

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
National Trust for Historic Preservation
In the United States
% DENISE WISE
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2600 VIRGINIA AVENUE NW Suite 1100
City or town, state or province, country, and ZIP or foreign postal code
Washington, DC 20037

D Employer identification number
53-0210807
E Telephone number
(202) 588-6000
G Gross receipts \$ 103,951,369

F Name and address of principal officer
PAUL EDMONDSON
2600 VIRGINIA AVENUE NW 1100
Washington, DC 20037

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c) ( ) (insert no)
4947(a)(1) or
527

J Website: SAVINGPLACES.ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1949

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if discontinued operations, 3 Number of voting members (25), 4 Number of independent voting members (25), 5 Total number of individuals employed (401), 6 Total number of volunteers (865), 7a Total unrelated business revenue (999,646), 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid, 15 Salaries, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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: 2020-07-07
DENISE WISE VP of Fin/Controller
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P01871563, Firm's name BDO USA LLP, Firm's EIN, Firm's address 8401 GREENSBORO DRIVE 800 MCLEAN, VA 22102, Phone no (703) 893-0600

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$	19,931,823	including grants of \$	1,308,503 )	(Revenue \$	3,787,381 )
	See Additional Data						

<b>4b</b>	(Code )	(Expenses \$	15,899,769	including grants of \$	5,135,202 )	(Revenue \$	696,852 )
	See Additional Data						

<b>4c</b>	(Code )	(Expenses \$	11,712,146	including grants of \$	1,916,468 )	(Revenue \$	1,610,384 )
	See Additional Data						

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

**4e Total program service expenses** ▶ 47,543,738

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Line Number, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, excess benefit transactions, and controlled entities.

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/Line Number, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

<b>2a</b> 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 . . . . .		<b>2a</b>	401		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>	<b>3b</b>		Yes	
<b>4a</b>	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)? . . . . .	<b>4a</b>			No
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	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? . . . . .	<b>6a</b>		Yes	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		Yes	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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? . . . . .	<b>7a</b>		Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			No
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			No
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			No
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>			
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>	<b>14b</b>			
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>			No
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>		Yes	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

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

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

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

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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.

**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			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	3,301,464	0	363,602

**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 ▶ **43**

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

**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
BEACONFIRE RED, 2300 CLARENDON BLVD SUITE 925 ARLINGTON, VA 22201	Digital Marketing	311,138
DAY ONE AGENCY, 307 SEVENTH AVENUE 21st Floor NEW YORK, NY 10001	Comm & Content Svcs	274,500
BDO USA LLP, PO BOX 642743 PITTSBURGH, PA 152642743	Audit & Tax Services	227,990
VIGET LABS LLC, 105 WEST BROAD ST 4TH FLOOR FALLS CHURCH, VA 22046	Digital Engagement	131,062
SSKS LLC DBA SUNSHINE SACHS, 136 MADISON AVE 17TH FLOOR NEW YORK, NY 10016	Social Media Consult	104,152

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **5**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 33,085			
	<b>b</b> Membership dues . . . . .	<b>1b</b> 3,514,995			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 261,271			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 618,685			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 35,141,233			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____	5,127,063			
	<b>h Total.</b> Add lines 1a-1f . . . . .		39,569,269		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> DUES		900099	945,474	945,474	
	<b>b</b> CONTRACT SERVICES/COMMISSIONS		900099	246,803	246,803	
	<b>c</b> ADMISSION AND SPECIAL EVENTS		900099	3,112,329	2,981,821	130,508
	<b>d</b> ADVERTISING		541800	513,941		513,941
	<b>e</b> REIMBURSEMENT OF EXPENSES		900099	239,062	239,062	
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .			5,057,609		

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			8,302,662			8,302,662	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			1,276,682		102,927	1,173,755	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
			2,924,222					
		<b>b</b> Less rental expenses		2,311,051				
		<b>c</b> Rental income or (loss)		613,171	0			
	<b>d</b> Net rental income or (loss) . . . . .			613,171	613,171			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			45,278,843					
		<b>b</b> Less cost or other basis and sales expenses		37,096,829				
		<b>c</b> Gain or (loss)		8,182,014				
	<b>d</b> Net gain or (loss) . . . . .			8,182,014			8,182,014	
	<b>8a</b> Gross income from fundraising events (not including \$ 261,271 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	173,519				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			-88,668			-88,668
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	0				
		<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .		<b>b</b>	999,625					
<b>c</b> Net income or (loss) from sales of inventory . . . . .				676,107	423,837	252,270		
Miscellaneous Revenue	Business Code							
<b>11a</b> INSURANCE REPAYMENTS	900099		116,215			116,215		
<b>b</b> MISC INCOME	900099		252,723			252,723		
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			368,938					
<b>12 Total revenue.</b> See Instructions . . . . .			63,957,784	5,450,168	999,646	17,938,701		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,351,602	8,351,602		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	8,571	8,571		
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,189,760	848,827	707,304	633,629
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	17,567,039	13,614,909	1,690,969	2,261,161
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	673,811	538,000	36,607	99,204
<b>9</b> Other employee benefits	1,172,763	970,089	81,581	121,093
<b>10</b> Payroll taxes	1,290,516	1,002,373	93,122	195,021
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0			
<b>b</b> Legal	210,554	152,994	46,916	10,644
<b>c</b> Accounting	158,100		152,300	5,800
<b>d</b> Lobbying	17,500	17,500		
<b>e</b> Professional fundraising services See Part IV, line 17	535,961			535,961
<b>f</b> Investment management fees	738,766	669,692	69,074	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,125,605	2,358,008	431,736	335,861
<b>12</b> Advertising and promotion	0			
<b>13</b> Office expenses	354,565	261,714	65,532	27,319
<b>14</b> Information technology	1,659,376	1,091,353	346,922	221,101
<b>15</b> Royalties	0			
<b>16</b> Occupancy	2,879,933	2,046,032	456,212	377,689
<b>17</b> Travel	1,350,239	1,068,289	126,456	155,494
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	0			
<b>20</b> Interest	342,468	64,781	277,687	
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	1,870,490	237,398	1,633,092	
<b>23</b> Insurance	751,053	566,961	184,092	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REAL ESTATE	6,035,787	6,035,787		
<b>b</b> PROPERTY DEVELOPMENT	2,172,049	2,168,709	340	3,000
<b>c</b> PRINTING	2,552,825	2,198,340	4,565	349,920
<b>d</b> POSTAGE	1,302,079	1,078,798	30,572	192,709
<b>e</b> All other expenses	2,927,018	2,193,011	415,418	318,589
<b>25</b> Total functional expenses. Add lines 1 through 24e	60,238,430	47,543,738	6,850,497	5,844,195
<b>26</b> 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)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	2,515,416	<b>2</b>	16,857,337
	<b>3</b> Pledges and grants receivable, net . . . . .	42,288,312	<b>3</b>	45,126,899
	<b>4</b> Accounts receivable, net . . . . .	1,614,502	<b>4</b>	1,524,933
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	443,944	<b>8</b>	461,012
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,018,114	<b>9</b>	801,386
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 16,675,109		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 6,831,913	11,056,177	<b>10c</b> 9,843,196
	<b>11</b> Investments—publicly traded securities . . . . .	42,876,545	<b>11</b>	37,403,756
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	254,529,362	<b>12</b>	241,570,162
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	784,529	<b>15</b>	992,859
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	357,126,901	<b>16</b>	354,581,540	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,548,753	<b>17</b>	7,909,251
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	10,477,315	<b>19</b>	8,005,258
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	9,870,463	<b>24</b>	6,953,055
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	23,878,859	<b>25</b>	21,878,314
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	52,775,390	<b>26</b>	44,745,878
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	99,399,027	<b>27</b>	103,622,249
	<b>28</b> Temporarily restricted net assets . . . . .	86,999,256	<b>28</b>	86,245,927
	<b>29</b> Permanently restricted net assets	117,953,228	<b>29</b>	119,967,486
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	304,351,511	<b>33</b>	309,835,662	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	357,126,901	<b>34</b>	354,581,540	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	63,957,784
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	60,238,430
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,719,354
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	304,351,511
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,764,797
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	309,835,662

**Part XII Financial Statements and Reporting**

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0210807

**Name:** National Trust for Historic Preservation  
In the United States

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

SEE SCHEDULE O

**Form 990, Part III, Line 4b:**

SEE SCHEDULE O

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**Form 990, Part III, Line 4c:**

SEE SCHEDULE O

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Timothy P Whalen ..... Trustee, Chair	2 0 ..... 0 0	X		X				0	0	0
Susan E Chapman-Hughes ..... Trustee, Vice Chair	2 0 ..... 0 0	X		X				0	0	0
Jay C Clemens ..... Trustee, Vice Chair	2 0 ..... 0 0	X		X				0	0	0
Christina Lee Brown ..... Trustee	2 0 ..... 0 0	X						0	0	0
Linda Bruckheimer ..... Trustee	2 0 ..... 0 0	X						0	0	0
Laura W Bush ..... Trustee	2 0 ..... 0 0	X						0	0	0
Lawrence H Curtis ..... Trustee	2 0 ..... 0 0	X						0	0	0
Damien Dwin ..... Trustee	2 0 ..... 0 0	X						0	0	0
Kevin Gover ..... Trustee	2 0 ..... 0 0	X						0	0	0
F Sheffield Hale ..... Trustee	2 0 ..... 0 0	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Luis G Hoyos ..... Trustee	2 0 ..... 0 0	X						0	0	0
Shelley I Hoon Keith ..... Trustee	2 0 ..... 0 0	X						0	0	0
CH Randolph Lyon ..... Trustee	2 0 ..... 0 0	X						0	0	0
Martha Nelson ..... Trustee	2 0 ..... 0 0	X						0	0	0
Charles M Royce ..... Trustee	2 0 ..... 0 0	X						0	0	0
Fernando E Lloveras San Miguel ..... Trustee	2 0 ..... 0 0	X						0	0	0
Lisa See ..... Trustee	2 0 ..... 0 0	X						0	0	0
G Jackson Tankersley Jr ..... Trustee	2 0 ..... 0 0	X						0	0	0
Phoebe Tudor ..... Trustee	2 0 ..... 0 0	X						0	0	0
Edward J Passarelli ..... Statutory Ex-Officio Trustee	2 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Kaywin Feldman ..... Statutory Ex-Officio Trustee	2 0 ..... 0 0	X						0	0	0
Todd Willens ..... Statutory Ex-Officio Trustee	2 0 ..... 0 0	X						0	0	0
Donna Colson ..... NonStatutory ExOfficio Trustee	2 0 ..... 0 0	X						0	0	0
Jean Follett ..... NonStatutory ExOfficio Trustee	2 0 ..... 0 0	X						0	0	0
Kirk Huffaker ..... NonStatutory ExOfficio Trustee	2 0 ..... 0 0	X						0	0	0
Stephanie Meeks ..... President & CEO thru 12/18	39 0 ..... 1 0			X				601,731	0	25,943
Paul W Edmondson ..... President & CEO	39 0 ..... 1 0			X				303,009	0	18,070
Carla Washinko ..... Chief Fin/Admin Ofcr thru 4/19	40 0 ..... 0 0			X				254,952	0	34,000
Patricia Woodworth ..... Interim Chief Fin/Admin Offcr	40 0 ..... 0 0			X				0	0	0
Thompson M Mayes ..... Acting Chf Legal Ofcr & Sectry	40 0 ..... 0 0			X				172,574	0	29,463

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Ross Bradford ..... Assistant Corporate Secretary	40 0 ..... 0 0			X				135,142	0	17,183
David Brown ..... Chief Preservtn Ofcr thru 3/19	40 0 ..... 0 0				X			340,206	0	36,083
Katherine Malone-France ..... Interim Chief Preservation Ofr	40 0 ..... 0 0				X			174,181	0	20,008
Kimberly Skelly ..... Chief Development Officer	40 0 ..... 0 0				X			196,126	0	38,100
Barbara Pahl ..... Senior VP - Field Offices	40 0 ..... 0 0					X		214,453	0	21,364
Tom Cassidy ..... VP - Gov't Relations/Policy	40 0 ..... 0 0					X		198,579	0	37,333
Marianna Knight ..... VP - Human Resources	40 0 ..... 0 0					X		189,017	0	9,415
Andrew Simpson ..... VP - Marketing	40 0 ..... 0 0					X		172,693	0	19,421
Denise Wise ..... Controller	40 0 ..... 0 0					X		170,271	0	33,543
Jon Kevin Gosset ..... Chief Advcmt Officer thru 5/18	40 0 ..... 0 0						X	178,530	0	23,676

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

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

**2018**

**Open to Public Inspection**

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 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 **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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	24,924,529	26,018,553	24,300,800	65,970,800	39,485,669	180,700,351
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	24,924,529	26,018,553	24,300,800	65,970,800	39,485,669	180,700,351
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						53,823,858
<b>6 Public support.</b> Subtract line 5 from line 4						126,876,493

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	24,924,529	26,018,553	24,300,800	65,970,800	39,485,669	180,700,351
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,285,099	7,870,870	4,332,079	4,133,752	9,476,418	33,098,218
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				98,279	999,646	1,097,925
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,948,166	701,190	1,494,689	217,551	452,538	4,814,134
<b>11 Total support.</b> Add lines 7 through 10						219,710,628

**12** Gross receipts from related activities, etc (see instructions) **12** 26,725,401

**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** . . . . .

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	57.747%
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	57.269%

**16a 33 1/3% support test—2018.** 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

**b 33 1/3% support test—2017.** 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

**17a 10%-facts-and-circumstances test—2018.** 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

**b 10%-facts-and-circumstances test—2017.** 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

**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

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

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

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

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



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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0210807

**Name:** National Trust for Historic Preservation  
In the United States

**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)

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**Open to Public Inspection**

**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 the organization National Trust for Historic Preservation In the United States	<b>Employer identification number</b> 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				

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	157,572													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	310,918													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	468,490													
<b>d</b>	Other exempt purpose expenditures	59,769,940													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	60,238,430													
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	482,024	329,059	486,393	468,490	1,765,966
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	54,445	171,856	116,090	157,572	499,963

**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
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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

Return Reference	Explanation
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**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year	6	1
<b>2</b> Aggregate value of contributions to (during year)	10,000	0
<b>3</b> Aggregate value of grants from (during year)	366,433	0
<b>4</b> Aggregate value at end of year	6,923,674	164,135

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	125
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	953 11
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	104
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	5

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 0
- 4** Number of states where property subject to conservation easement is located ► 26
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► 3544 00
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ 243,790
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**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.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_
- (ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_
- b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	271,911,308	262,563,154	245,073,534	270,110,391	291,685,068
<b>b</b> Contributions . . . . .	4,021,401	3,454,987	1,367,899	1,387,561	-63,855
<b>c</b> Net investment earnings, gains, and losses	10,503,482	19,007,471	31,727,169	-7,987,480	-4,930,949
<b>d</b> Grants or scholarships . . . . .	1,236,088	1,404,843	1,356,301	1,563,495	1,372,952
<b>e</b> Other expenditures for facilities and programs . . . . .	10,674,984	8,372,955	9,234,158	15,691,433	13,831,414
<b>f</b> Administrative expenses . . . . .	25,032,260	3,336,506	5,014,989	1,182,010	1,375,507
<b>g</b> End of year balance . . . . .	249,492,859	271,911,308	262,563,154	245,073,534	270,110,391

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 35 000 %
  - b** Permanent endowment ▶ 37 000 %
  - c** Temporarily restricted endowment ▶ 28 000 %
- 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
- |  |                          |                          |
|--|--------------------------|--------------------------|
| <b>(i)</b> unrelated organizations . . . . . | <b>Yes</b>               | <b>No</b>                |
| <b>3a(i)</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b>               | <b>No</b>                |
| <b>3a(ii)</b>                                | <input type="checkbox"/> | <input type="checkbox"/> |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		6,787,990	1,729,043	5,058,947
<b>c</b> Leasehold improvements		3,269,629	1,218,582	2,051,047
<b>d</b> Equipment . . . . .		6,617,490	3,884,288	2,733,202
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				9,843,196



**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	20,936,363	C
(B) OTHER NON-PUBLIC INVESTMENTS	220,633,799	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	241,570,162	

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	21,878,314

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	68,252,115
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,764,797
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	2,682,595
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,447,392
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	63,804,723
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	738,766
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-585,705
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	153,061
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	63,957,784

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	62,767,964
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	2,682,595
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	585,705
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,268,300
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	59,499,664
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	738,766
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	738,766
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	60,238,430

**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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0210807

**Name:** National Trust for Historic Preservation  
In the United States

## Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
GIFT ANNUITIES	1,252,719
ENDOWMENT FOR CONGRESSIONAL CEMETARY	5,130,393
DEFERRED RENT	4,939,443
ENDOWMENT FOR MONTPELIER	9,307,522
ENDOWMENT FOR BELLE GROVE	258,905
CHARITABLE REMAINDER TRUSTS	366,929
EMERSON SCHOOL DEPOSIT RESERVE	23,134
NELLY'S NEEDLERS LIABILITY	23,984
457B PLAN BALANCE	373,807
RETAINED LIFE ESTATES	180,000

**Form 990, Schedule D, Part X, - Other Liabilities**

<b>1</b> <b>(a)</b> Description of Liability	<b>(b)</b> Book Value
ENDOWMENT HELD FOR NMSC	3,773
POOLED INCOME FUND LIABILITY	17,705

## Supplemental Information

Return Reference	Explanation
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

## Supplemental Information

Return Reference	Explanation
PART II, LINE 5	<p>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.</p>

## Supplemental Information

Return Reference	Explanation
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.



**Supplemental Information**

Return Reference	Explanation
PART III, LINE 1a	<p>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.</p>

## Supplemental Information

Return Reference	Explanation
PART III, LINE 4	The National Trust owns certain historic sites that are operated as museums or are otherwise integral to the Trust's charitable and educational preservation program. These historic sites, most of which contain significant collections of furnishings, are regularly open to the public.

## Supplemental Information

Return Reference	Explanation
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

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	THE TRUST ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ACCOUNTING STANDARD S 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, 2016 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

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B	Cost of Goods Sold \$(323,518) Special Event Expense (262,187) Total \$(585,705)

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D	Cost of Goods Sold \$ 323,518 Special Event Expense 262,187 Total \$ 585,705

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

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" to 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total					67,132,746
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					67,132,746

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	PRESERVATION	8,571	WIRE TRANSFR			

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_ 1



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**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).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 2	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. During 2019, Katherine Malone-France, Interim Chief Preservation Officer, sat on the Executive Committee of INTO where NTHP has a permanent seat. In that capacity, she reviewed budgets and expenditures of the INTO Secretariat and worked closely with the Head of the Secretariat on INTO issues of special interests in the United States.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0210807

**Name:** National Trust for Historic Preservation  
In the United States

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		67,124,175
Europe (Including Iceland and Greenland)			Grantmaking		8,571

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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 ten 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			
BEACONFIRE RED 2300 Clarendon Blvd Suite 925 Arlington, VA 22201	ONLINE Fundraising		No	0	312,961	0
EIDOLON COMMUNICATIONS INC 15 Maiden Lane Suite 1401 New York, NY 10038	DIRECT MARKETING		No	0	223,000	0
<b>Total</b>				0	535,961	0

**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, 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)
		<u>Glass House</u> (event type)	<u>Woodlawn</u> (event type)	<u>2</u> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	309,175	50,944	74,671	434,790
	<b>2</b> Less Contributions . . . . .	193,885	12,000	55,386	261,271
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	115,290	38,944	19,285	173,519
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	198,234	19,500	44,453	262,187
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				262,187
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-88,668

**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))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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
 

<b>a</b>	The organization's facility	%
<b>b</b>	An outside facility	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations 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.

Return Reference	Explanation
PART II, EVENT TYPE	(A) EVENT #1 GLASS HOUSE FUNDRAISING EVENTS (B) EVENT #2 WOODLAWN SPRING EVENT

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

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...
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

Table with 8 columns: (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. Rows 1-12.

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



**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
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. Grantees 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.

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 53-0210807  
**Name:** National Trust for Historic Preservation  
In the United States

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
51 Street Business Assoc 220 E 51st Street Chicago, IL 60615	27-0881341	501(c)(3)	20,000				SAVE HISTORIC PLACES
ALLEN HISTORICAL SOCIETY PO BOX 31 ALLEN, MD 21810	52-2004423	501(c)(3)	10,000				Save Historic Places

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN COLLEGE OF THE BUILDING ARTS 21 MAGAZINE STREET CHARLESTON, SC 29401	57-1075250	501(c)(3)	10,000				Save Historic Places
Archaeology Southwest 300 N Ash Alley Tucson, AZ 85701	86-0640183	501(c)(3)	10,000				Save Historic Places

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASS'N FOR PRESERV OF CONGRESSIONAL CEMETERY 1801 E ST SE WASHINGTON, DC 20003	52-1071828	501(c)(3)	233,272				Save Historic Places
BELLE GROVE INC PO BOX 537 MIDDLETOWN, VA 22645	54-1047175	501(c)(3)	47,520				Save Historic Places

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BENT COUNTY HISTORICAL SOCIETY PO BOX 68 LAS ANIMAS, CO 81054	84-0576719	501(c)(3)	6,581				Save Historic Places
BISHOP BLUE BOX 1724 C/O BETHEL WOOD CENTER FOR THE ARTS MARSHALL, TX 75671	01-0906199	501(c)(3)	15,000				Save Historic Places

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLUE TRIANGLE MULTICULTURAL ASSOC INC 3005 MCGOWEN STREET HOUSTON, TX 77004	76-0578155	501(c)(3)	15,000				Save Historic Places
BOSCO-MILLIGAN FOUNDATION 701 SE GRAND AVE PORLAND, OR 97214	94-3090169	501(c)(3)	7,500				Save Historic Places

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRUCEMORE INC 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403	42-1170531	501(c)(3)	50,000				Save Historic Places
CAVE HILL HERITAGE FOUNDATION INC 701 BAXTER AVE LOUISVILLE, KY 40204	56-2498254	501(c)(3)	7,500				Save Historic Places

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHATTAHOOCHEE COUNTY HISTORIC PRESERVATION SOCIETY 113 SANDY ST PO BOX 2 CUSSETA, GA 31805	58-2139070	501(c)(3)	10,000				Save Historic Places
CITY AND COUNTY OF DENVER 1345 CHAMPA STREET DENVER, CO 80204	84-6000580	501(c)(3)	10,000				Save Historic Places



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF HAMMOND PO BOX 2788 HAMMOND, LA 704042788	72-0573539	501(c)(3)	15,000				Save Historic Places
CITY OF LEADVILLE 800 HARRISON AVE LEADVILLE, CO 80461	84-6000607	501(c)(3)	180,000				Save Historic Places

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
City of New Bern 300 Pollock St New Bern, NC 28563	56-6000235	501(c)(3)	10,000				Save Historic Places
City of San Marcos TX 317 N LBI Dr 8th FLOOR San Marcos, TX 78666	74-6002238	501(c)(3)	20,000				Save Historic Places

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLAYBORN REBORN LLC 1548 POPLAR AVE MEMPHIS, TN 38704	81-4217792	501(c)(3)	20,000				Save Historic Places
CLIVEDEN INC 6401 GERMANTOWN AVE PHILADELPHIA, PA 19144	23-2232675	501(c)(3)	35,692				Save Historic Places

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONGREGATION BETH AHABAH 1121 WEST FRANKLIN STREET RICHMOND, VA 23220	54-0139980	501(c)(3)	250,000				Save Historic Places
CORNERSTONES COMMUNITY PARTNERSHIPS 227 OTERO STREET SANTA FE, NM 87501	85-0425771	501(c)(3)	18,333				Save Historic Places

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COSTILLA COUNTY ECONOMIC DEVELOP COUNCIL 401 S CHURCH PL PO BOX 9 SAN LUIS, CO 81152	74-2474472	501(c)(3)	10,000				Save Historic Places
DADE HERITAGE TRUST INC 190 SE 12TH TERRACE MIAMI, FL 33131	59-2194849	501(c)(3)	15,000				Save Historic Places

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DAISY WILSON ARTIST COMMUNITY INC 1621 BEDFORD AVENUE PITTSBURGH, PA 15219	26-3433353	501(c)(3)	50,000				Save Historic Places
Dartmouth Heritage Program P O Box 87026 SUITE 225 Dartmouth, MA 02748	26-0298162	501(c)(3)	13,000				Save Historic Places

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DIOCESE OF EASTON 314 NORTH STREET EASTON, MD 21601	52-6015614	501(c)(3)	25,000				Save Historic Places
DORCHESTER COUNTY MARYLAND 501 COURT LANE CAMBRIDGE, MD 21613	52-6000933	501(c)(3)	24,500				Save Historic Places

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Downtown Danville VA PO Box 853 Danville, VA 24543	54-2023394	501(c)(3)	170,000				Save Historic Places
Drayton Hall Preservation Trust 3380 Ashley River Road Charleston, SC 29414	45-4938941	501(c)(3)	6,000				Save Historic Places



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DUNBAR COALITION INC 325 W 2nd STREET PO BOX 213 TUCSON, AZ 85705	86-0776891	501(c)(3)	75,000				Save Historic Places
Earth Comm Garden UT PO Box 220101 Salt Lake City, UT 84622	26-0853465	501(c)(3)	20,000				Save Historic Places

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EASTERN SHORE LAND CONSERVANCY 114 S WASHINGTON STREET EASTON, MD 21601	52-1711989	501(c)(3)	25,000				Save Historic Places
EASTEND STUDIO & GALLERY 143 W MICHIGAN AVE MARCHALL, MI 49068	43-2098353	501(c)(3)	15,000				Save Historic Places

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EMANCIPATION PARK CONSERVANCY 3018 EMANCIPATION PARK ABERNATHY ELEMENTARY SCHOOL PTA HOUSTON, TX 77004	47-2199904	501(c)(3)	10,000				Save Historic Places
EPIPHANY CONSERVATION TRUST 2808 ALTURA STREET LOS ANGELES, CA 90031	27-3690340	501(c)(3)	170,000				Save Historic Places

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FILOLI CENTER INC 86 CANADA ROAD WOODSIDE, CA 940620000	95-2996648	501(c)(3)	15,000				Save Historic Places
FIRST CONGREGATIONAL CHURCH OF DETROIT 33 E FOREST AVE DETROIT, MI 48201	38-1405585	501(c)(3)	15,000				Save Historic Places

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FND FOR PRESERVATION 20 ARLINGTON ST INC 50 CONGRESS ST STE 925 BOSTON, MA 02109	81-1773306	501(c)(3)	10,000				Save Historic Places
FRIENDS COLTRANE HOME IN DIX HILLS INC PO BOX 2171 HUNTINGTON, NY 11743	27-0140878	501(c)(3)	75,000				Save Historic Places

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FRIENDS OF CAMP SECURITY PO BOX 20008 STE 500W YORK, PA 17401	23-3087149	501(c)(3)	6,400				Save Historic Places
FRIENDS OF THE STONE CHURCH INC PO BOX 347 NO 256 GILBERTVILLE, MA 01031	47-4575235	501(c)(3)	15,000				Save Historic Places

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GARFIELD CENTER FOR THE ARTS 210 HIGH STREET CHESTERTOWN, MD 21620	52-2343419	501(c)(3)	6,000				Save Historic Places
GEORGETOWN UNIVERSITY 37th and O STREET NW WASHINGTON, DC 20057	53-0196603	501(c)(3)	15,000				Save Historic Places

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GRACE UNITED METHODIST CHURCH 4105 JUNIUS STREET DALLAS, TX 75246	75-0808789	501(c)(3)	100,000				Save Historic Places
GREEN HILL CHURCH COMMITTEE PO BOX 173 STE 248 QUANTICO, MD 21856	52-6015614	501(c)(3)	10,000				Save Historic Places



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GUAM PRESERVATION TRUST PO BOX 3036 C/O COMMUNITY FOUNDATION FUND INC HAGATNA, GU 96932	66-6013033	501(c)(3)	10,000				Save Historic Places
HARRODSBURG HISTORICAL SCIEETY 220 SOUTH CHILES STREET 558 HARRODSBURG, KY 40330	61-0651356	501(c)(3)	10,000				Save Historic Places

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Hawaiian Mission House 553 South King Street Honolulu, HI 96813	99-0073491	501(c)(3)	9,500				Save Historic Places
HEART OF BIDDEFORD 205 MAIN STREET STE 103 STE 102 BIDDEFORD, ME 04005	34-2003673	501(c)(3)	170,000				Save Historic Places

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HISPANIC SOCIETY OF AMERICA 613 WEST 155th STREET NEW YORK, NY 10032	13-5661025	501(c)(3)	20,000				Save Historic Places
Historic Alexandria 220 N Washington Street Alexandria, VA 22314	54-6001103	501(c)(3)	50,000				Save Historic Places

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HISTORIC ANNAPOLIS INC 42 EAST STREET STE 2203 ANNAPOLIS, MD 21401	52-0645783	501(c)(3)	10,000				Save Historic Places
HISTORIC HUDSON RIVER TOWNS INC 180 ROUTE 100 KATONAH, NY 10536	56-2479490	501(c)(3)	7,500				Save Historic Places

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Kent Downtown PartnWA 202 W Gowe Street STE A Kent, WA 98032	91-1573465	501(c)(3)	20,000				Save Historic Places
LOUISVILLE PRESERVATION FUND INC 325 WEST MAIN ST SUITE 1110 LOUISVILLE, KY 40202	46-2871014	501(c)(3)	15,000				Save Historic Places

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LUTHERAN CHURCH OF THE REFORMATION 212 EAST CAPITOL ST NE SUITE 1000 WASHINGTON, DC 20003	53-0205695	501(c)(3)	125,000				Save Historic Places
MADISON COUNTY EDUCATION FOUNDATION 5738 US 25/70 HWY MARSHALL, NC 28753	58-1986660	501(c)(3)	50,000				Save Historic Places

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Mai Wah Association (Mnst Uptown ButteMT) 66 W Park Street Butte, MT 597011726	12-1234569	501(c)(3)	152,000				Save Historic Places
MAINSTREET YORK INC 2 EAST MARKET STREET YORK, PA 17401	23-2411781	501(c)(3)	15,000				Save Historic Places

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MARY ELIZA FREEMAN CENTER HISTORY COMMUNITY 1019 MAIN STREET STE 210 BRIDGEPORT, CT 06604	27-1427856	501(c)(3)	50,000				Save Historic Places
MASON COUNTY FISCAL COURT 31 WSET THIRD SREET MAYSVILLE, KY 41056	61-6000876	501(c)(3)	6,000				Save Historic Places



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MIAMI DADE COLLEGE 11011 SW 104th ST RM 9254 MIAMI, FL 33176	59-1210485	501(c)(3)	20,000				Save Historic Places
MILWAUKEE PRESERVATION ALLIANCE PO BOX 510642 SUITE 200 MILWAUKEE, WI 53203	43-2026706	501(c)(3)	6,000				Save Historic Places

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Mnst Oakland County MI 303 East Street Rochester, MI 48307	38-2476777	501(c)(3)	40,000				Save Historic Places
MOKUAIKAUA CHURCH (CONGREGATIONAL) 75-5713 ALII DR KAILUA KONA, HI 96740	99-0113266	501(c)(3)	250,000				Save Historic Places

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Montana Heritage Commission MT Dept of Commerce 300 Wallace Street SUITE 105 Virginia City, MT 59755	81-0302402	501(c)(3)	10,000				Save Historic Places
MONTPELIER FOUNDATION PO BOX 67 MONTPELIER STATION, VA 22957	31-1620682	501(c)(3)	158,036				Save Historic Places

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MUSEUM OF AFRICAN-AMERICAN HISTORY 46 JOY ST RM 235 BOSTON, MA 021140000	04-2429556	501(c)(3)	16,908				Save Historic Places
NATIONAL MAIN ST CENTER INC 2600 VIRGINIA AVE NW 1000 SUITE 201 WASHINGTON, DC 20037	46-1405965	501(c)(3)	37,538				Save Historic Places

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NATIONAL WOMEN'S HALL OF FAME INC 76 FALL ST PO BOX 335 SENECA FALLS, NY 13148	23-7042891	501(c)(3)	170,000				Save Historic Places
NATIONAL ASSOCIATION COLORED WOMEN'S CLUBS 1601 R STREET NW WASHINGTON, DC 20009	53-0182943	501(c)(3)	50,000				Save Historic Places

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Nicholas County 125 East Main St Carlisle, KY 40311	61-6000729	501(c)(3)	10,000				Save Historic Places
NIHONMACHI LITTLE FRIENDS 1830 SUTTER STREET SAN FRANCISCO, CA 94115	94-2325686	501(c)(3)	150,000				Save Historic Places

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OATLANDS INC 20850 OATLANDS PLANTATION LA LEESBURG, VA 201750000	54-1118635	501(c)(3)	120,200				Save Historic Places
OHIO HISTORICAL SOCIETY 800 E 17TH AVE COLUMBUS, OH 43211	31-4389673	501(c)(3)	15,000				Save Historic Places

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Old Spanish Mission Inc PO Box 7804 San Antonio, TX 78207	74-2155244	501(c)(3)	250,000				Save Historic Places
PA Ave MNST MD 1700 Pennsylvania Avenue Baltimore, MD 21217	52-1016700	501(c)(3)	148,000				Save Historic Places



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Paramount Arts Center Inc 1300 Winchester Ave Ashland, KY 41101	61-1181883	501(c)(3)	7,500				Save Historic Places
POINTE COUPEE PARISH POLICE JURY 160 EAST MAIN STREET NEW ROADS, LA 70760	72-6001105	501(c)(3)	10,000				Save Historic Places

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PRESERVATION DETROIT PO BOX 6624 DETROIT, MI 48202	38-2827377	501(c)(3)	8,000				SAVE HISTORIC PLACES
PRESERVATION MARYLAND INC 3600 CLIPPER MILL RD STE 248 BALTIMORE, MD 21211	52-0609575	501(c)(3)	10,000				SAVE HISTORIC PLACES

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PRESERVATION RESOURCE CENTER OF NEW ORLEANS 923 TCHOUPITOULAS STREET NEW ORLEANS, LA 70130	72-0760857	501(c)(3)	24,000				SAVE HISTORIC PLACES
PRESERVATION VIRGINIA 204 W FRANKLIN ST RICHMOND, VA 23220	54-0568800	501(c)(3)	75,000				SAVE HISTORIC PLACES

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Pres Lincolns Cottage at the Soldiers Home 3700 North Capitol ST NW 558 Washington, DC 200118400	47-1453864	501(c)(3)	68,400				SAVE HISTORIC PLACES
QUINN CHAPEL AME CHURCH 2401 S WABASH AVE CHICAGO, IL 60616	36-2897358	501(c)(3)	227,000				SAVE HISTORIC PLACES

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Retreat Colored Rosenwald PO Box 181 Westminster, SC 29693	46-3169952	501(c)(3)	11,500				SAVE HISTORIC PLACES
ROCKEFELLER BROTHERS FUND 200 LAKE ROAD TARRYTOWN, NY 10591	13-1760106	501(c)(3)	791,208				SAVE HISTORIC PLACES

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Roslindale Village MA 4236A Washington St Roslindale, MA 02131	04-2883378	501(c)(3)	20,000				SAVE HISTORIC PLACES
Roxbury Cultural District PO Box 191443 Roxbury, MA 02119	82-5330931	501(c)(3)	50,000				SAVE HISTORIC PLACES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROXIE THEATER 3125 16TH STREET SAN FRANCISCO, CA 94103	26-2408760	501(c)(3)	150,000				SAVE HISTORIC PLACES
San Fran Women Ctr CA 3543 18th Street 8 San Francisco, CA 94110	94-1730620	501(c)(3)	180,000				SAVE HISTORIC PLACES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAN FRANCISCO ARCHITECTURAL HERITAGE 2007 FRANKLIN STREET SAN FRANCISCO, CA 94109	23-7135037	501(c)(3)	150,000				SAVE HISTORIC PLACES
SHRINE OF CHRIST THE KING SOVEREIGN PRIEST 6415 SOUTH WOODLAWN AVE CHICAGO, IL 60637	39-1897362	501(c)(3)	375,000				SAVE HISTORIC PLACES



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Sit-In MovementNC 134 South Elm Street Greensboro, NC 27401	56-1856093	501(c)(3)	20,000				SAVE HISTORIC PLACES
SIXTEENTH STREET BAPTIST CHURCH 1530 6th AVENUE NORTH BIRMINGHAM, AL 35203	63-0397962	501(c)(3)	170,000				SAVE HISTORIC PLACES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOCIETY FOR PRES OF WEEKSVILLE & BEDFORD 158 BUFFALO AVENUE BROOKLYN, NY 11213	23-7330454	501(c)(3)	75,000				SAVE HISTORIC PLACES
SOUTH SIDE COMMUNITY ART CENTER 3831 S MICHIGAN AVE CHICAGO, IL 60653	23-7359897	501(c)(3)	75,000				SAVE HISTORIC PLACES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOSAPHAT BASILICA FOUNDATION INC 620 WEST LINCOLN AVENUE MILWAUKEE, WI 53215	39-1688080	501(c)(3)	250,000				SAVE HISTORIC PLACES
ST PAUL'S UNITED METHODIST CHURCH 1340 3rd AVENUE SE CEDAR RAPIDS, IA 52403	42-0680303	501(c)(3)	240,500				SAVE HISTORIC PLACES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEMPLE CONCORD INC 9 RIVERSIDE DRIVE BINGHAMTON, NY 13905	15-0569360	501(c)(3)	10,000				SAVE HISTORIC PLACES
THE FIRST BAPTIST CHURCH OF BOSTON 110 COMMONWEALTH AVE BOSTON, MA 02116	04-2214868	501(c)(3)	250,000				SAVE HISTORIC PLACES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TUSKEGEE UNIVERSITY KRESGE CENTER RM 112 TUSKEGEE INSTITUTE, AL 36088	63-0288878	501(c)(3)	153,750				SAVE HISTORIC PLACES
UNIVERSITY OF MARYLAND COLLEGE PARK ROUTE 1 COLLEGE PARK, MD 20742	52-6002033	501(c)(3)	15,000				SAVE HISTORIC PLACES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF NEBRASKA-LINCOLN 151 PREM S PAUL RESEARCH CENTER 22 LINCOLN, NE 68583	47-0049123	501(c)(3)	50,000				SAVE HISTORIC PLACES
Urban Grace CO Downtown 902 Market Street Tacoma, WA 98402	91-0577139	501(c)(3)	250,000				SAVE HISTORIC PLACES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN JUNCTURE FOUNDATION 300 EAST 51st STREET CHICAGO, IL 60615	27-2446701	501(c)(3)	150,000				SAVE HISTORIC PLACES
VILLAGE OF ROUND LAKE PO BOX 85 ROUND LAKE, NY 12151	14-1512910	501(c)(3)	10,000				SAVE HISTORIC PLACES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WILFANDEL CLUB INC 3425 W ADAMS BLVD LOS ANGELES, CA 90018	95-2317857	501(c)(3)	75,000				SAVE HISTORIC PLACES
YOSEMITE CONSERVANCY 101 MONTGOMERY STREET STE 1700 SAN FRANCISCO, CA 94104	94-3058041	501(c)(3)	50,000				SAVE HISTORIC PLACES



**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

OMB No 1545-0047

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

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

# 2018

**Open to Public Inspection**

Name of the organization  
National Trust for Historic Preservation  
In the United States

Employer identification number  
53-0210807

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in 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</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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</p>					
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>		No		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> 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</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> 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</p>					
<p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> 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</p>					
<p><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>		No		
<p><b>8</b> 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</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

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

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

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

(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				
See Additional Data Table							

**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.

Return Reference	Explanation
PART I, LINE 1A	The Trust paid gross up payments of \$97,500 to Stephanie Meeks in lieu of contributions directly to a retirement plan.

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 4B	Stephanie Meeks had a \$18,000 contribution to a 457(b) Deferred Compensation Plan made by the Trust on her behalf



**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 53-0210807

**Name:** National Trust for Historic Preservation  
In the United States

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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				
Stephanie Meeks President & CEO thru 12/18	(i)	583,731	0	18,000	13,500	12,443	627,674	0
	(ii)	0	0	0	0	0	0	0
Paul W Edmondson President & CEO	(i)	303,009	0	0	13,500	4,570	321,079	0
	(ii)	0	0	0	0	0	0	0
Carla Washinko Chief Fin/Admin Ofcr thru 4/19	(i)	254,952	0	0	13,300	20,700	288,952	0
	(ii)	0	0	0	0	0	0	0
Thompson M Mayes Acting Chf Legal Ofcr & Sectry	(i)	172,574	0	0	9,149	20,314	202,037	0
	(ii)	0	0	0	0	0	0	0
Ross Bradford Assistant Corporate Secretary	(i)	135,142	0	0	6,945	10,238	152,325	0
	(ii)	0	0	0	0	0	0	0
David Brown Chief Preservtn Ofcr thru 3/19	(i)	340,206	0	0	13,500	22,583	376,289	0
	(ii)	0	0	0	0	0	0	0
Katherine Malone-France Interim Chief Preservation Ofcr	(i)	174,181	0	0	9,464	10,544	194,189	0
	(ii)	0	0	0	0	0	0	0
Jon Kevin Gosset Chief Adcvmt Officer thru 5/18	(i)	178,530	0	0	9,447	14,229	202,206	0
	(ii)	0	0	0	0	0	0	0
Kimberly Skelly Chief Development Officer	(i)	196,126	0	0	10,623	27,477	234,226	0
	(ii)	0	0	0	0	0	0	0
Barbara Pahl Senior VP - Field Offices	(i)	214,453	0	0	10,820	10,544	235,817	0
	(ii)	0	0	0	0	0	0	0
Tom Cassidy VP - Gov't Relations/Policy	(i)	198,579	0	0	10,744	26,589	235,912	0
	(ii)	0	0	0	0	0	0	0
Marianna Knight VP - Human Resources	(i)	189,017	0	0	9,415	0	198,432	0
	(ii)	0	0	0	0	0	0	0
Andrew Simpson VP - Marketing	(i)	172,693	0	0	9,173	10,284	192,150	0
	(ii)	0	0	0	0	0	0	0
Denise Wise Controller	(i)	170,271	0	0	9,170	24,373	203,814	0
	(ii)	0	0	0	0	0	0	0

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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](http://www.irs.gov/Form990) for the latest information.**

**2018**

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Department of the Treasury  
Internal Revenue Service

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**Employer identification number**  
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**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

2 Enter the amount of tax incurred by 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

(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
<b>Total</b>						▶	\$					

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

(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

**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) PATRICIA WOODWORTH	CONSULTANT BECAME INTERIM CFO ON APRIL 15, 2019	15,000	CONSULTING SERVICES		No

**Part V Supplemental Information**

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

Return Reference	Explanation



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

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

**Open to Public Inspection**

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 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
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	35	1,500,901	Stock gifts
<b>10</b> Securities—Closely held stock . . . . .	X	1	1,946,758	FAIR MARKET VALUE
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .	X	3	378,716	FAIR MARKET VALUE
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( Donated Goods & Materials ) . . . . .	X	0	55,404	FAIR MARKET VALUE
<b>26</b> Other ▶ ( Charitable Remainder Unitrust ) . . . . .	X	1	1,245,290	0
<b>27</b> Other ▶ ( _____ ) . . . . .				
<b>28</b> 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** 4

	Yes	No
<b>30a</b> 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 is not required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II		
<b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**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.

Return Reference	Explanation
Part I, column (b)	The Trust reports the number of contributions in Part I, column (b)

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

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

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

National Trust for Historic Preservation

In the United States

**Employer identification number**

53-0210807

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1	THE NATIONAL TRUST FOR HISTORIC PRESERVATION PROTECTS SIGNIFICANT PLACES REPRESENTING OUR DIVERSE CULTURAL HERITAGE BY TAKING DIRECT ACTION AND INSPIRING BROAD PUBLIC SUPPORT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	<p>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 2018/2019, THE NATIONAL TRUST OWNED AND MANAGED 10 OF THESE SITES, OWNED 11 SITES (ONE THROUGH A LONG-TERM LEASE) THAT ARE MANAGED BY INDEPENDENT LOCAL ORGANIZATIONS, AND PROVIDED LIMITED SUPPORT TO SIX OTHER SITES THAT ARE OWNED AND MANAGED BY OTHER ENTITIES THESE HISTORIC SITES WELCOMED OVER ONE MILLION VISITORS IN 2018/2019 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 PRESERVATION, COLLECTIONS MANAGEMENT, INTERPRETATION AND COMPREHENSIVE STEWARDSHIP</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4B	HISTORIC PRESERVATION & CONSERVATION PRESERVATION SERVICES INCLUDES 1) WORK TO SAVE THREA TENED HISTORIC PLACES OF NATIONAL SIGNIFICANCE AND WHERE THE PRESERVATION IMPLICATIONS ARE NATIONAL IN SCOPE, 2) INFORMATION AND TECHNICAL ASSISTANCE TO MEMBERS, PRIVATE AND PUBLIC ORGANIZATIONS, AND GOVERNMENT BODIES WITH RESPECT TO CONTEMPORARY PRESERVATION ISSUES AND REHABILITATION PROJECTS RELATED TO IMPORTANT HISTORIC BUILDINGS, LANDSCAPES AND LANDMARKS , 3) FINANCIAL ASSISTANCE/GRANTS TO ORGANIZATIONS TO FACILITATE PRESERVATION EDUCATION PRO GRAMS, CONFERENCES AND RETENTION OF PROFESSIONAL CONSULTANTS, 4) PARTNERSHIPS WITH STATE A ND LOCAL PRIVATE NONPROFIT PRESERVATION GROUPS TO STIMULATE AND RETAIN THEIR CAPACITY TO W ORK IN THE FIELD, PROFESSIONALISM, LEADERSHIP IN THEIR GEOGRAPHICAL LOCATION, FINANCIAL ST RENGTH, AND ABILITY TO SAVE HISTORIC RESOURCES, 5) TECHNICAL ASSISTANCE AND INFORMATION TO COMMUNITIES IN ALL PARTS OF THE COUNTRY WORKING TO REVITALIZE THEIR HISTORIC MAIN STREET COMMERCIAL DISTRICTS, 6) OPERATIONS OF NINE FIELD OFFICES INCLUDING ATLANTA, CHICAGO, DENV ER, HOUSTON, LOS ANGELES, NEW YORK CITY, SAN FRANCISCO, SEATTLE, AND WASHINGTON, D C , TH AT WORK CLOSELY WITH ORGANIZATIONS AND GOVERNMENTS AT ALL LEVELS TO SAVE HISTORIC PLACES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4C	HISTORIC PRESERVATION & CONSERVATION EDUCATION - COMMUNICATES THE BENEFITS OF HISTORIC PRESERVATION, THREATS TO HISTORIC PLACES, AND ACHIEVEMENTS IN SAVING HISTORIC PLACES TO MEMBERS AND THE PUBLIC PROVIDES A QUARTERLY MAGAZINE, PROFESSIONAL JOURNAL, NICHE AUDIENCE NEWSLETTERS, AND A WEBSITE TO HIGHLIGHT IMPORTANT PRESERVATION ISSUES, COMMUNICATES PRESERVATION SUCCESSES, AND STIMULATES NEW INTEREST IN HISTORIC PRESERVATION TO MOBILIZE ACTION BY THE PUBLIC, STAGES MEDIA CAMPAIGNS SUCH AS THE 11 MOST ENDANGERED HISTORIC PLACES LIST PROVIDES INFORMATION ABOUT THE LEGAL AND POLICY ASPECTS OF HISTORIC PRESERVATION 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 PRESERVATION LEADERSHIP FORUM OFFER ONLINE CONTENT AND EMAIL COMMUNICATIONS THAT INSPIRE AND EDUCATE PRESERVATIONISTS AT ALL LEVELS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 1A	The Executive Committee of the Board of Trustees consists for the Chair and two Vice Chair s and the Chair of each of the standing committees, including the Investments, Finance & M anagement, Audit, Trusteeship & Governance, Advancement, and Preservation & Historic Sites Committees The Executive Committee shall have and exercise all the powers of the Board o f Trustees between the meetings of the Board of Trustees, subject to general policies esta blished by the Board, except that the full Board of Trustees shall retain exclusive author ity to amend the Bylaws, to exercise the Boards authority to fill temporary vacancies on t he Board, and to elect the Chair and Vice Chairs of the Corporation

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	THE NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES IS A MEMBER ORGANIZATION WITH 97,299 MEMBERS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM BDO USA, LLP AND REVIEWED BY MANAGEMENT THE DRAFT IS THEN MADE AVAILABLE TO THE AUDIT COMMITTEE AND ALL BOARD MEMBERS (EITHER DIGITALLY OR IN HARD COPY, DEPENDING ON THEIR PREFERENCE) ANY CHANGES FOLLOWING THESE REVIEWS WERE AGAIN REVIEWED BY BDO USA, LLP BEFORE THE FINAL 990 WAS FILED

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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, SECTION A, 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
National Trust for Historic Preservation  
in the United States

**Employer identification number**

53-0210807

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> HERITAGE TRAVEL LLC 1155 15TH STREET NW SUITE 300 WASHINGTON, DC 20005 26-1983358	TRAVEL	DE	1,544,459	660,362	NTCIC
<b>(2)</b> National Trust Investment Management 1155 15th Street NW Suite 300 Washington, DC 20005 81-1853785	Community Inv	DE	-10,836	-5,442	NTCIC
<b>(3)</b> National Trust Equity LLC 1155 15th Street NW Suite 300 Washington, DC 20005 81-8121733	Community Inv	DE	2,296,153	6,296,640	NTCIC
<b>(4)</b> NT Historic Real Estate Equity Fund LLC 1155 15th Street NW Suite 300 Washington, DC 20005 81-1911360	Community Inv	DE	2,296,982	6,370,156	NTCIC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> NATIONAL MAIN STREET CENTER INC 2600 VIRGINIA AVE NW STE 1100  WASHINGTON, DC 20037 46-1405965	hist preserv	DE	501(C)(3)	line 10	NTHP	Yes	

**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	
<b>(1)</b> National Trust Insurance Services LLC 24 Commerce Street Baltimore, MD 21202 20-0590526	Insurance Agency	MD	NTCIC	Unrelated	557,351	124,098		No			No	99.000 %
<b>(2)</b> Cooper-Molera Preservation LLC 1121 White Rock Rd 205 El Dorado Hills, CA 95762 81-4665814	Historic Site Mgt	CA	NTHP	Unrelated	303,720	7,466,325		No			No	98.000 %

**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
<b>(1)</b> National Trust Community Investment Corp 1155 15TH STREET NW STE 300 WASHINGTON, DC 20005 52-2267085	Community Invest	DE	NTHP	C CORP	11,790,731	19,538,501	100.000 %	Yes	
<b>(2)</b> NT SOLAR INC 1155 15TH STREET NW SUITE 300 WASHINGTON, DC 20005 47-1272855	Community Invest	DE	NTCIC	C CORP	1,004,134	195,236	100.000 %		No
<b>(3)</b> Greenrock Corporation 200 Lake Road Tarrytown, NY 10591 13-1929826	Maintenance	NY	NTHP	C Corp	3,607,101	2,333,000	100.000 %	Yes	
<b>(4)</b> Charitable Remainder Unitrusts for NTHP 2600 Virginia Ave NW Ste 1100 Washington, DC 20037 53-0210807	Charitable Trusts	DC	NA	Trust	-20,308	764,074	100.000 %		No
<b>(5)</b> Permanent Unitrust 2600 Virginia Ave NW Ste 1100 Washington, DC 20037 53-0210807	Charitable Trusts	DC	NA	Trust	0	237,064	16.670 %		No



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

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

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

**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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

**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	

**Part VII Supplemental Information**

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

Return Reference	Explanation
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

Schedule Form 2016

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 53-0210807  
**Name:** National Trust for Historic Preservation  
In the United States

### Form 990, Schedule R, Part V - Transactions With Related Organizations

	(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	802,095	BOOK VALUE
(1)	NT Solar Inc	a-III	60,248	BOOK VALUE
(2)	National Trust Insurance Services LLC	a-III	33,779	BOOK VALUE
(3)	Cooper-Molera Preservation LLC	b	168,609	BOOK VALUE
(4)	Cooper-Molera Preservation LLC	d	87,516	BOOK VALUE
(5)	National Trust Community Investment Corp	f	2,034,000	BOOK VALUE
(6)	National Trust Community Investment Corp	o	83,573	BOOK VALUE
(7)	National Trust Community Investment Corp	q	468,821	BOOK VALUE
(8)	National Trust Community Investment Corp	s	1,469,400	BOOK VALUE