _____		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b _____		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a _____		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b _____		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b _____		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b _____		
c	Enter the amount of reserves on hand 13c _____		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Note: If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Note: If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (25), 1b (25), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. [X] Own website [X] Another's website [X] Upon request [X] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 X

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. See instructions for the order in which to list the persons above.

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) PAUL EDMONDSON PRESIDENT & CEO	39.00 1.00			X				416,015.	0.	15,025.
(2) KIMBERLY SKELLY TO 1/20 CHIEF DEVELOPMENT OFFICER	40.00 0.				X			243,538.	0.	23,906.
(3) CARLA WASHINKO TO 4/19 CHIEF FINANCIAL OFFICER	40.00 0.						X	247,576.	0.	8,789.
(4) KATHERINE MALONE-FRANCE CHIEF PRESERVATION OFFICER	40.00 0.				X			226,471.	0.	18,414.
(5) THOMPSON MAYES CHIEF LEGAL OFCR & SECRETARY	40.00 0.			X				216,990.	0.	20,524.
(6) BARBARA PAHL SENIOR VP - FIELD OFFICES	40.00 0.					X		218,758.	0.	17,925.
(7) GEOFFREY HANDY CHIEF MARKETING OFFICER	40.00 0.				X			217,539.	0.	17,010.
(8) THOMAS CASSIDY VP - GOV'T RELATIONS/POLICY	40.00 0.					X		205,161.	0.	17,898.
(9) TABITHA ALMQUIST CHIEF ADMINISTRATIVE OFFICER	40.00 0.				X			196,753.	0.	16,872.
(10) MARIANNA KNIGHT VP - HUMAN RESOURCES	40.00 0.					X		191,897.	0.	10,556.
(11) DENISE WISE VP OF FINANCE & CONTROLLER	40.00 0.					X		176,785.	0.	20,480.
(12) ANDREW SIMPSON VP - MARKETING	40.00 0.					X		176,658.	0.	18,440.
(13) PATRICIA WOODWORTH INTERIM CHIEF FIN. OFFICER	40.00 0.			X				169,092.	0.	9,096.
(14) ROSS BRADFORD ASSISTANT CORPORATE SECRETARY	40.00 0.			X				145,564.	0.	14,299.

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) DAVID BROWN TO 3/19 CHIEF PRESERVATION OFFICER	40.00 0.						X	126,344.	0.	8,180.
16) ANNE NELSON ASSISTANT CORPORATE SECRETARY	40.00 0.			X				116,642.	0.	12,620.
17) TIM WHALEN TRUSTEE, CHAIR	2.00 0.	X		X				0.	0.	0.
18) SUSAN CHAPMAN-HUGHES TRUSTEE, VICE-CHAIR	2.00 0.	X		X				0.	0.	0.
19) JAY CLEMENS TRUSTEE, VICE-CHAIR	2.00 0.	X		X				0.	0.	0.
20) CHRISTINA LEE BROWN TRUSTEE	2.00 0.	X						0.	0.	0.
21) LINDA BRUCKHEIMER TRUSTEE	2.00 0.	X						0.	0.	0.
22) LAURA BUSH TRUSTEE	2.00 0.	X						0.	0.	0.
23) LAURENCE CURTIS TRUSTEE	2.00 0.	X						0.	0.	0.
24) SAM DIXON TRUSTEE	2.00 0.	X						0.	0.	0.
25) DAMIEN DWIN TRUSTEE	2.00 0.	X						0.	0.	0.
1b Sub-total								3,291,783.	0.	250,034.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,291,783.	0.	250,034.

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 ▶ 58

	Yes	No
3 Did the organization list any former 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
ATTACHMENT 2		

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 ▶ 11

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) KEVIN GOVER ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(27) LUIS HOYOS ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(28) SHELLEY HOON KEITH ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(29) C.H. RANDOLPH LYON ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(30) MARTHA NELSON ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(31) CHARLES ROYCE ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(32) FERNANDO LLOVERAS SAN MIGUEL ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(33) LISA SEE ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(34) G. JACKSON TANKERSLEY ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(35) PHOEBE TUDOR ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(36) JEAN FOLLETT ----- EX OFFICIO TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 58

	Yes	No
3 Did the organization list any former 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) DONNA COLSON ----- EX OFFICIO TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(38) KIRK HUFFAKER ----- EX OFFICIO TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(39) EDWARD PASSARELLI ----- EX OFFICIO TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(40) KAYWIN FELDMAN ----- EX OFFICIO TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(41) ROB WALLACE ----- EX OFFICIO TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----										
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 58

	Yes	No
3 Did the organization list any former 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 9,899.					
	b	Membership dues	1b					
	c	Fundraising events	1c 17,554.					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e 687,652.					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 54,138,378.					
	g	Noncash contributions included in lines 1a-1f.	1g \$ 3,408,004.					
	h	Total. Add lines 1a-1f ▶		54,853,483.				
	Program Service Revenue	2a	DUES	Business Code 900099				
b		CONTRACT SERVICES/COMMISSIONS	900099	309,430.	309,430.			
c		ADMISSION AND SPECIAL EVENTS	900099	2,253,173.	2,051,884.	201,289.		
d		ADVERTISING	541800	522,524.		522,524.		
e		REIMBURSEMENT OF EXPENSES	900099	265,137.	265,137.			
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		3,350,264.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶		1,609,143.			1,609,143.
	4	Income from investment of tax-exempt bond proceeds . ▶		0.				
	5	Royalties ▶		677,773.		53,616.	624,157.	
	6a	Gross rents	(i) Real	2,769,480.				
			(ii) Personal					
			6a	2,769,480.				
	b	Less: rental expenses	6b 2,272,383.					
	c	Rental income or (loss)	6c 497,097.					
	d	Net rental income or (loss) ▶		497,097.			497,097.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	20,585,727.				
			(ii) Other					
			7a	20,585,727.				
	b	Less: cost or other basis and sales expenses . .	7b 14,300,386.					
	c	Gain or (loss)	7c 6,285,341.					
	d	Net gain or (loss) ▶		6,285,341.			6,285,341.	
	8a	Gross income from fundraising events (not including \$ 17,554. of contributions reported on line 1c). See Part IV, line 18	8a	17,839.				
			8b	36,099.				
8a			17,839.					
b	Less: direct expenses	8b	36,099.					
c	Net income or (loss) from fundraising events. ▶		-18,260.			-18,260.		
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.					
		9b	0.					
		9a	0.					
b	Less: direct expenses	9b	0.					
c	Net income or (loss) from gaming activities. ▶		0.					
10a	Gross sales of inventory, less returns and allowances	10a	466,615.					
		10b	223,038.					
		10a	466,615.					
b	Less: cost of goods sold	10b	223,038.					
c	Net income or (loss) from sales of inventory. ▶		243,577.		166,789.	76,788.		
Miscellaneous Revenue	11a	INSURANCE REPAYMENTS	Business Code 900099	239,342.			239,342.	
	b	SALE OF PROPERTY	900099	160,684.			160,684.	
	c	MISC INCOME	900099	10,790.			10,790.	
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶		410,816.				
	12	Total revenue. See instructions ▶		67,909,234.	2,626,451.	944,218.	9,485,082.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,695,283.	7,695,283.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,829.	20,829.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,541,819.	1,884,721.	1,200,858.	456,240.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	13,688,470.	9,676,804.	1,377,687.	2,633,979.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	235,411.	176,307.	20,553.	38,551.
9 Other employee benefits	1,039,476.	742,399.	135,052.	162,025.
10 Payroll taxes	1,256,248.	880,281.	180,843.	195,124.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	111,621.	106,986.	4,635.	
c Accounting	240,405.		234,605.	5,800.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	567,314.			567,314.
f Investment management fees	845,231.	674,163.	171,068.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,876,321.	2,345,422.	502,835.	28,064.
12 Advertising and promotion	0.			
13 Office expenses	427,658.	311,144.	62,643.	53,871.
14 Information technology	1,235,052.	861,734.	209,233.	164,085.
15 Royalties	0.			
16 Occupancy	2,740,086.	2,078,793.	217,840.	443,453.
17 Travel	660,834.	535,176.	57,292.	68,366.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	491,812.	491,812.		
20 Interest	250,392.	143,788.	98,506.	8,098.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,632,476.	246,709.	1,385,767.	
23 Insurance	770,697.	595,395.	172,155.	3,147.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REAL ESTATE	9,539,147.	9,539,147.		
b PRINTING	1,978,655.	1,697,611.	4,292.	276,752.
c POSTAGE	1,250,223.	1,074,821.	17,797.	157,605.
d PROPERTY DEVELOPMENT	1,023,570.	1,023,570.		
e All other expenses _____	1,571,579.	1,209,069.	242,263.	120,247.
25 Total functional expenses. Add lines 1 through 24e	55,690,609.	44,011,964.	6,295,924.	5,382,721.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	16,857,337.	2	16,958,270.
	3 Pledges and grants receivable, net	45,126,899.	3	23,422,438.
	4 Accounts receivable, net.	1,524,933.	4	2,923,148.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	461,012.	8	471,596.
	9 Prepaid expenses and deferred charges	801,386.	9	522,648.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,943,666.		
	b Less: accumulated depreciation	10b 8,464,389.	9,843,196.	10c 8,479,277.
	11 Investments - publicly traded securities.	37,403,756.	11	44,278,223.
	12 Investments - other securities. See Part IV, line 11	241,570,162.	12	266,006,438.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	992,859.	15	551,376.
16 Total assets. Add lines 1 through 15 (must equal line 33)	354,581,540.	16	363,613,414.	
Liabilities	17 Accounts payable and accrued expenses	7,909,251.	17	8,422,484.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	8,005,258.	19	8,424,462.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	1,338,616.	23	1,311,540.
	24 Unsecured notes and loans payable to unrelated third parties.	5,614,439.	24	0.
	25 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	21,878,314.	25	21,412,916.
	26 Total liabilities. Add lines 17 through 25.	44,745,878.	26	39,571,402.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	103,622,249.	27	96,001,444.
	28 Net assets with donor restrictions.	206,213,413.	28	228,040,568.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	309,835,662.	32	324,042,012.
33 Total liabilities and net assets/fund balances	354,581,540.	33	363,613,414.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,909,234.
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,690,609.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,218,625.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	309,835,662.
5	Net unrealized gains (losses) on investments	5	1,987,725.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	324,042,012.

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 on 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2019)

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,018,553.	24,300,800.	65,970,800.	39,485,669.	54,853,482.	210,629,304.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	26,018,553.	24,300,800.	65,970,800.	39,485,669.	54,853,482.	210,629,304.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						63,956,095.
6 Public support. Subtract line 5 from line 4						146,673,209.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	26,018,553.	24,300,800.	65,970,800.	39,485,669.	54,853,482.	210,629,304.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,870,870.	4,332,079.	4,133,752.	9,476,418.	2,286,915.	28,100,034.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	701,190.	1,494,689.	217,551.	452,538.	410,818.	3,276,786.
11 Total support. Add lines 7 through 10						242,006,124.
12 Gross receipts from related activities, etc. (see instructions)					12	28,430,659.
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	60.61%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	57.75%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. 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 stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2018. 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 stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	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>	11 c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
a	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>	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	2b	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

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

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

7 Check here if the current year is the organization's first as a non-functionally 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 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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	2015	2016	2017	2018	2019	TOTAL
INSURANCE LOSS REPAYMENTS	82,248.	69,697.	141,938.	116,215.	239,342.	649,440.
SALE OF PROPERTY	618,942.	1,376,190.		83,600.	160,684.	2,239,416.
OTHER MISCELLANEOUS INCOME		48,802.	40,613.	252,723.	10,792.	352,930.
TRANSFER ENDOWMENT			35,000.			35,000.
TOTALS	<u>701,190.</u>	<u>1,494,689.</u>	<u>217,551.</u>	<u>452,538.</u>	<u>410,818.</u>	<u>3,276,786.</u>

Schedule of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to 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
--	--

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).

Name of organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 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	<hr/> <hr/> <hr/>	\$ 11,166,952.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,775,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Employer identification number
53-0210807

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

2019

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 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 NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 53-0210807
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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) 2019

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		78,660.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		276,223.													
c Total lobbying expenditures (add lines 1a and 1b)		354,883.													
d Other exempt purpose expenditures		55,335,726.													
e Total exempt purpose expenditures (add lines 1c and 1d)		55,690,609.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
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.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	329,059.	486,393.	468,490.	354,883.	1,638,825.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	171,856.	116,090.	157,572.	78,660.	524,178.

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year.	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

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 types of easements (public use, natural habitat, open space, historically important land area, certified historic structure), a table for conservation contribution details (2a-2d), and questions about monitoring, expenses, 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 about reporting art and historical treasures, and a table for amounts required to be reported under FASB ASC 958.

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

Schedule D (Form 990) 2019

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 make 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 program
- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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
1a Beginning of year balance	249,492,859.	271,911,308.	262,563,154.	245,073,534.	270,110,391.
b Contributions	6,128,185.	4,021,401.	3,454,987.	1,367,899.	1,387,561.
c Net investment earnings, gains, and losses	8,893,946.	10,503,482.	19,007,471.	31,727,169.	-7,987,480.
d Grants or scholarships	1,264,073.	1,236,088.	1,404,843.	1,356,301.	1,563,495.
e Other expenditures for facilities and programs	8,627,772.	10,674,984.	8,372,955.	9,234,158.	15,691,433.
f Administrative expenses	2,348,150.	25,032,260.	3,336,506.	5,014,989.	1,182,010.
g End of year balance	252,274,995.	249,492,859.	271,911,308.	262,563,154.	245,073,534.

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

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

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
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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
1a Land				
b Buildings		6,770,359.	1,917,483.	4,852,876.
c Leasehold improvements		3,287,261.	1,461,394.	1,825,867.
d Equipment		6,886,046.	5,085,512.	1,800,534.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,479,277.

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	17,453,723.	COST
(B) OTHER NON-PUBLIC INVESTMENTS	248,552,715.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	266,006,438.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (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) ENDOWMENT FOR MONTPELIER	8,634,380.
(3) ENDOWMENT FOR CONGRESSIONAL CE	5,105,978.
(4) DEFERRED RENT	4,655,072.
(5) GIFT ANNUITIES	1,972,654.
(6) 457B PLAN BALANCE	363,056.
(7) CHARITABLE REMAINDER TRUSTS	317,861.
(8) ENDOWMENT FOR BELLE GROVE	257,970.
(9) ENDOWMENT HELD FOR NMSC	52,405.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	21,412,916.

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

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 71,134,000 on line 1 and 67,909,234 on line 5.

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 56,927,651 on line 1 and 55,690,609 on line 5.

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

Series of horizontal lines provided for entering supplemental information.

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 1A:

THE TRUST'S MUSEUM COLLECTION INCLUDES HISTORIC SITES, STRUCTURES, LANDSCAPES AND OBJECTS THAT ARE AVAILABLE TO THE PUBLIC OR HELD FOR THAT PURPOSE. IT ACQUIRES ITS COLLECTION BY PURCHASE OR BY DONATION. THE TRUST'S COLLECTIONS MANAGEMENT POLICY INCLUDES GUIDANCE ON THE DOCUMENTATION, PRESERVATION, CARE, AND MANAGEMENT OF THE COLLECTIONS AND PROCEDURES RELATED TO THE ACCESSION AND DEACCESSION OF COLLECTION ITEMS.

IN CONFORMITY WITH THE PRACTICE GENERALLY FOLLOWED BY MUSEUMS, NO VALUE IS ASSIGNED TO THE COLLECTIONS IN THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. THE HISTORIC SITES, INCLUDING OBJECTS AND FURNISHINGS, OWNED BY THE TRUST WITH THE INTENT OF RETENTION ARE NOT REPORTED IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECOGNIZED AS REDUCTIONS IN UNRESTRICTED NET ASSETS IN THE PERIOD OF ACQUISITION. PER THE TRUST'S COLLECTIONS MANAGEMENT POLICY AND FOLLOWING PROFESSIONAL STANDARDS AND GUIDELINES, PROCEEDS FROM DEACCESSIONS OF COLLECTION ITEMS ARE DESIGNED FOR THE REPLENISHMENT OR CARE OF OTHER OBJECTS WITHIN THE MUSEUM COLLECTION AND THE PRESERVATION OF HISTORIC STRUCTURES OR HISTORIC LANDSCAPE FEATURES THAT ARE PART OF THE HISTORIC STRUCTURES AND LANDSCAPES COLLECTION. EXPENDITURES FOR RESTORATION, STABILIZATION, RECONSTRUCTION, AND DEVELOPMENT ARE CHARGED TO EXPENSE AS INCURRED.

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

Part XIII Supplemental Information (continued)

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.

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, 2017 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.

ASC 740 ALSO REQUIRES THAT DEFERRED INCOME TAXES BE RECOGNIZED FOR THE DIFFERENCE BETWEEN THE FINANCIAL AND TAX-REPORTING BASIS OF ASSETS AND LIABILITIES USING ENACTED TAX RATES AND LAWS THAT ARE EXPECTED TO BE IN EFFECT WHEN DIFFERENCES ARE EXPECTED TO REVERSE.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B:

COST OF GOODS SOLD:	\$ (223,038)
SPECIAL EVENT EXPENSE:	(36,098)
TOTAL:	\$ (259,136)

PART XII, LINE 2D:

COST OF GOODS SOLD:	223,038
SPECIAL EVENT EXPENSE:	36,098
TOTAL:	\$ 259,136

ATTACHMENT 1SCHEDULE D, PART X - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
EMERSON SCHOOL DEPOSIT RESERVE	20,028.
NELLY'S NEEDLERS LIABILITY	17,383.
POOLED INCOME FUND LIABILITY	16,129.
TOTALS	<u>21,412,916.</u>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

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 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
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		75,356,962.
(2) EUROPE	0.	0.	INVESTMENTS		1,011,039.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					76,368,001.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					76,368,001.

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

Schedule F (Form 990) 2019

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)			EUROPE/ICELAND/GREENLAND	PRESERVATION	12,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PRESERVATION	8,829.	WIRE			
(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 **2**

3 Enter total number of other organizations or entities **2**

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 CLIMATE HERITAGE NETWORK IS A VOLUNTARY, MUTUAL SUPPORT NETWORK OF ARTS, CULTURE, AND HERITAGE ORGANIZATIONS COMMITTED TO AIDING THEIR COMMUNITIES IN TACKLING CLIMATE CHANGE AND ACHIEVING THE AMBITIONS OF THE PARIS AGREEMENT. THE NATIONAL TRUST SUPPORTED THE LAUNCH OF THIS NEW NETWORK BY AWARDING A \$12,000 GRANT TO ICOMOS TO SUPPORT A TWO-DAY PROGRAM (OCTOBER 24-25, 2019) IN EDINBURGH, SCOTLAND DEVOTED TO MOBILIZING THE ARTS, CULTURE, AND HERITAGE SECTORS FOR CLIMATE ACTION ACROSS THE GLOBE.

THE INTERNATIONAL NATIONAL TRUST ORGANIZATION (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. KATHERINE MALONE-FRANCE, CHIEF PRESERVATION OFFICER, SITS ON THE BOARD OF INTO.

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.

2019

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 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 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						
Total					567,314.	-567,314.

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.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

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
		WOODLAWN EVENT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	30,708.			30,708.
	2 Less: Contributions	14,629.			14,629.
	3 Gross income (line 1 minus line 2)	16,079.			16,079.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,259.			25,259.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				25,259.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-9,180.

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))
Revenue	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	13a	%
b An outside facility	13b	%

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: 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 FUNDRAISING		X		276,314.	-276,314.
EIDOLON COMMUNICATIONS INC. 15 MAIDEN LANE, SUITE 1401 NEW YORK NY 10038	DIRECT MARKETING		X		198,000.	-198,000.
INTEGRAL-DC, LLC 1350 CONNECTICUT AVE, NW, STE 206 WASHINGTON DC 20036	DIRECT MARKETING		X		93,000.	-93,000.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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.

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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
(1) ASSN FOR THE PRESERV OF THE CONGRESSIONAL PO BOX 1059 OHKAY OWINGEH, NM 87566	85-0446828	501(C)(3)	349,088.				SAVE HISTORIC PLACES
(2) BROAD BAY CONGREGATIONAL PO BOX 161 WALDOBORO, ME 04572	01-0389572	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(3) DIVINE REDEEMER PRESBYTERIAN CHURCH 407 N. CALAVERAS SAN ANTONIO, TX 78207	74-1903903	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(4) FIRST CHURCH IN OBERLIN 106 N MAIN ST OBERLIN, OH 44074	34-6001059	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(5) JUDSON MEMORIAL CHURCH 239 THOMPSON STREET NEW YORK, NY 10012	13-2664489	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(6) ROSSIA, INC. P.O. BOX 212315 ANCHORAGE, AK 99521	71-0879791	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(7) ST. JOAN ARC CATHOLLC CHURCH INDIANAPOLIS 4217 CENTRAL AVE INDIANAPOLIS, IN 46205	35-0901290	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(8) CHURCH OF EPIPHANY 2808 ALTURA ST LOS ANGELES, CA 90031	95-6062483	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(9) PATRONATO ST. XAVIER P.O.BOX 522 TUCSON, AZ 85746	74-2354509	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(10) MONTPELIER FOUNDATION P.O. BOX 911 ORANGE, VA 22960	31-1620682	501(C)(3)	243,699.				SAVE HISTORIC PLACES
(11) FIRST PRESBYTERIAN CHURCH 208 GRANT AVENUE SANTA FE, NM 87501	85-0125823	501(C)(3)	230,000.				SAVE HISTORIC PLACES
(12) GAYLORD BUILDING HISTORIC SITE 200 W 8TH ST LOCKPORT, IL 60441	83-1482428	501(C)(3)	214,401.				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) (2019)

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(1) SOCIETY FOR PRES.OF WEEKSVILLE & BEDFORD 158 BUFFALO AVENUE BROOKLYN, NY 11213	23-7330454	501(C)(3)	200,000.				SAVE HISTORIC PLACES
(2) MAIN STREET MOUNT PLEASANT 124 S. MAIN ST MOUNT PLEASANT, IA 52641	42-1124755	501(C)(3)	165,000.				SAVE HISTORIC PLACES
(3) BETTER DAYS 2020 5513 W 11000 N STE 515 HIGHLAND, UT 84003	81-4071025	501(C)(3)	160,000.				SAVE HISTORIC PLACES
(4) CASA BELVEDERE,THE ITALIAN CULTURAL FOUNDAT 79 HOWARD AVENUE STATEN ISLAND, NY 10301	26-4411728	501(C)(3)	160,000.				SAVE HISTORIC PLACES
(5) CHESTER COUNTY HISTORICAL SOCIETY 225 N HIGH ST W CHESTER, PA 19380	23-1371942	501(C)(3)	160,000.				SAVE HISTORIC PLACES
(6) ASTORIA ARTS & MOVEMENT CENTER 342 10TH ST ASTORIA, OR 97103	47-2409238	501(C)(3)	150,000.				SAVE HISTORIC PLACES
(7) BLACK AMERICAN WEST MUSEUM 3091 CALIFORNIA ST. DENVER, CO 80205	84-6117163	501(C)(3)	150,000.				SAVE HISTORIC PLACES
(8) LAKE ERIE COLLEGE 391 W WASHINGTON ST PAINESVILLE, OH 44077	34-0733165	501(C)(3)	150,000.				SAVE HISTORIC PLACES
(9) EMANUEL AFRICAN METHODIST EPISCOPAL CHURCH 110 CALHOUN STREET CHARLESTON, SC 29401	57-0575525	501(C)(3)	150,000.				SAVE HISTORIC PLACES
(10) HISTORIC KANSAS CITY 234 W. 10TH ST. KANSAS CITY, MO 64105	23-7368504	501(C)(3)	134,500.				SAVE HISTORIC PLACES
(11) MONROE COUNTY HERITAGE MUSEUM 31 NORTH ALABAMA AVE MONROEVILLE, AL 36460	63-1085886	501(C)(3)	125,000.				SAVE HISTORIC PLACES
(12) EMMETT TILL MEMORIAL COMMISSION 300 CASSIDY ST. SUMNER, MS 38957	27-2895136	501(C)(3)	120,000.				SAVE HISTORIC PLACES

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

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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) CLIVEDEN INC 6401 GERMANTOWN AVE PHILADELPHIA, PA 19144	23-2232675	501(C)(3)	106,175.				SAVE HISTORIC PLACES
(2) GREATER UNION LIFE CENTER, INC 240 S. CLARA AVE DELAND, FL 32724	37-1455540	501(C)(3)	100,000.				SAVE HISTORIC PLACES
(3) NORTH CHRISTIAN CHURCH 850 TIPTON LANE COLUMBUS, IN 47201	35-0992119	501(C)(3)	100,000.				SAVE HISTORIC PLACES
(4) UNITED BAPT. CHURCH POULTNEY PO BOX 601 POULTNEY, VT 05764	03-0306898	501(C)(3)	100,000.				SAVE HISTORIC PLACES
(5) URBAN JUNCTURE FOUNDATION 300 EAST 51ST STREET CHICAGO, IL 60615	27-2446701	501(C)(3)	100,000.				SAVE HISTORIC PLACES
(6) EDISTO ISLAND OPEN LAND TRUST, INC PO BOX 1 547 HHWY EDISTO ISLAND, SC 29438	57-1007436	501(C)(3)	90,000.				SAVE HISTORIC PLACES
(7) FND PRESERVATION OF 108 S JACKSON ST 108 SOUTH JACKSON ST JANESVILLE, WI 53548	39-1824893	501(C)(3)	89,330.				SAVE HISTORIC PLACES
(8) MUSEUM OF AFRICAN-AMERICAN HISTORY 31 MILK STREET SUITE 705 BOSTON, MA 02109	04-2429556	501(C)(3)	88,000.				SAVE HISTORIC PLACES
(9) ATLANTA BRANCH OF ASALH INC 2897 N. DRUID HILLS RD ATLANTA, GA 30329	47-4259386	501(C)(3)	75,000.				SAVE HISTORIC PLACES
(10) BAY AREA COMMUNITY LAND TRUST P. O. BOX 2652 BERKELEY, CA 94702	20-5420298	501(C)(3)	75,000.				SAVE HISTORIC PLACES
(11) CLINTON CHURCH RESTORATION, INC P.O. BOX 1075 9 ELM CT BARRINGTON, MA 01230	82-1322151	501(C)(3)	75,000.				SAVE HISTORIC PLACES
(12) ENRICHMOND FOUNDATION 100 NORTH 17TH ST. RICHMOND, VA 23219	54-1610700	501(C)(3)	75,000.				SAVE HISTORIC PLACES

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

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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) OATLANDS INC 20850 OATLANDS PLNTON LN LEESBURG, VA 20175	54-1118636	501(C)(3)	72,279.				SAVE HISTORIC PLACES
(2) PRESERVATION RESOURCE CENTER OF NEW ORLEANS 923 TCHOUPITOUSAS ST. NEW ORLEANS, LA 70130	72-0760857	501(C)(3)	63,000.				SAVE HISTORIC PLACES
(3) TEXAS A&M UNIVERSITY 3137 TAMU COLLEGE STATION, TX 77843	74-6000531	501(C)(3)	60,000.				SAVE HISTORIC PLACES
(4) VIRGINIA HUMANITIES 145 EDNAM DRIVE CHARLOTTESVILLE, VA 22903	54-1435523	501(C)(3)	60,000.				SAVE HISTORIC PLACES
(5) NEVADA PRESERVATION FOUNDATION 330 W. WASHINGTON AVE LAS VEGAS, NV 89106	46-3397538	501(C)(3)	55,000.				SAVE HISTORIC PLACES
(6) ALABAMA HISTORICAL COMMISSION 468 SOUTH PERRY STREET MONTGOMERY, AL 36104	63-6000619	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(7) OREGON BLACK PIONEERS CORPORATION 117 COMMERCIAL ST NE RM 210 SALEM, OR 97301	93-1156374	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(8) PAULI MURRAY CENTER P.O. BOX 541 DURHAM, NC 27702	45-4926223	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(9) PRESERVATION SOCIETY OF NEWPORT COUNTY 424 BELLEVUE AVENUE NEWPORT, RI 02840	05-0252708	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(10) SOUTH CAROLINA AFRICAN AMER.HERIT. FND PO BOX 1053 HARTSVILLE, SC 29551	26-1280649	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(11) HARRIET TUBMAN HOME, INC. 180 SOUTH STREET AUBURN, NY 13021	16-1534405	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(12) PRESIDENT LINCOLN'S COTTAGE AT THE SOLDIERS 3700 N CAPITOL ST NW WASHINGTON, DC 20011	747-1453864	501(C)(3)	25,230.				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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(1) THE CHURCH HILL THEATRE, INC 103 WALNUT ST. BOX 91 CHURCH HILL, MD 21623	52-1350573	501(C)(3)	25,000.				SAVE HISTORIC PLACES
(2) WHEATLAND UNITED METHODIST CHURCH 8000 S HAMPTON ROAD DALLAS, TX 75232	75-1325931	501(C)(3)	25,000.				SAVE HISTORIC PLACES
(3) ARCHAEOLOGY SOUTHWEST 300 NORTH ASH ALLEY TUCSON, AZ 85701	86-0640183	501(C)(3)	25,000.				SAVE HISTORIC PLACES
(4) FILOLI CENTER INC 86 CANADA ROAD WOODSIDE, CA 94062	95-2996648	501(C)(3)	23,584.				SAVE HISTORIC PLACES
(5) TOWN OF HURLOCK PO BOX 327 CHARLES ST. HURLOCK, MD 21643	52-0852017	501(C)(3)	22,000.				SAVE HISTORIC PLACES
(6) PRESERVATION VIRGINIA 204 WEST FRANKLIN STREET RICHMOND, VA 23220	54-0568800	501(C)(3)	20,000.				SAVE HISTORIC PLACES
(7) KENT COUNTY ARTS COUNCIL PO BOX 330 CHESTERTOWN, MD 21620	52-1236800	501(C)(3)	19,000.				SAVE HISTORIC PLACES
(8) HISTORIC WHIDBEY 82 S. EBEBY RD. COUPEVILLE, WA 98239	46-3720372	501(C)(3)	17,000.				SAVE HISTORIC PLACES
(9) THE ARCHAEOLOGICAL CONSERVANCY 1717 GIRARD BLVD. NE ALBUQUERQUE, NM 87106	95-3403273	501(C)(3)	15,000.				SAVE HISTORIC PLACES
(10) AUGUSTA COLONIAL THEATER 295 WATER STREET AUGUSTA, ME 04330	45-3012131	501(C)(3)	15,000.				SAVE HISTORIC PLACES
(11) CAMBRIDGEPORT NEIGHBORHOOD ASSOCIATION INC 202 HAMILTON ST CAMBRIDGE, MA 02139	20-3299641	501(C)(3)	15,000.				SAVE HISTORIC PLACES
(12) HISTORIC OAKLAND FOUNDATION, INC 248 OAKLAND AVENUE SE ATLANTA, GA 30312	58-1276032	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 ▶ _____

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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 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) MANITOGA, INC PO BOX 249 GARRISON, NY 10524	13-3221841	501(C)(3)	15,000.				SAVE HISTORIC PLACES
(2) OHKAY OWINGEH HOUSING AUTHORITY PO BOX 1059 OHKAY OWINGEH, NM 87566	85-0446828	501(C)(3)	15,000.				SAVE HISTORIC PLACES
(3) STEEPLE SQUARE PO BOX 3188 DUBUQUE, IA 52004	46-4898142	501(C)(3)	15,000.				SAVE HISTORIC PLACES
(4) BELLE GROVE INC PO BOX 537 MIDDLETOWN, VA 22645	54-1047175	501(C)(3)	12,624.				SAVE HISTORIC PLACES
(5) DOWNTOWN PARTNERS, INC 610 N 4TH ST #200 BURLINGTON, IA 52601	42-1449669	501(C)(3)	12,500.				SAVE HISTORIC PLACES
(6) FAIRMOUNT PARK CONSERVANCY 1617 JFK BLVD PHILADELPHIA, PA 19103	23-2703821	501(C)(3)	12,100.				SAVE HISTORIC PLACES
(7) DRAYTON HALL PRESERVATION TRUST 3380 ASHLEY RIVER ROAD CHARLESTON, SC 29414	45-4938941	501(C)(3)	10,530.				SAVE HISTORIC PLACES
(8) ANN NORTON SCULPTURE GARDENS 253 BARCELONA RD W. PALM BEACH, FL 33401	59-1874060	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(9) ASTORIA DOWNTOWN HIST. DIST. ASSOCIATION PO BOX 261 ASTORIA, OR 97103	93-0878314	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(10) AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE ST AUSTIN, TX 78751	74-1934031	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(11) CITY OF NEW BERN 300 POLLOCK ST. NEW BERN, NC 28563	56-6000235	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(12) CITY OF PADUCAH, KY 300 SOUTH 5TH ST PADUCAH, KY 42002	61-6001891	501(C)(3)	10,000.				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) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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
(1) COLORADO HISTORICAL FOUNDATION P.O. BOX 363 GOLDEN, CO 80402	84-6043555	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(2) DOWNTOWN PAINESVILLE ORGANIZATION 47 S. STATE STREET PAINESVILLE, OH 44077	84-1716245	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(3) DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST LOS ANGELES, CA 90013	31-1597223	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(4) FRANK LLOYD WRIGHT FOUNDATION 12621 N F.L. WRIGHT SCOTTSDALE, AZ 85259	86-0197576	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(5) FRIENDS OF THE NATIONAL ARBORETUM 3501 NY AVE NE WASHINGTON, DC 20002	52-1257712	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(6) GIRL SCOUTS OF THE UNITED STATES OF AMERICA 420 5TH AVENUE NEW YORK, NY 10018	13-1624016	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(7) HAIGHT STREET ART CENTER 229 HAIGHT ST SAN FRANCISCO, CA 94941	46-3070890	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(8) HANCOCK SHAKER VILLAGE 1843 W HOUSATONIC ST PITTSFIELD, MA 01201	04-2281657	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(9) HARRODSBURG HISTORICAL SOCIETY 220 S CHILES ST HARRODSBURG, KY 40330	61-0651356	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(10) HERITAGE FND OF FRANKLIN & WILLIAMSON COUNT P.O. BOX 723 112 BRIDGE ST	23-7042596	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(11) HISTORIC DENVER, INC 1420 OGDEN ST SUITE 202 DENVER, CO 80218	84-0605731	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(12) HISTORIC NORTHEAST EVENTS 2657 INDEPEN. BLVD KANSAS CITY, MO 64124	20-4497834	501(C)(3)	10,000.				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) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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
(1) JUDD FOUNDATION 101 SPRING STREET NEW YORK, NY 10012	74-2798673	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(2) LOUISIANA TRUST HISTORIC PRESERVATION P.O. BOX 1587 BATON ROUGE, LA 70821	72-0866133	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(3) MISSISSIPPI HERITAGE TRUST P.O. BOX 577 JACKSON, MS 39205	58-2020318	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(4) MONROEVILLE MAIN STREET 86 NORTH ALABAMA AVE MONROEVILLE, AL 36460	47-2490735	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(5) RAWLINS DOWNTOWN DEVELOPMENT AUTHORITY/MAIN PO BOX 1778 RAWLINS, WY 82301	83-6000086	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(6) RUTH HARTLEY MOSLEY MEMORIAL WOMEN'S CENTER 626 SPRING STREET MACON, GA 31201	58-6120821	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(7) THE WOMEN'S CLUB OF MINNEAPOLIS 410 OAK GROVE STREET MINNEAPOLIS, MN 55403	41-0618870	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(8) UNITED MINE WORKERS OF AMERICA 906 E. MAIN STREET TRINIDAD, CO 81082	53-0159200	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(9) VILLAGE OF HOLLY 300 EAST STREET HOLLY, MI 48442	82-3520876	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(10) YWCA OF SEATTLE I KING I SNOHOMISH 1118 FIFTH AVE SEATTLE, WA 98101	91-0482890	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(11) FRIENDS OF FORT HALIFAX PARK 570 N RIVER RD HALIFAX, PA 17032	20-8377179	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(12) MT. HOLLY SPRINGS BOROUGH 200 HARMAN ST MT. HOLLY SPRINGS, PA 17065	23-6002996	501(C)(3)	10,000.				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) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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
(1) STONY BROOK FOUNDATION, INC. 260 MOUNTAIN TRAIL LANE ACME, PA 15610	11-6077945	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(2) WASHINGTON ARCHITECTURAL FOUNDATION 421 7TH STREET WASHINGTON, DC 20004	52-1592783	501(C)(3)	9,600.				SAVE HISTORIC PLACES
(3) MARYLAND & PENNSYLVANIA RAILROAD PRESERVATI PO BOX 2262 YORK, PA 17405	23-2441623	501(C)(3)	9,000.				SAVE HISTORIC PLACES
(4) LOS ANGELES CONSERVANCY 523 W 6TH ST #826 LOS ANGELES, CA 90014	95-3273046	501(C)(3)	8,600.				SAVE HISTORIC PLACES
(5) THE STEEPLES PROJECT 913 LINA ST. JOHNSTOWN, PA 15902	25-1888918	501(C)(3)	7,750.				SAVE HISTORIC PLACES
(6) CITY OF SOUTH BEND 227 W JEFFERSON BLVD SOUTH BEND, IN 46601	35-6001201	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(7) KANSAS STATE UNIVERSITY 105 ANDERSON HALL MAHHATTAN, KS 66506	48-0771751	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(8) LANDMARKS ILLINOIS 30 N. MICHIGAN AVE CHICAGO, IL 60602	36-2879987	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(9) NEW YORK UNIVERSITY 105 E 17TH ST NEW YORK, NY 10003	13-5562308	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(10) THE UNIVERSITY OF TEXAS OF AUSTIN 110 INNER CAMPUS DR AUSTIN, TX 78712	74-6000203	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(11) UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVE BERKELEY, CA 94720	94-6002123	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(12) UNIVERSITY OF COLORADO DENVER CAMPUS BOX 125 DENVER, CO 80217	84-6000555	501(C)(3)	7,500.				SAVE HISTORIC PLACES

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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 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) UNIVERSITY OF MARYLAND, COLLEGE PARK ROUTE 1 COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(2) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(3) SAVE OUR CEMETERIES, INC PO BOX 56762 NEW ORLEANS, LA 70156	51-0138358	501(C)(3)	7,100.				SAVE HISTORIC PLACES
(4) ROCKEFELLER BROTHERS FUND 200 LAKE ROAD TARRYTOWN, NY 10591	13-1760106	501(C)(3)	6,000.				SAVE HISTORIC PLACES
(5) MARBLEHEAD MUSEUM 170 WASHINGTON STREET MARBLEHEAD, MA 01945	04-6003248	501(C)(3)	5,800.				SAVE HISTORIC PLACES
(6) VILLA FINALE MUSEUM & GARDENS 401 KING WILLIAM ST SAN ANTONIO, TX 78204	53-0210807	501(C)(3)	5,169.				SAVE HISTORIC PLACES
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 114.

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) (2019)

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 for instructions and the latest information.

OMB No. 1545-0047

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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 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 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 type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input 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
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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	PAUL EDMONDSON PRESIDENT & CEO	(i)	414,850.	0.	1,165.	14,000.	1,025.	431,040.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	KIMBERLY SKELLY TO 1/20 CHIEF DEVELOPMENT OFFICER	(i)	243,273.	0.	265.	12,888.	11,018.	267,444.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	CARLA WASHINKO TO 4/19 CHIEF FINANCIAL OFFICER	(i)	83,632.	0.	163,944.	5,910.	2,879.	256,365.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	KATHERINE MALONE-FRANCE CHIEF PRESERVATION OFFICER	(i)	226,212.	0.	259.	11,518.	6,896.	244,885.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	THOMPSON MAYES CHIEF LEGAL OFCR & SECRETARY	(i)	215,825.	0.	1,165.	11,350.	9,174.	237,514.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	BARBARA PAHL SENIOR VP - FIELD OFFICES	(i)	216,516.	0.	2,242.	11,029.	6,896.	236,683.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	GEOFFREY HANDY CHIEF MARKETING OFFICER	(i)	217,133.	0.	406.	11,250.	5,760.	234,549.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	THOMAS CASSIDY VP - GOV'T RELATIONS/POLICY	(i)	202,919.	0.	2,242.	10,989.	6,909.	223,059.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	TABITHA ALMQUIST CHIEF ADMINISTRATIVE OFFICER	(i)	196,594.	0.	159.	10,032.	6,840.	213,625.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	MARIANNA KNIGHT VP - HUMAN RESOURCES	(i)	191,197.	0.	700.	9,560.	996.	202,453.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	DENISE WISE VP OF FINANCE & CONTROLLER	(i)	176,340.	0.	445.	9,508.	10,972.	197,265.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	ANDREW SIMPSON VP - MARKETING	(i)	176,417.	0.	241.	9,301.	9,139.	195,098.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	PATRICIA WOODWORTH INTERIM CHIEF FIN. OFFICER	(i)	168,269.	0.	823.	8,413.	683.	178,188.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	ROSS BRADFORD ASSISTANT CORPORATE SECRETARY	(i)	145,446.	0.	118.	7,497.	6,802.	159,863.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	DAVID BROWN TO 3/19 CHIEF PRESERVATION OFFICER	(i)	85,248.	0.	41,096.	6,453.	1,727.	134,524.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
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 4A:

CARLA WASHINKO RECEIVED A SEVERANCE PAYMENT OF \$132,999.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶							\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ATTACHMENT 1					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON LYNN ENGLISH
 (B) RELATIONSHIP CONSULTANT BECAME INTERIM CDO ON JANUARY 6, 2020
 (C) AMOUNT 39,875.
 (D) DESCRIPTION OF TRANSACTION CONSULTING SERVICES
 (E) SHARING ORGANIZATION REVENUE? YES X NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**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 for instructions and the latest information.

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 53-0210807
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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	X	5 .	0 .	N/A
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	49 .	3,408,004 .	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				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	10 .	0 .	N/A
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
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**

		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?	30a		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?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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) 2019

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.

PART I, COLUMN (B):

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

PART I, LINES 1 & 22:

IN CONFORMITY WITH THE PRACTICE GENERALLY FOLLOWED BY MUSEUMS, NO VALUE
IS ASSIGNED TO THE COLLECTIONS, INCLUDING OBJECTS AND FURNISHINGS, IN THE
CONSOLIDATED FINANCIAL STATEMENTS.

**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.

OMB No. 1545-0047

2019

**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 EXPERIENCES 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 27 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 2019/2020, THE NATIONAL TRUST OWNED AND MANAGED 9 OF THESE SITES; OWNED 12 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 APPROXIMATELY 800,000 VISITORS IN 2019/2020. 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. 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

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 53-0210807
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PRESERVATION, COLLECTIONS MANAGEMENT, INTERPRETATION AND COMPREHENSIVE STEWARDSHIP.

FORM 990, PART III, LINE 4B:

HISTORIC PRESERVATION & CONSERVATION: PRESERVATION SERVICES INCLUDES

- 1) WORK TO SAVE THREATENED HISTORIC PLACES ACROSS THE COUNTRY;
- 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 AND TECHNICAL SUPPORT THROUGH PROGRAMS INCLUDING THE NATIONAL FUND FOR SACRED PLACES, THE AFRICAN AMERICAN CULTURAL HERITAGE ACTION FUND, TO ORGANIZATIONS TO SUPPORT: PRESERVATION OF HISTORIC BUILDINGS, LANDSCAPES, AND COLLECTIONS; PUBLIC INTERPRETATION OF HISTORIC PLACES; CAPACITY-BUILDING; PRESERVATION EDUCATION PROGRAMS, CONFERENCES AND RETENTION OF PROFESSIONAL CONSULTANTS;
- 4) PARTNERSHIPS WITH STATE AND LOCAL PRIVATE NONPROFIT PRESERVATION GROUPS TO DEVELOP RESOURCES TO PROMOTE PRESERVATION AS A SOLUTION TO IMPORTANT NATIONAL ISSUES, SUPPORT THE FINANCIAL SUSTAINABILITY OF SIGNIFICANT HISTORIC SITES, AND ADVANCE BEST PRACTICES IN PRESERVATION
- 5) TECHNICAL ASSISTANCE AND INFORMATION TO COMMUNITIES IN ALL PARTS OF THE COUNTRY WORKING TO REVITALIZE THEIR HISTORIC MAIN STREET COMMERCIAL DISTRICTS;

FORM 990, PART III, LINE 4C:

HISTORIC PRESERVATION & CONSERVATION: EDUCATION - COMMUNICATES THE

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 53-0210807
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BENEFITS OF HISTORIC PRESERVATION, THREATS TO HISTORIC PLACES, AND ACHIEVEMENTS IN SAVING HISTORIC PLACES TO MEMBERS AND THE PUBLIC. PROVIDES AN ANNUAL CONFERENCE, WEBINARS AND IN-PERSON TRAININGS, QUARTERLY MAGAZINE, PROFESSIONAL JOURNAL, AUDIENCE NEWSLETTERS, AND WEBSITES TO HIGHLIGHT IMPORTANT PRESERVATION ISSUES, COMMUNICATE PRESERVATION SUCCESSES, AND STIMULATE 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.

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) WWW.SAVINGPLACES.ORG AND WWW.FORUM.SAVINGPLACES.ORG (PRESERVATION LEADERSHIP FORUM) OFFER ONLINE CONTENT AND EMAIL COMMUNICATIONS THAT INSPIRE AND EDUCATE THE PUBLIC AND 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 COMMITTEES,

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 53-0210807
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INCLUDING THE INVESTMENTS, FINANCE & MANAGEMENT, AUDIT, TRUSTEESHIP & GOVERNANCE, ADVANCEMENT, AND PRESERVATION & HISTORIC SITES COMMITTEES. THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL THE POWERS OF THE BOARD OF TRUSTEES BETWEEN THE MEETINGS OF 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 89,222 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,

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 53-0210807
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DEPENDING ON THEIR PREFERENCE). ANY CHANGES FOLLOWING THESE REVIEWS WERE AGAIN REVIEWED BY BDO USA, LLP BEFORE THE FINAL 990 WAS FILED.

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. IN FY20, COMPENSATION OF THE

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 53-0210807
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PRESIDENT AND TOP MANAGEMENT STAFF WAS CARRIED OVER FROM THE PREVIOUS FISCAL YEAR WITH A REDUCTION FOR BUDGETARY REASONS OF 30% FOR THE PRESIDENT AND 10% FOR THE TOP MANAGEMENT STAFF BEGINNING IN FY20, AS WELL AS ONE WEEK OF FURLOUGH TO BE IMPLEMENTED IN FY21.

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

THE ORGANIZATION MAKES DIGITAL COPIES OF THE STATUTORY CHARTER, BYLAWS, 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 VI, LINE 17 - STATES

AR, CA,
FL, GA, HI, IL, KS, KY, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, OR, PA,
RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BEACONFIRE RED 2300 CLARENDON BLVD., SUITE 925 ARLINGTON, VA 22201	DIGITAL MARKETING	526,999.
NATIONAL GEOGRAPHIC	MARKETING	488,441.

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 53-0210807
<u>ATTACHMENT 2 (CONT'D)</u>	

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PO BOX 417131 BOSTON, MA 02241		
BDO USA, LLP P.O. BOX 642743 PITTSBURGH, PA 15264-2743	AUDIT & TAX SERVICES	331,051.
EIDOLON COMMUNICATIONS, INC. 247 MUNICIPAL ROAD ERWINNA, PA 18920	FUNDRAISING SERVICES	284,550.
DATAPRISE INC PO BOX 62550 BALTIMORE, MD 21264	IT SERVICES	275,288.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 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
(1) NATIONAL TRUST TOURS, LLC 26-1983358 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	TRAVEL	DE	906,602.	460,230.	NTCIC
(2) NATIONAL TRUST INVESTMENT MANAGEMENT 81-1853785 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	0.	913.	NTCIC
(3) NATIONAL TRUST EQUITY, LLC 81-8121733 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	0.	5,128,064.	NTCIC
(4) NT HISTORIC REAL ESTATE EQUITY FUND, LLC 81-1911360 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	0.	5,128,677.	NTCIC
(5)					
(6)					

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
(1) 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	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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 SERVI 24 COMMERCE STREET BALTIMORE,	INSURANCE AGE	MD	NTCIC	UNRELATED	543,553.	99,985.		X			X	99.0000
(2) COOPER-MOLERA PRESERVATION, LL 1121 WHITE ROCK RD, #205 EL DO	HISTORIC SITE	CA	NTHP	RELATED	502,545.	7,362,052.		X			X	98.0000
(3) NATIONAL TRUST HISTORIC REAL E 1155 15TH STREET NW SUITE 300	COMMUNITY INV	DE	NTHP	UNRELATED	0.	0.		X			X	99.9900
(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) NATIONAL TRUST COMMUNITY INVESTMENT CORP 52-2267085 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTHP	C CORP	3,882,659.	15,282,640.	100.0000	X	
(2) NT SOLAR INC. 47-1272855 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	192,001.	272,915.	100.0000		X
(3) GREENROCK CORPORATION 13-1929826 200 LAKE ROAD TARRYTOWN, NY 10591	MAINTENANCE	NY	NTHP	C CORP	3,399,841.	2,229,805.	100.0000	X	
(4) CHARITABLE REMAINDER UNITRUSTS FOR NTHP 53-0210807 2600 VIRGINIA AVE, NW STE 1100 WASHINGTON, DC 20037	CHARITABLE TR	DC	N/A	TRUST	0.	0.			X
(5) PERMANENT UNITRUST 53-0210807 2600 VIRGINIA AVE, NW STE 1100 WASHINGTON, DC 20037	CHARITABLE TR	DC	N/A	TRUST	0.	0.			X
(6) NT INITIAL INVESTOR, INC. 27-3271845 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	0.		100.0000		X
(7) NTCIC LIHTC MANAGER, INC. 27-4965820 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	0.		100.0000		X

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)												
(2)												
(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) NTCIC HTC INVEST I MANAGER, INC. 82-1167754 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	0.		100.0000		X
(2) NTCIC FUND MANAGER I, INC. 82-3791474 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	0.		100.0000		X
(3)									
(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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)	X	
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s 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	223,020.	BOOK VALUE
(2) COOPER-MOLERA PRESERVATION LLC	D	4,487,208.	BOOK VALUE
(3) NATIONAL TRUST COMMUNITY INVESTMENT CORP	F	1,800,000.	BOOK VALUE
(4) NATIONAL TRUST COMMUNITY INVESTMENT CORP	O	96,562.	BOOK VALUE
(5) NATIONAL TRUST COMMUNITY INVESTMENT CORP	Q	375,956.	BOOK VALUE
(6) GREENROCK CORPORATION	Q	156,431.	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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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	S	954,200.	BOOK VALUE
(2) GREENROCK CORPORATION	S	175,213.	BOOK VALUE
(3)			
(4)			
(5)			
(6)			

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)													

Part VII Supplemental InformationProvide additional information for responses to questions on Schedule R. See instructions.

PART III, COLUMN (A):

(1) NAME: NATIONAL TRUST INSURANCE SERVICES, LLC

EIN: 20-0590526

ADDRESS: 24 COMMERCE STREET, BALTIMORE, MD 21202

(2) NAME: COOPER-MOLERA PRESERVATION, LLC

EIN: 81-4665814

ADDRESS: 1121 WHITE ROCK RD, #205 EL DORADO HILLS, CA 95762

(3) NAME: NATIONAL TRUST HISTORIC REAL ESTATE DEBT FUND, LLC

EIN: 81-1911756

ADDRESS: 1155 15TH STREET NW, SUITE 300 WASHINGTON, DC 20005