



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.

|    |                                                                                                               |
|----|---------------------------------------------------------------------------------------------------------------|
| 4a | (Code: ) (Expenses \$ 19,931,823 including grants of \$ 1,308,503 ) (Revenue \$ 3,787,381 )<br>SEE SCHEDULE O |
| 4b | (Code: ) (Expenses \$ 15,899,769 including grants of \$ 5,135,202 ) (Revenue \$ 696,852 )<br>SEE SCHEDULE O   |
| 4c | (Code: ) (Expenses \$ 11,712,146 including grants of \$ 1,916,468 ) (Revenue \$ 1,610,384 )<br>SEE SCHEDULE O |
| 4d | Other program services (Describe in Schedule O.)<br>(Expenses \$ including grants of \$ ) (Revenue \$ )       |
| 4e | Total program service expenses ▶ 47,543,738                                                                   |

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                  |     |     |    |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                                                             | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>                                                                                                                 | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>                                                      | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                          | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>                                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>                                 | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                    |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                                                   | 28a | Yes |    |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                                                  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                  | 30  | Yes |    |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>                                                                                                                      | 33  | Yes |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                          | 35a | Yes |    |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                         | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.                                                                                                                             | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

|                                                                                                                                                                                                                                               |     |     |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
|                                                                                                                                                                                                                                               |     | Yes | No  |
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable                                                                                                                                                                |     |     |     |
| 1a                                                                                                                                                                                                                                            | 404 |     |     |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                             |     |     |     |
| 1b                                                                                                                                                                                                                                            | 0   |     |     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                    |     | 1c  | Yes |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                              |     |     |     |
| 2a                                                                                                                                                                                                                                            | 401 |     |     |
| 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)             |     | 2b  | Yes |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              |     | 3a  | Yes |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                                                                                                                                 |     | 3b  | Yes |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |     | 4a  | No  |
| b If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                     |     |     |     |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      |     | 5a  | No  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            |     | 5b  | No  |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                          |     | 5c  |     |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | 6a  | Yes |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               |     | 6b  | Yes |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                               |     |     |     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                             |     | 7a  | Yes |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             |     | 7b  | Yes |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        |     | 7c  | No  |
| d If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                           |     | 7d  |     |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             |     | 7e  | No  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                |     | 7f  | No  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            |     | 7g  |     |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          |     | 7h  |     |
| 8 Sponsoring organizations maintaining donor advised funds.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                  |     | 8   | No  |
| 9a Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         |     | 9a  | No  |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           |     | 9b  | No  |
| 10 Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                    |     |     |     |
| a Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                    |     | 10a |     |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                 |     | 10b |     |
| 11 Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                   |     |     |     |
| a Gross income from members or shareholders                                                                                                                                                                                                   |     | 11a |     |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                |     | 11b |     |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                |     | 12a |     |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                      |     | 12b |     |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                           |     |     |     |
| a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                               |     | 13a |     |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                   |     | 13b |     |
| c Enter the amount of reserves on hand                                                                                                                                                                                                        |     | 13c |     |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                |     | 14a | No  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                   |     | 14b |     |

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**

|                                                                                                                                                                                                                                                                                                                    |           |     |            |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|------------|-----------|
|                                                                                                                                                                                                                                                                                                                    |           |     | <b>Yes</b> | <b>No</b> |
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | <b>1a</b> | 25  |            |           |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                        | <b>1b</b> | 25  |            |           |
| <b>2</b> 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? . . . . .                                                                                                                           | <b>2</b>  |     |            | No        |
| <b>3</b> 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? . . . . .                                                                             | <b>3</b>  |     |            | No        |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                                                                                                | <b>4</b>  |     |            | No        |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                                                                                                      | <b>5</b>  |     |            | No        |
| <b>6</b> Did the organization have members or stockholders? . . . . .                                                                                                                                                                                                                                              | <b>6</b>  | Yes |            |           |
| <b>7a</b> 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? . . . . .                                                                                                                                             | <b>7a</b> | Yes |            |           |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                                                                                                       | <b>7b</b> |     |            | No        |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                         |           |     |            |           |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                                                                                             | <b>8a</b> | Yes |            |           |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                     | <b>8b</b> | Yes |            |           |
| <b>9</b> 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 . . . . .                                                                                    | <b>9</b>  |     |            | No        |

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

|                                                                                                                                                                                                                                                                                                                 |            |     |            |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|------------|-----------|
|                                                                                                                                                                                                                                                                                                                 |            |     | <b>Yes</b> | <b>No</b> |
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                         | <b>10a</b> |     |            | No        |
| <b>b</b> 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?                                                                             | <b>10b</b> |     |            |           |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                | <b>11a</b> | Yes |            |           |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .                                                                                                                                                                                                  |            |     |            |           |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                    | <b>12a</b> | Yes |            |           |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | <b>12b</b> | Yes |            |           |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .                                                                                                                                           | <b>12c</b> | Yes |            |           |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                   | <b>13</b>  | Yes |            |           |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                              | <b>14</b>  | Yes |            |           |
| <b>15</b> 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?                                                                                  |            |     |            |           |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       | <b>15a</b> | Yes |            |           |
| <b>b</b> Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          | <b>15b</b> | Yes |            |           |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                                             |            |     |            |           |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                      | <b>16a</b> | Yes |            |           |
| <b>b</b> 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? . . . . . | <b>16b</b> | Yes |            |           |

**Section C. Disclosure**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>17</b> 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 |
| <b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 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.<br><input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input checked="" type="checkbox"/> Other (explain in Schedule O) |                                                                                                            |
| <b>19</b> 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.                                                                                                                                                                                                                                               |                                                                                                            |
| <b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records:<br>▶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.

| (A)<br>Name and Title                                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                            |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (1) Timothy P Whalen<br>.....<br>Trustee, Chair            | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (2) Susan E Chapman-Hughes<br>.....<br>Trustee, Vice Chair | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (3) Jay C Clemens<br>.....<br>Trustee, Vice Chair          | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (4) Christina Lee Brown<br>.....<br>Trustee                | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (5) Linda Bruckheimer<br>.....<br>Trustee                  | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (6) Laura W Bush<br>.....<br>Trustee                       | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (7) Lawrence H Curtis<br>.....<br>Trustee                  | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (8) Damien Dwin<br>.....<br>Trustee                        | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (9) Kevin Gover<br>.....<br>Trustee                        | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (10) F Sheffield Hale<br>.....<br>Trustee                  | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (11) Luis G Hoyos<br>.....<br>Trustee                      | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (12) Shelley I Hoon Keith<br>.....<br>Trustee              | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (13) CH Randolph Lyon<br>.....<br>Trustee                  | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (14) Martha Nelson<br>.....<br>Trustee                     | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (15) Charles M Royce<br>.....<br>Trustee                   | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (16) Fernando E Lloveras San Miguel<br>.....<br>Trustee    | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (17) Lisa See<br>.....<br>Trustee                          | 2.0<br>.....<br>0.0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (18) G Jackson Tankersley Jr<br>Trustee                        | 2.0<br>0.0                                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (19) Phoebe Tudor<br>Trustee                                   | 2.0<br>0.0                                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (20) Edward J Passarelli<br>Statutory Ex-Officio Trustee       | 2.0<br>0.0                                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (21) Kaywin Feldman<br>Statutory Ex-Officio Trustee            | 2.0<br>0.0                                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (22) Todd Willens<br>Statutory Ex-Officio Trustee              | 2.0<br>0.0                                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (23) Donna Colson<br>NonStatutory ExOfficio Trustee            | 2.0<br>0.0                                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (24) Jean Follett<br>NonStatutory ExOfficio Trustee            | 2.0<br>0.0                                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (25) Kirk Huffaker<br>NonStatutory ExOfficio Trustee           | 2.0<br>0.0                                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (26) Stephanie Meeks<br>President & CEO thru 12/18             | 39.0<br>1.0                                                                                |                                                                                                           |                       | X       |              |                              |        | 601,731                                                               | 0                                                                          | 25,943                                                                                        |
| (27) Paul W Edmondson<br>President & CEO                       | 39.0<br>1.0                                                                                |                                                                                                           |                       | X       |              |                              |        | 303,009                                                               | 0                                                                          | 18,070                                                                                        |
| (28) Carla Washinko<br>Chief Fin/Admin Ofcr thru 4/19          | 40.0<br>0.0                                                                                |                                                                                                           |                       | X       |              |                              |        | 254,952                                                               | 0                                                                          | 34,000                                                                                        |
| (29) Patricia Woodworth<br>Interim Chief Fin/Admin Ofcr        | 40.0<br>0.0                                                                                |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (30) Thompson M Mayes<br>Acting Chf Legal Ofcr & Sectry        | 40.0<br>0.0                                                                                |                                                                                                           |                       | X       |              |                              |        | 172,574                                                               | 0                                                                          | 29,463                                                                                        |
| (31) Ross Bradford<br>Assistant Corporate Secretary            | 40.0<br>0.0                                                                                |                                                                                                           |                       | X       |              |                              |        | 135,142                                                               | 0                                                                          | 17,183                                                                                        |
| (32) David Brown<br>Chief Preservtn Ofcr thru 3/19             | 40.0<br>0.0                                                                                |                                                                                                           |                       |         | X            |                              |        | 340,206                                                               | 0                                                                          | 36,083                                                                                        |
| (33) Katherine Malone-France<br>Interim Chief Preservation Ofr | 40.0<br>0.0                                                                                |                                                                                                           |                       |         | X            |                              |        | 174,181                                                               | 0                                                                          | 20,008                                                                                        |
| (34) Kimberly Skelly<br>Chief Development Officer              | 40.0<br>0.0                                                                                |                                                                                                           |                       |         | X            |                              |        | 196,126                                                               | 0                                                                          | 38,100                                                                                        |
| (35) Barbara Pahl<br>Senior VP - Field Offices                 | 40.0<br>0.0                                                                                |                                                                                                           |                       |         |              | X                            |        | 214,453                                                               | 0                                                                          | 21,364                                                                                        |
| (36) Tom Cassidy<br>VP - Gov't Relations/Policy                | 40.0<br>0.0                                                                                |                                                                                                           |                       |         |              | X                            |        | 198,579                                                               | 0                                                                          | 37,333                                                                                        |
| (37) Marianna Knight<br>VP - Human Resources                   | 40.0<br>0.0                                                                                |                                                                                                           |                       |         |              | X                            |        | 189,017                                                               | 0                                                                          | 9,415                                                                                         |
| (38) Andrew Simpson<br>VP - Marketing                          | 40.0<br>0.0                                                                                |                                                                                                           |                       |         |              | X                            |        | 172,693                                                               | 0                                                                          | 19,421                                                                                        |
| (39) Denise Wise<br>Controller                                 | 40.0<br>0.0                                                                                |                                                                                                           |                       |         |              | X                            |        | 170,271                                                               | 0                                                                          | 33,543                                                                                        |
| (40) Jon Kevin Gosset<br>Chief Advcmt Officer thru 5/18        | 40.0<br>0.0                                                                                |                                                                                                           |                       |         |              |                              | X      | 178,530                                                               | 0                                                                          | 23,676                                                                                        |

Part VII

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

|                                                                   |   |           |   |         |
|-------------------------------------------------------------------|---|-----------|---|---------|
| 1b Sub-Total . . . . .                                            | ▶ |           |   |         |
| c Total from continuation sheets to Part VII, Section A . . . . . | ▶ |           |   |         |
| d Total (add lines 1b and 1c) . . . . .                           | ▶ | 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 ▶ 4 3

|   |                                                                                                                                                                                                                                               | Yes   | No |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>                                        | 3 Yes |    |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i> | 4 Yes |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>                       | 5     | 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)<br>Name and business address                                                 | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------------------------------------------------------|--------------------------------|---------------------|
| BEACONFIRE RED,<br>2300 CLARENDON BLVD SUITE 925<br>ARLINGTON, VA 22201          | Digital Marketing              | 311,138             |
| DAY ONE AGENCY,<br>307 SEVENTH AVENUE 21st Floor<br>NEW YORK, NY 10001           | Comm & Content Svcs            | 274,500             |
| BDO USA LLP,<br>PO BOX 642743<br>PITTSBURGH, PA 152642743                        | Audit & Tax Services           | 227,990             |
| VIGET LABS LLC,<br>105 WEST BROAD ST 4TH FLOOR<br>FALLS CHURCH, VA 22046         | Digital Engagement             | 131,062             |
| SSKS LLC DBA SUNSHINE SACHS,<br>136 MADISON AVE 17TH FLOOR<br>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)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a Federated campaigns . . .                                                                                                                  |               | 1a             | 33,085               |                                                    |                                         |                                                                  |
|                                                           | b Membership dues . . .                                                                                                                       |               | 1b             | 3,514,995            |                                                    |                                         |                                                                  |
|                                                           | c Fundraising events . . .                                                                                                                    |               | 1c             | 261,271              |                                                    |                                         |                                                                  |
|                                                           | d Related organizations                                                                                                                       |               | 1d             |                      |                                                    |                                         |                                                                  |
|                                                           | e Government grants (contributions)                                                                                                           |               | 1e             | 618,685              |                                                    |                                         |                                                                  |
|                                                           | f All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                        |               | 1f             | 35,141,233           |                                                    |                                         |                                                                  |
|                                                           | g Noncash contributions included<br>in lines 1a-1f:\$                                                                                         |               | 5,127,063      |                      |                                                    |                                         |                                                                  |
| h Total.Add lines 1a-1f . . . . .                         |                                                                                                                                               |               |                | 39,569,269           |                                                    |                                         |                                                                  |
| Program Service Revenue                                   |                                                                                                                                               |               | Business Code  |                      |                                                    |                                         |                                                                  |
|                                                           | 2a DUES                                                                                                                                       |               | 900099         | 945,474              | 945,474                                            |                                         |                                                                  |
|                                                           | b CONTRACT SERVICES/COMMISSIONS                                                                                                               |               | 900099         | 246,803              | 246,803                                            |                                         |                                                                  |
|                                                           | c ADMISSION AND SPECIAL EVENTS                                                                                                                |               | 900099         | 3,112,329            | 2,981,821                                          | 130,508                                 |                                                                  |
|                                                           | d ADVERTISING                                                                                                                                 |               | 541800         | 513,941              |                                                    | 513,941                                 |                                                                  |
|                                                           | e REIMBURSEMENT OF EXPENSES                                                                                                                   |               | 900099         | 239,062              | 239,062                                            |                                         |                                                                  |
|                                                           | f All other program service revenue.                                                                                                          |               |                |                      |                                                    |                                         |                                                                  |
|                                                           | g Total.Add lines 2a-2f                                                                                                                       |               | 5,057,609      |                      |                                                    |                                         |                                                                  |
| Other Revenue                                             | 3 Investment income (including dividends, interest, and other<br>similar amounts)                                                             |               |                | 8,302,662            |                                                    |                                         | 8,302,662                                                        |
|                                                           | 4 Income from investment of tax-exempt bond proceeds                                                                                          |               |                | 0                    |                                                    |                                         |                                                                  |
|                                                           | 5 Royalties . . . . .                                                                                                                         |               |                | 1,276,682            |                                                    | 102,927                                 | 1,173,755                                                        |
|                                                           |                                                                                                                                               |               | (i) Real       | (ii) Personal        |                                                    |                                         |                                                                  |
|                                                           | 6a Gross rents                                                                                                                                |               |                |                      |                                                    |                                         |                                                                  |
|                                                           | b Less: rental expenses                                                                                                                       |               | 2,924,222      |                      |                                                    |                                         |                                                                  |
|                                                           | c Rental income or (loss)                                                                                                                     |               | 2,311,051      |                      |                                                    |                                         |                                                                  |
|                                                           |                                                                                                                                               |               |                |                      |                                                    |                                         |                                                                  |
|                                                           | d Net rental income or (loss) . . . . .                                                                                                       |               |                | 613,171              | 613,171                                            |                                         |                                                                  |
|                                                           |                                                                                                                                               |               | (i) Securities | (ii) Other           |                                                    |                                         |                                                                  |
|                                                           | 7a Gross amount from sales of assets other than inventory                                                                                     |               |                |                      |                                                    |                                         |                                                                  |
|                                                           | b Less: cost or other basis and sales expenses                                                                                                |               | 45,278,843     |                      |                                                    |                                         |                                                                  |
|                                                           | c Gain or (loss)                                                                                                                              |               | 37,096,829     |                      |                                                    |                                         |                                                                  |
|                                                           | d Net gain or (loss) . . . . .                                                                                                                |               |                | 8,182,014            |                                                    |                                         | 8,182,014                                                        |
|                                                           | 8a Gross income from fundraising events (not including \$<br>261,271 of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |               | a              | 173,519              |                                                    |                                         |                                                                  |
|                                                           | b Less: direct expenses . . . . .                                                                                                             |               | b              | 262,187              |                                                    |                                         |                                                                  |
|                                                           | c Net income or (loss) from fundraising events . . . . .                                                                                      |               |                |                      | -88,668                                            |                                         | -88,668                                                          |
|                                                           | 9a Gross income from gaming activities.<br>See Part IV, line 19 . . . . .                                                                     |               | a              | 0                    |                                                    |                                         |                                                                  |
|                                                           | b Less: direct expenses . . . . .                                                                                                             |               | b              | 0                    |                                                    |                                         |                                                                  |
|                                                           | c Net income or (loss) from gaming activities . . . . .                                                                                       |               |                |                      | 0                                                  |                                         |                                                                  |
|                                                           | 10a Gross sales of inventory, less returns and allowances . . . . .                                                                           |               | a              | 999,625              |                                                    |                                         |                                                                  |
|                                                           | b Less: cost of goods sold . . . . .                                                                                                          |               | b              | 323,518              |                                                    |                                         |                                                                  |
| c Net income or (loss) from sales of inventory . . . . .  |                                                                                                                                               |               |                | 676,107              | 423,837                                            | 252,270                                 |                                                                  |
| Miscellaneous Revenue                                     |                                                                                                                                               | Business Code |                |                      |                                                    |                                         |                                                                  |
| 11a INSURANCE REPAYMENTS                                  |                                                                                                                                               | 900099        |                | 116,215              |                                                    |                                         | 116,215                                                          |
| b MISC INCOME                                             |                                                                                                                                               | 900099        |                | 252,723              |                                                    |                                         | 252,723                                                          |
| c                                                         |                                                                                                                                               |               |                |                      |                                                    |                                         |                                                                  |
| d All other revenue . . . . .                             |                                                                                                                                               |               |                |                      |                                                    |                                         |                                                                  |
| e Total. Add lines 11a-11d . . . . .                      |                                                                                                                                               |               |                | 368,938              |                                                    |                                         |                                                                  |
| 12 Total revenue. 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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                                                                | 8,351,602             | 8,351,602                       |                                        |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22                                                                                                                                                               | 0                     |                                 |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16                                                                                                                  | 8,571                 | 8,571                           |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                            | 2,189,760             | 848,827                         | 707,304                                | 633,629                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                                       | 0                     |                                 |                                        |                             |
| 7 Other salaries and wages                                                                                                                                                                                                                            | 17,567,039            | 13,614,909                      | 1,690,969                              | 2,261,161                   |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                                  | 673,811               | 538,000                         | 36,607                                 | 99,204                      |
| 9 Other employee benefits                                                                                                                                                                                                                             | 1,172,763             | 970,089                         | 81,581                                 | 121,093                     |
| 10 Payroll taxes                                                                                                                                                                                                                                      | 1,290,516             | 1,002,373                       | 93,122                                 | 195,021                     |
| 11 Fees for services (non-employees):                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                                          | 0                     |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                                               | 210,554               | 152,994                         | 46,916                                 | 10,644                      |
| c Accounting                                                                                                                                                                                                                                          | 158,100               |                                 | 152,300                                | 5,800                       |
| d Lobbying                                                                                                                                                                                                                                            | 17,500                | 17,500                          |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                                             | 535,961               |                                 |                                        | 535,961                     |
| f Investment management fees                                                                                                                                                                                                                          | 738,766               | 669,692                         | 69,074                                 |                             |
| g 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                     |
| 12 Advertising and promotion                                                                                                                                                                                                                          | 0                     |                                 |                                        |                             |
| 13 Office expenses                                                                                                                                                                                                                                    | 354,565               | 261,714                         | 65,532                                 | 27,319                      |
| 14 Information technology                                                                                                                                                                                                                             | 1,659,376             | 1,091,353                       | 346,922                                | 221,101                     |
| 15 Royalties                                                                                                                                                                                                                                          | 0                     |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                                                                          | 2,879,933             | 2,046,032                       | 456,212                                | 377,689                     |
| 17 Travel                                                                                                                                                                                                                                             | 1,350,239             | 1,068,289                       | 126,456                                | 155,494                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| 20 Interest                                                                                                                                                                                                                                           | 342,468               | 64,781                          | 277,687                                |                             |
| 21 Payments to affiliates                                                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                                          | 1,870,490             | 237,398                         | 1,633,092                              |                             |
| 23 Insurance                                                                                                                                                                                                                                          | 751,053               | 566,961                         | 184,092                                |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                                  |                       |                                 |                                        |                             |
| a REAL ESTATE                                                                                                                                                                                                                                         | 6,035,787             | 6,035,787                       |                                        |                             |
| b PROPERTY DEVELOPMENT                                                                                                                                                                                                                                | 2,172,049             | 2,168,709                       | 340                                    | 3,000                       |
| c PRINTING                                                                                                                                                                                                                                            | 2,552,825             | 2,198,340                       | 4,565                                  | 349,920                     |
| d POSTAGE                                                                                                                                                                                                                                             | 1,302,079             | 1,078,798                       | 30,572                                 | 192,709                     |
| e All other expenses                                                                                                                                                                                                                                  | 2,927,018             | 2,193,011                       | 415,418                                | 318,589                     |
| 25 Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                                 | 60,238,430            | 47,543,738                      | 6,850,497                              | 5,844,195                   |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

☐

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

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

|    |                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| b  | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | Yes |
| 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                    | 2c  | Yes |
| 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?                                                                                                                                                                                                                                                                  | 3a  | Yes |
| 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.                                                                                                                                                                                                     | 3b  | Yes |

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- 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)<br>Name of supported organization | (ii)EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization listed in your governing document? |    | (v)<br>Amount of monetary support (see instructions) | (vi)<br>Amount of other support (see instructions) |
|---------------------------------------|---------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----|------------------------------------------------------|----------------------------------------------------|
|                                       |         |                                                                                                 | Yes                                                            | No |                                                      |                                                    |
|                                       |         |                                                                                                 |                                                                |    |                                                      |                                                    |
|                                       |         |                                                                                                 |                                                                |    |                                                      |                                                    |
|                                       |         |                                                                                                 |                                                                |    |                                                      |                                                    |
| Total                                 |         |                                                                                                 |                                                                |    |                                                      |                                                    |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                      | (a)2010    | (b)2011    | (c)2012    | (d)2013    | (e)2018    | (f)Total    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                 | 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<br>(or fiscal year beginning in) ►                                                                                                  | (a)2010    | (b)2011    | (c)2012    | (d)2013    | (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 2013 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—2013.** 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—2013.** 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year<br>(or fiscal year beginning in) ▶                                                                                                                                    | (a)2010 | (b)2011 | (c)2012 | (d)2013 | (e)2018 | (f)Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| 1Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .                                                                               |         |         |         |         |         |          |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |         |         |         |         |         |          |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513. .                                                                                    |         |         |         |         |         |          |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                            |         |         |         |         |         |          |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge. .                                                                         |         |         |         |         |         |          |
| 6Total. Add lines 1 through 5.                                                                                                                                                      |         |         |         |         |         |          |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons. . .                                                                                                     |         |         |         |         |         |          |
| bAmounts 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.                    |         |         |         |         |         |          |
| cAdd lines 7a and 7b. .                                                                                                                                                             |         |         |         |         |         |          |
| 8Public support (Subtract line 7c from line 6.)                                                                                                                                     |         |         |         |         |         |          |

Section B. Total Support

| Calendar year<br>(or fiscal year beginning in) ▶                                                                                                                                         | (a)2010 | (b)2011 | (c)2012 | (d)2013 | (e)2018 | (f)Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| 9Amounts from line 6. . .                                                                                                                                                                |         |         |         |         |         |          |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .                                                    |         |         |         |         |         |          |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                                |         |         |         |         |         |          |
| cAdd lines 10a and 10b.                                                                                                                                                                  |         |         |         |         |         |          |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.                                                           |         |         |         |         |         |          |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .                                                                                    |         |         |         |         |         |          |
| 13Total support. (Add lines 9, 10c, 11, and 12.) .                                                                                                                                       |         |         |         |         |         |          |
| 14First 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

|                                                                                                    |    |  |
|----------------------------------------------------------------------------------------------------|----|--|
| 15Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 |  |
| 16Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .                      | 16 |  |

Section D. Computation of Investment Income Percentage

|                                                                                                         |    |  |
|---------------------------------------------------------------------------------------------------------|----|--|
| 17Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 |  |
| 18Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . .                        | 18 |  |

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—2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1   | 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.                                                                                                                                                                                                                |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                             |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                           |     |    |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                                    |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                 |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                               |     |    |
| c   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.                                                                                                                                                                                  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <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   | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| c   | Substitutions only. Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                                                            |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .                                                                                                                                                                                                    |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                              |     |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                      |     |    |
| b   | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                       |     |    |
| c   | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                            |     |    |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.                                                                                                                                                                                                                                                                      |     |    |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).                                                                                                                                                                                                                                                                                                                                                          |     |    |

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

|     | Yes | No |
|-----|-----|----|
|     |     |    |
|     |     |    |
| 11a |     |    |
| 11b |     |    |
| 11c |     |    |

Section B. Type I Supporting Organizations

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

|   | Yes | No |
|---|-----|----|
|   |     |    |
| 1 |     |    |
|   |     |    |
| 2 |     |    |

Section C. Type II Supporting Organizations

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

|   | Yes | No |
|---|-----|----|
|   |     |    |
| 1 |     |    |

Section D. All Type III Supporting Organizations

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

|   | Yes | No |
|---|-----|----|
|   |     |    |
| 1 |     |    |
|   |     |    |
| 2 |     |    |
|   |     |    |
| 3 |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

|    | Yes | No |
|----|-----|----|
|    |     |    |
| 2a |     |    |
|    |     |    |
| 2b |     |    |
|    |     |    |
| 3a |     |    |
|    |     |    |
| 3b |     |    |

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

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

**Section A - Adjusted Net Income**

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

**Section B - Minimum Asset Amount**

|                                                                                                                                          | (A) Prior Year | (B) Current Year |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------|
| <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 Total</b> (add lines 1a, 1b, and 1c)                                                                                                | <b>1d</b>      |                  |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in 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 Minimum Asset Amount</b> (add line 7 to line 6)                                                                                     | <b>8</b>       |                  |

**Section C - Distributable Amount**

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

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

| Section E - Distribution Allocations (see instructions)                                                                                              | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2018 from Section C, line 6                                                                                               |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required--see instructions)                                                  |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2018:                                                                                                   |                             |                                        |                                           |
| a From 2009. . . . . X                                                                                                                               |                             |                                        |                                           |
| b From 2010. . . . . X                                                                                                                               |                             |                                        |                                           |
| c From 2011. . . . . X                                                                                                                               |                             |                                        |                                           |
| d From 2012. . . . . X                                                                                                                               |                             |                                        |                                           |
| e From 2013. . . . .                                                                                                                                 |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                        |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                       |                             |                                        |                                           |
| h Applied to 2018 distributable amount                                                                                                               |                             |                                        |                                           |
| i Carryover from 2009 not applied (see instructions)                                                                                                 |                             |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                                  |                             |                                        |                                           |
| 4 Distributions for 2018 from Section D, line 7:<br>\$                                                                                               |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                       |                             |                                        |                                           |
| b Applied to 2018 distributable amount                                                                                                               |                             |                                        |                                           |
| c Remainder. Subtract lines 4a and 4b from 4.                                                                                                        |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c.                                                                                       |                             |                                        |                                           |
| 8 Breakdown of line 7:                                                                                                                               |                             |                                        |                                           |
| a From 2010. . . . . X                                                                                                                               |                             |                                        |                                           |
| b From 2011. . . . . X                                                                                                                               |                             |                                        |                                           |
| c From 2012. . . . . X                                                                                                                               |                             |                                        |                                           |
| d From 2013. . . . .                                                                                                                                 |                             |                                        |                                           |
| e From 2018. . . . .                                                                                                                                 |                             |                                        |                                           |

**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 |  |
|------------------------------|--|
|                              |  |

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

## Additional Data

**Return to Form**

# Software ID:

## Software Version:

|                                                                                                                                   |                                                                                                                                                                                                                                                          |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> | <div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div> | <div>OMB No. 1545-0047</div> <div>2018</div> |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|

|                                                                                                                         |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <div>Name of the organization</div> <div>National Trust for Historic Preservation</div> <div>In the United States</div> | <div>Employer identification number</div> <div>53-0210807</div> |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|

Organization type (check one):

|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div> | <div>Section:</div> <div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div> |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

General Rule

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

Special Rules

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

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

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

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

|                                                                                                 |                                                     |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>National Trust for Historic Preservation<br>In the United States | <b>Employer identification number</b><br>53-0210807 |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|

| Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                                   |                            |                                  |
|-------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|----------------------------------|
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution      |
| RESTRICTED                                                                                            |                                   | \$ RESTRICTED              | Person <input type="checkbox"/>  |
|                                                                                                       |                                   |                            | Payroll <input type="checkbox"/> |
|                                                                                                       |                                   |                            | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions.)                                                         |                                   |                            |                                  |
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution      |
| .                                                                                                     |                                   | \$                         | Person <input type="checkbox"/>  |
|                                                                                                       |                                   |                            | Payroll <input type="checkbox"/> |
|                                                                                                       |                                   |                            | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions.)                                                         |                                   |                            |                                  |
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution      |
| .                                                                                                     |                                   | \$                         | Person <input type="checkbox"/>  |
|                                                                                                       |                                   |                            | Payroll <input type="checkbox"/> |
|                                                                                                       |                                   |                            | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions.)                                                         |                                   |                            |                                  |
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution      |
| .                                                                                                     |                                   | \$                         | Person <input type="checkbox"/>  |
|                                                                                                       |                                   |                            | Payroll <input type="checkbox"/> |
|                                                                                                       |                                   |                            | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions.)                                                         |                                   |                            |                                  |
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution      |
| .                                                                                                     |                                   | \$                         | Person <input type="checkbox"/>  |
|                                                                                                       |                                   |                            | Payroll <input type="checkbox"/> |
|                                                                                                       |                                   |                            | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions.)                                                         |                                   |                            |                                  |
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution      |
| .                                                                                                     |                                   | \$                         | Person <input type="checkbox"/>  |
|                                                                                                       |                                   |                            | Payroll <input type="checkbox"/> |
|                                                                                                       |                                   |                            | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions.)                                                         |                                   |                            |                                  |
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution      |
| .                                                                                                     |                                   | \$                         | Person <input type="checkbox"/>  |
|                                                                                                       |                                   |                            | Payroll <input type="checkbox"/> |
|                                                                                                       |                                   |                            | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions.)                                                         |                                   |                            |                                  |

**Name of organization**

National Trust for Historic Preservation  
In the United States

**Employer identification number**

53-0210807

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

| (a)<br>No.from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|-----------------------|----------------------------------------------|------------------------------------------------|----------------------|
| <div></div>           | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No.from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| <div></div>           | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No.from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| <div></div>           | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No.from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| <div></div>           | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No.from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| <div></div>           | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No.from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| <div></div>           | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |

|                                                                                                 |                                                         |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Name of organization</b><br>National Trust for Historic Preservation<br>In the United States | <b>Employer identification number</b><br><br>53-0210807 |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

| (a)<br>No. from Part I | (b) Purpose of gift                                                                                                                                    | (c) Use of gift | (d) Description of how gift is held |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------|
|                        | <div></div>                                                                                                                                            | <div></div>     | <div></div>                         |
|                        | <div></div>                                                                                                                                            | <div></div>     | <div></div>                         |
|                        | (e) Transfer of gift                                                                                                                                   |                 |                                     |
|                        | Transferee's name, address, and ZIP 4 <div></div> <div></div> <div></div> Relationship of transferor to transferee <div></div> <div></div> <div></div> |                 |                                     |
|                        | <div></div>                                                                                                                                            | <div></div>     | <div></div>                         |
|                        | <div></div>                                                                                                                                            | <div></div>     | <div></div>                         |
|                        | (e) Transfer of gift                                                                                                                                   |                 |                                     |
|                        | Transferee's name, address, and ZIP 4 <div></div> <div></div> <div></div> Relationship of transferor to transferee <div></div> <div></div> <div></div> |                 |                                     |
|                        | <div></div>                                                                                                                                            | <div></div>     | <div></div>                         |
|                        | <div></div>                                                                                                                                            | <div></div>     | <div></div>                         |
|                        | (e) Transfer of gift                                                                                                                                   |                 |                                     |
|                        | Transferee's name, address, and ZIP 4 <div></div> <div></div> <div></div> Relationship of transferor to transferee <div></div> <div></div> <div></div> |                 |                                     |
|                        | <div></div>                                                                                                                                            | <div></div>     | <div></div>                         |
|                        | <div></div>                                                                                                                                            | <div></div>     | <div></div>                         |
|                        | (e) Transfer of gift                                                                                                                                   |                 |                                     |
|                        | Transferee's name, address, and ZIP 4 <div></div> <div></div> <div></div> Relationship of transferor to transferee <div></div> <div></div> <div></div> |                 |                                     |

# Additional Data

[Return to Form](#)

Software ID:

Software Version:

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" to 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" to 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" to 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<br>National Trust for Historic Preservation<br>In the United States | Employer identification number<br>53-0210807 |
|----------------------------------------------------------------------------------------------|----------------------------------------------|

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. |    |
| 2 | Political expenditures .....                                                                              | \$ |
| 3 | Volunteer hours .....                                                                                     |    |

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? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? .....                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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-. |
|---------|------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|         |            |         |                                                                       |                                                                                                                                              |
|         |            |         |                                                                       |                                                                                                                                              |
|         |            |         |                                                                       |                                                                                                                                              |
|         |            |         |                                                                       |                                                                                                                                              |
|         |            |         |                                                                       |                                                                                                                                              |

Part II-A

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

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

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                       |                                                    | (a) Filing organization's totals | (b) Affiliated group totals |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------|-----------------------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                  |                                                    | 157,572                          |                             |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                    |                                                    | 310,918                          |                             |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                |                                                    | 468,490                          |                             |
| d Other exempt purpose expenditures                                                                                                                                                                                |                                                    | 59,769,940                       |                             |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                          |                                                    | 60,238,430                       |                             |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                           |                                                    | 1,000,000                        |                             |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                    | The lobbying nontaxable amount is:                 |                                  |                             |
| Not over \$500,000                                                                                                                                                                                                 | 20% of the amount on line 1e.                      |                                  |                             |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                            | \$100,000 plus 15% of the excess over \$500,000.   |                                  |                             |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                          | \$175,000 plus 10% of the excess over \$1,000,000. |                                  |                             |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                         | \$225,000 plus 5% of the excess over \$1,500,000.  |                                  |                             |
| Over \$17,000,000                                                                                                                                                                                                  | \$1,000,000.                                       |                                  |                             |
| g Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                                                                                        |                                                    | 250,000                          |                             |
| h Subtract line 1g from line 1a. If zero or less, enter -0-. .....                                                                                                                                                 |                                                    |                                  |                             |
| i Subtract line 1f from line 1c. If zero or less, enter -0-. .....                                                                                                                                                 |                                                    |                                  |                             |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                    |                                  |                             |

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

| Lobbying Expenditures During 4-Year Averaging Period      |           |           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in)               | (a) 2011  | (b) 2012  | (c) 2013  | (d) 2018  | (e) Total |
| 2a Lobbying nontaxable amount                             | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e))    |           |           |           |           | 6,000,000 |
| c Total lobbying expenditures                             | 482,024   | 329,059   | 486,393   | 468,490   | 1,765,966 |
| d Grassroots nontaxable amount                            | 250,000   | 250,000   | 250,000   | 250,000   | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) |           |           |           |           | 1,500,000 |
| f Grassroots lobbying expenditures                        | 54,445    | 171,856   | 116,090   | 157,572   | 499,963   |

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|           |                                                                                                                                                                                                                               |  |  |  |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <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? .....                                                                                                                            |  |  |  |

|          |                                                                                                         | 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> |    |

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

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 |
|------------------|-------------|
|------------------|-------------|

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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" to Form 990, Part IV, line 6.

|                                                     | (a) Donor advised funds | (b) Funds and other accounts |
|-----------------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             | 6                       | 1                            |
| 2 Aggregate value of contributions to (during year) | 10,000                  | 0                            |
| 3 Aggregate value of grants from (during year)      | 366,433                 | 0                            |
| 4 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" to 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.

a Total number of conservation easements . . . . .

b Total acreage restricted by conservation easements . . . . .

c Number of conservation easements on a certified historic structure included in (a) . . . . .

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .

|    | Held at the End of the Year |
|----|-----------------------------|
| 2a | 125                         |
| 2b | 953.11                      |
| 2c | 104                         |
| 2d | 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, and enforcing conservation easements during the year ► 3544.00

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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 in 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 in Form 990, Part VIII, line 1 . . . . . ► \$  
b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2018

**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
- d** ☒ Loan or exchange programs
- b** ☒ Scholarly research
- e** ☐ Other .....
- c** ☒ Preservation for future generations

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets 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" to 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>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |

**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" to 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 in 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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     | No |
| <b>3a(ii)</b> |     | No |
| <b>3b</b>     |     |    |

**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' to 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      |

| (a) Description of security or category<br>(including name of security)   | (b) Book<br>value | (c) Method of valuation :<br>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                                                             |
|                                                                           |                   |                                                               |
|                                                                           |                   |                                                               |
|                                                                           |                   |                                                               |
|                                                                           |                   |                                                               |
|                                                                           |                   |                                                               |
|                                                                           |                   |                                                               |
|                                                                           |                   |                                                               |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 241,570,162       |                                                               |

| (a) Description of investment                                                                                                                                | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
|                                                                                                                                                              |                |                                                              |
|                                                                                                                                                              |                |                                                              |
|                                                                                                                                                              |                |                                                              |
|                                                                                                                                                              |                |                                                              |
|                                                                                                                                                              |                |                                                              |
|                                                                                                                                                              |                |                                                              |
|                                                                                                                                                              |                |                                                              |
|                                                                                                                                                              |                |                                                              |
|                                                                                                                                                              |                |                                                              |
|                                                                                                                                                              |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)  |                |                                                              |

| (a) Description                                                          | (b) Book value |
|--------------------------------------------------------------------------|----------------|
|                                                                          |                |
|                                                                          |                |
|                                                                          |                |
|                                                                          |                |
|                                                                          |                |
|                                                                          |                |
|                                                                          |                |
|                                                                          |                |
|                                                                          |                |
|                                                                          |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

| 1. (a) Description of liability      | (b) Book value |
|--------------------------------------|----------------|
| Federal income taxes                 | 0              |
| GIFT ANNUITIES                       | 1,252,719      |
| ENDOWMENT FOR CONGRESSIONAL CEMETARY | 5,130,393      |
| DEFERRED RENT                        | 4,939,443      |
|                                      |                |

| 1. | (a) Description of liability                                      | (b) Book value |  |
|----|-------------------------------------------------------------------|----------------|--|
|    | 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        |  |
|    | ENDOWMENT HELD FOR NMSC                                           | 3,773          |  |
|    | POOLED INCOME FUND LIABILITY                                      | 17,705         |  |
|    | Total. (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 ☒

|                                                                                                                                                                                         |                                                                                                          |           |           |            |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------|-----------|------------|-----------|
| <b>Part XI</b> <b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b><br>Complete if the organization answered 'Yes' to 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.)<br>. . . . .                                                              | <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 <b>1</b> :                             |           |           |            |           |
| <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> |
| <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 |           |

|                                                                                                                                                                                             |                                                                                                           |           |           |            |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------|-----------|------------|-----------|
| <b>Part XII</b> <b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b><br>Complete if the organization answered 'Yes' to 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.)<br>. . . . .                                                               | <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 <b>1</b> :                                |           |           |            |           |
| <b>a</b>                                                                                                                                                                                    | Investment expenses not included on Form 990, Part VIII, line 7b<br>. . . . .                             | <b>4a</b> |           |            | 738,766   |
| <b>b</b>                                                                                                                                                                                    | Other (Describe in Part XIII.)<br>. . . . .                                                               | <b>4b</b> |           |            |           |
| <b>c</b>                                                                                                                                                                                    | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               |           |           |            | <b>4c</b> |
| <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 |           |

|                                                  |
|--------------------------------------------------|
| <b>Part XIII</b> <b>Supplemental Information</b> |
|--------------------------------------------------|

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART II, LINE 4:   | NUMBER OF STATES WHERE PROPERTIES SUBJECT TO CONSERVATION EASEMENTS ARE LOCATED WAS 25 PLUS THE DISTRICT OF COLUMBIA FOR A TOTAL OF 26.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PART II, LINE 5:   | The National Trust's Board-established easement policy sets out general standards for acquisition, inspection and enforcement. These policies are reflected in easement deeds, authorizing inspection rights and full enforcement powers. The National Trust physically inspects its easements on a regular basis. In addition to physical monitoring, the National Trust also monitors properties through the provision of technical advice to property owners related to the care and maintenance of their property. Also, the National Trust, using the Secretary of the interior's Standards for the Treatment of Historic Properties, reviews the existing condition of a property whenever it receives a request to make a change or alteration from a property owner. The National Trust enforces restrictions in easements, including through legal action when necessary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PART II, LINE 9:   | Expenses relating to the administration of the National Trust's easement program are included as program-related expenses on the Statement of Functional Expenses. The value of easements is not included on the Statement of Financial Position.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PART III, LINE 1a: | The Trust's museum collection includes historic sites, structures, landscapes and objects that are available to the public or held for that purpose. It acquires its collection by purchase or by donation. The Trust's Collections Management Policy includes guidance on the documentation, preservation, care, and management of the collections and procedures related to the accession and deaccession of collection items. In conformity with the practice generally follwed by museums, no value is assigned to the collections in the consolidated statements of financial position. The historic sites, including objects and furnishings, owned by the Trust with the intent of retention are not reported in the accompanying consolidated statements of financial position. Purchases of collection items are recognized as reductions in unrestricted net assets in the period of acquisition. Per the Trust's Collections Management Policy and following professional standards and guidelines, proceeds from deaccessions of collection items are designed for the replenishment or care of other objects within the museum collection and the preservation of historic structures or historic landscape features that are part of the Historic Structures and Landscapes Collection. Expenditures for restoration, stabilization, reconstruction, and development are charged to expense as incurred. |
| PART III, LINE 4:  | The National Trust owns certain historic sites that are operated as museums or are otherwise integral to the Trust's charitable and educational preservation program. These historic sites, most of which contain significant collections of furnishings, are regularly open to the public.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PART V, LINE 4:    | The National Trust's endowment funds are used to support the costs of maintaining its historic sites, for grants to preservation organizations and similar purposes, and to support the variety of National Trust's charitable and educational programs and activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PART X, LINE 2:    | THE TRUST ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES (ASC 740), WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE TRUST DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS. THE TRUST IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR ENDED JUNE 30, 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.                                                                                                                                                                                                                                                                                                                                                                                        |
| PART XI, LINE 4B:  | Cost of Goods Sold: \$(323,518) Special Event Expense: (262,187) Total: \$(585,705)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PART XII, LINE 2D: | Cost of Goods Sold: \$ 323,518 Special Event Expense: 262,187 Total: \$ 585,705                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## Additional Data

[Return to Form](#)

Software ID:

Software Version:

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. ▶ See separate instructions.  
▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

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 Activites 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 |
|------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| (1) Central America and the Caribbean                |                                     |                                                                        | Investments                                                                                                                                 |                                                                                                    | 67,124,175                                           |
| (2) Europe (Including Iceland and Greenland)         |                                     |                                                                        | Grantmaking                                                                                                                                 |                                                                                                    | 8,571                                                |
| (3)                                                  |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (4)                                                  |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (5)                                                  |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (6)                                                  |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (7)                                                  |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (8)                                                  |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (9)                                                  |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (10)                                                 |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (11)                                                 |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (12)                                                 |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (13)                                                 |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (14)                                                 |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (15)                                                 |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (16)                                                 |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (17)                                                 |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| 3a Sub-total . . . . .                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    | 67,132,746                                           |
| b Total from continuation sheets to Part I . . . . . |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| c Totals (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) | (a)(c) Region                            | (b)(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) |
|--------|--------------------------|----------------------------------------------|------------------------------------------|-------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| ( 1 )  |                          |                                              | Europe (Including Iceland and Greenland) | PRESERVATION            | 8,571                    | WIRE TRANSFR                    |                                   |                                        |                                                       |
| ( 2 )  |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 3 )  |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 4 )  |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 5 )  |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 6 )  |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 7 )  |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 8 )  |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 9 )  |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 10 ) |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 11 ) |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 12 ) |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 13 ) |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 14 ) |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 15 ) |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |
| ( 16 ) |                          |                                              |                                          |                         |                          |                                 |                                   |                                        |                                                       |

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

3 Enter total number of other organizations or entities . . . . . ▶ 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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| ( 1 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 2 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 3 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 4 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 5 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 6 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 7 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 8 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 9 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 10 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 11 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 12 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 13 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 14 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 15 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 16 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 17 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 18 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |

**Part IV Foreign Forms**

- 1

Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* . . . . .

☐ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).* .

☐ Yes ☒ No

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).

[illegible]

# Additional Data

**Software ID:**

**Software Version:**

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" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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" to 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

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 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 |                                   |                                                                   |                                                   |
| 1 BEACONFIRE RED<br>2300 Clarendon Blvd<br>Suite 925<br>Arlington, V A 22201       | ONLINE Fundraising |                                                                | No | 0                                 | 312,961                                                           | 0                                                 |
| 2 EIDOLON COMMUNICATIONS INC<br>15 Maiden Lane<br>Suite 1401<br>New York, NY 10038 | DIRECT MARKETING   |                                                                | No | 0                                 | 223,000                                                           | 0                                                 |
| 3                                                                                  |                    |                                                                |    |                                   |                                                                   |                                                   |
| 4                                                                                  |                    |                                                                |    |                                   |                                                                   |                                                   |
| 5                                                                                  |                    |                                                                |    |                                   |                                                                   |                                                   |
| 6                                                                                  |                    |                                                                |    |                                   |                                                                   |                                                   |
| 7                                                                                  |                    |                                                                |    |                                   |                                                                   |                                                   |
| 8                                                                                  |                    |                                                                |    |                                   |                                                                   |                                                   |
| 9                                                                                  |                    |                                                                |    |                                   |                                                                   |                                                   |
| 10                                                                                 |                    |                                                                |    |                                   |                                                                   |                                                   |
| Total . . . . . ▶                                                                  |                    |                                                                |    | 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" to 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.

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

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

| Revenue         |                                                                                 | (a) Bingo                                                            | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo                  | (c) Other gaming                                                     | (d) Total gaming (add<br>col.(a) through col.(c)) |
|-----------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|
|                 |                                                                                 |                                                                      |                                                                      |                                                                      |                                                   |
|                 | 1 Gross revenue . . . . .                                                       |                                                                      |                                                                      |                                                                      |                                                   |
| Direct Expenses | 2 Cash prizes . . . . .                                                         |                                                                      |                                                                      |                                                                      |                                                   |
|                 | 3 Noncash prizes . . . . .                                                      |                                                                      |                                                                      |                                                                      |                                                   |
|                 | 4 Rent/facility costs . . . . .                                                 |                                                                      |                                                                      |                                                                      |                                                   |
|                 | 5 Other direct expenses . . . . .                                               | 198,234                                                              | 19,500                                                               | 44,453                                                               | 262,187                                           |
|                 | 6 Volunteer labor . . . . .                                                     | <input type="checkbox"/> Yes _____%..<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____%..<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____%..<br><input type="checkbox"/> No |                                                   |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶       |                                                                      |                                                                      |                                                                      |                                                   |
|                 | 8 Net gaming income summary. Subtract line 7 from line 1, column (d). . . . . ▶ |                                                                      |                                                                      |                                                                      |                                                   |

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

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

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

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

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

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a

The organization's facility

13a

%

b

An outside facility

13b

%

14

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

Name

Address

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 complete this part to 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 |

Office Public Visual Render

ObjectID: 001 - Submission: 2015-01-16

TIN: 20-5478191

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

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

Employer identification number 53-0210807

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

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the basis for the organization's procedures for monitoring the use of grant funds in the United States?

Yes

No

2

Did the organization use the information used to award the grants or assistance to determine the amount of the grants or assistance?

Yes

No

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.

(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 non-cash assistance

(h)

Purpose of grant or assistance

(1)

51 Street Business Assoc  
220 E 51st Street  
Chicago, IL 60615

501(c)(3)

20,000

SAVE HISTORIC PLACES

(2)

ALLEN HISTORICAL SOCIETY  
PO BOX 31  
ALLEN, MD 21810

52-2004423

501(c)(3)

10,000

Save Historic Places

(3)

AMERICAN COLLEGE OF THE BUILDING ARTS  
21 MAGAZINE STREET  
CHARLESTON, SC 29401

57-1075250

501(c)(3)

10,000

Save Historic Places

(4)

Archaeology Southwest  
300 N Ash Alley  
Tucson, AZ 85701

86-0640183

501(c)(3)

10,000

Save Historic Places

(5)

ASSN FOR PRESERV OF CONGRESSIONAL CEMETERY  
1801 E ST SE  
WASHINGTON, DC 20003

52-1071828

501(c)(3)

233,272

Save Historic Places

(6)

BELLE GROVE INC  
PO BOX 537  
MIDDLETOWN, VA 22645

54-1047175

501(c)(3)

47,520

Save Historic Places

(7)

BENT COUNTY HISTORICAL SOCIETY  
PO BOX 84  
LAS ANIMAS, CO 81054

84-0576719

501(c)(3)

6,581

Save Historic Places

(8)

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

(9)

BISHOP TRIANGLE MULTICULTURAL ASSOC INC  
3014 MCCOY AVE  
HOUSTON, TX 77004

76-0578155

501(c)(3)

15,000

Save Historic Places

(10)

BOSCO-MILLIGAN FOUNDATION  
701 SE GRAND AVE  
PURLAND, OR 97214

94-3090169

501(c)(3)

7,500

Save Historic Places

(11)

BRUCEMORE INC  
2160 LINDEN DR SE  
CEDAR RAPIDS, IA 52403

42-1170531

501(c)(3)

50,000

Save Historic Places

(12)

CAVE HILL HERITAGE FOUNDATION INC  
701 BAXTER AVE  
LOUISVILLE, KY 40204

56-2498254

501(c)(3)

7,500

Save Historic Places

(13)

CHATTAHOOCHEE COUNTY HISTORIC PRESERVATION SOCIETY  
1115 S. GA 31805

58-2139070

501(c)(3)

10,000

Save Historic Places

(14)

CITY AND COUNTY OF DENVER  
1345 CHAMPA STREET  
DENVER, CO 80204

84-6000580

501(c)(3)

10,000

Save Historic Places

(15)

CITY OF HAMMOND  
PO BOX 2786  
HAMMOND, LA 704042788

72-0573539

501(c)(3)

15,000

Save Historic Places

(16)

CITY OF LEADVILLE  
800 HARRISON AVE  
LEADVILLE, CO 80461

84-6000607

501(c)(3)

180,000

Save Historic Places

(17)

City of New Bern  
300 Pollock St  
New Bern, NC 28563

56-6000235

501(c)(3)

10,000

Save Historic Places

(18)

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

(19)

CLAYBORN REBORN LLC  
1548 POPLAR AVE  
MEMPHIS, TN 38704

81-4217792

501(c)(3)

20,000

Save Historic Places

(20)

CLIVEDEN INC  
6401 GERMANTOWN AVE  
PHILADELPHIA, PA 19144

23-2232675

501(c)(3)

35,692

Save Historic Places

(21)

CONGREGATION BETH AHABAH  
1121 WEST FRANKLIN STREET  
RICHMOND, VA 23220

54-0139980

501(c)(3)

250,000

Save Historic Places

(22)

CORNERSTONES COMMUNITY PARTNERSHIPS  
227 OTERO STREET  
SANTA FE, NM 87501

85-0425771

501(c)(3)

18,333

Save Historic Places

(23)

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

(24)

DADE HERITAGE TRUST INC  
190 SE 13TH TERRACE  
MIAMI, FL 33131

59-2194849

501(c)(3)

15,000

Save Historic Places

(25)

DAISY WILSON ARTIST COMMUNITY INC  
1621 BEDFORD AVENUE  
PITTSBURGH, PA 15219

26-3433353

501(c)(3)

50,000

Save Historic Places

(26)

Dartmouth Heritage Program  
P O Box 87026  
SUITE 225  
Dartmouth, MA 02748

26-0298162

501(c)(3)

13,000

Save Historic Places

(27)

DIOCESE OF EASTON  
314 NORTH STREET  
EASTON, MD 21601

52-6015614

501(c)(3)

25,000

Save Historic Places

(28)

DORCHESTER COUNTY MARYLAND  
501 COURT LANE  
CAMBRIDGE, MD 21613

52-6000933

501(c)(3)

24,500

Save Historic Places

(29)

Downtown Danville VA  
PO Box 853  
Danville, VA 24543

54-2023394

501(c)(3)

170,000

Save Historic Places

(30)

Drayton Hall Preservation Trust  
3380 Ashley River Road  
Charleston, SC 29414

45-4938941

501(c)(3)

6,000

Save Historic Places

(31)

DUNBAR COALITION INC  
325 W 2nd STREET  
PO BOX 213  
TUCSON, AZ 85705

86-0776891

501(c)(3)

75,000

Save Historic Places

(32)

Earth Comm Garden UT  
PO Box 220101  
Salt Lake City, UT 84622

26-0853465

501(c)(3)

20,000

Save Historic Places

(33)

EASTERN SHORE LAND CONSERVANCY  
114 S WASHINGTON STREET  
EASTON, MD 21601

52-1711989

501(c)(3)

25,000

Save Historic Places

(34)

EASTEND STUDIO & GALLERY  
143 W MICHIGAN AVE  
MARCHALL, MI 49068

43-2098353

501(c)(3)

15,000

Save Historic Places

(35)

EMANCIPATION PARK CONSERVANCY  
3019 EMANCIPATION PARK  
ABERNATHY ELEMENTARY SCHOOL PTA  
HOUSTON, TX 77004

47-2199904

501(c)(3)

10,000

Save Historic Places

(36)

EPHANY CONSERVATION TRUST  
2808 ALTURA STREET  
LOS ANGELES, CA 90031

27-3690340

501(c)(3)

170,000

Save Historic Places

(37)

FILOLI CENTER INC  
86 CANADA ROAD  
WOODSIDE, CA 940620000

95-2996648

501(c)(3)

15,000

Save Historic Places

(38)

FIRST CONGREGATIONAL CHURCH OF DETROIT  
33 E FOREST AVE  
DETROIT, MI 48201

38-1405585

501(c)(3)

15,000

Save Historic Places

(39)

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

(40)

FRIENDS COLTRANE HOME IN DIX HILLS INC  
PO BOX 2171  
HUNTINGTON, NY 11743

27-0140878

501(c)(3)

75,000

Save Historic Places

(41)

FRIENDS OF CAMP SECURITY  
PO BOX 20008  
STE 500W  
YORK, PA 17401

23-3087149

501(c)(3)

6,400

Save Historic Places

(42)

FRIENDS OF THE STONE CHURCH INC  
PO BOX 347  
NO 256  
GILBERTVILLE, MA 01031

47-4575235

501(c)(3)

15,000

Save Historic Places

(43)

GARFIELD CENTER FOR THE ARTS  
210 HIGH STREET  
CHESTEROWN, MD 21620

52-2343419

501(c)(3)

6,000

Save Historic Places

(44)

GEORGETOWN UNIVERSITY  
37th and O STREET NW  
WASHINGTON, DC 20057

53-0196603

501(c)(3)

15,000

Save Historic Places

(45)

GRACE UNITED METHODIST CHURCH  
1105 JUNIUS STREET  
DALLAS, TX 75246

75-0808789

501(c)(3)

100,000

Save Historic Places

(46)

GREEN HILL CHURCH COMMITTEE  
PO BOX 173  
STE 248  
QUANTICO, MD 21856

52-6015614

501(c)(3)

10,000

Save Historic Places

(47)

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

(48)

HARRODSBURG HISTORICAL SCIETY  
220 SOUTH CHILES STREET  
558  
HARRODSBURG, KY 40330

61-0651356

501(c)(3)

10,000

Save Historic Places

(49)

Hawaiian Mission House  
553 South King Street  
Honolulu, HI 96813

99-0073491

501(c)(3)

9,500

Save Historic Places

(50)

HEART OF BIDDEFORD  
205 MAIN STREET STE 103  
STE 102  
BIDDEFORD, ME 04005

34-2003673

501(c)(3)

170,000

Save Historic Places

(51)

HISPANIC SOCIETY OF AMERICA  
613 WEST 155th STREET  
NEW YORK, NY 10032

13-5661025

501(c)(3)

20,000

Save Historic Places

(52)

Historic Alexandria  
2200 Washington Street  
Alexandria, VA 22314

54-6001103

501(c)(3)

50,000

Save Historic Places

(53)

HISTORIC ANNAPOLIS INC  
42 EAST STREET  
STE 2203  
ANNAPOLIS, MD 21401

52-0645783

501(c)(3)

10,000

Save Historic Places

(54)

HISTORIC HUDSON RIVER TOWNS INC  
180 ROUTE 100  
KATONAH, NY 10536

56-2479490

501(c)(3)

7,500

Save Historic Places

(55)

Kent Downtown Partnwa  
202 W Gove Street STE A  
Kent, WA 98032

91-1573465

501(c)(3)

20,000

Save Historic Places

(56)

LOUISVILLE PRESERVATION FUND INC  
325 WEST MAIN ST SUITE 1110  
LOUISVILLE, KY 40202

46-2871014

501(c)(3)

15,000

Save Historic Places

(57)

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

(58)

MADISON COUNTY EDUCATION FOUNDATION  
5738 US 25/70 HWY  
MARSHALL, NC 28753

58-1986660

501(c)(3)

50,000

Save Historic Places

(59)

Mai Mai Association (Mnst Uptown ButteMT)  
66 W Park Street  
Butte, MT 597011726

12-1234569

501(c)(3)

152,000

Save Historic Places

(60)

MAINSTREET YORK INC  
2 EAST MARKET STREET  
YORK, PA 17401

23-2411781

501(c)(3)

15,000

Save Historic Places

(61)

MARY ELIZA FREEMAN CENTER HISTORY COMMUNITY  
1019 MAIN STREET STE 210  
BRIDGEPORT, CT 06604

27-1427856

501(c)(3)

50,000

Save Historic Places

(62)

MASON COUNTY FISCAL COURT  
31 WSET THIRD SREET  
MAYSVILLE, KY 41056

61-6000876

501(c)(3)

6,000

Save Historic Places

(63)

MIAMI DADE COLLEGE  
11011 SW 104th ST RM 9254  
MIAMI, FL 33176

59-1210485

501(c)(3)

20,000

Save Historic Places

(64)

MILWAUKEE PRESERVATION ALLIANCE  
PO BOX 510642  
SUITE 200  
MILWAUKEE, WI 53203

43-2026706

501(c)(3)

6,000

Save Historic Places

(65)

Mnst Oakland County MI  
303 East Street  
Rochester, MI 48307

38-2476777

501(c)(3)

40,000

Save Historic Places

(66)

MOKUAUKAUA CHURCH (CONGREGATIONAL)  
75-5713 ALII DR  
KAILUA KONA, HI 96740

99-0113266

501(c)(3)

250,000

Save Historic Places

(67)

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

(68)

MONTPELIER FOUNDATION  
PO BOX 67  
MONTPELIER STATION, VA 22957

31-1620682

501(c)(3)

158,036

Save Historic Places

(69)

MUSEUM OF AFRICAN-AMERICAN HISTORY  
46 JOY ST  
RM 235  
BOSTON, MA 021140000

04-2429556

501(c)(3)

16,908

Save Historic Places

(70)

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

(71)

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

(72)

NATIONAL ASSOCIATION COLORED WOMEN'S CLUBS  
1601 R STREET NW  
WASHINGTON, DC 20009

53-0182943

501(c)(3)

50,000

Save Historic Places

(73)

Nicholas County  
125 East Main St  
Carlisle, KY 40311

61-6000729

501(c)(3)

10,000

Save Historic Places

(74)

NIHONMACHI LITTLE FRIENDS  
1830 SUTTER STREET  
SAN FRANCISCO, CA 94115

94-2325686

501(c)(3)

150,000

Save Historic Places

(75)

OATLANDS INC  
20850 OATLANDS PLANTATION LA  
LEESBURG, VA 201750000

54-1118635

501(c)(3)

120,200

Save Historic Places

(76)

OHIO HISTORICAL SOCIETY  
800 E 17TH AVE  
COLUMBUS, OH 43211

31-4389673

501(c)(3)

15,000

Save Historic Places

(77)

Old Spanish Mission Inc  
PO Box 7804  
San Antonio, TX 78207

74-2155244

501(c)(3)

250,000

Save Historic Places

(78)

PA Ave MNST MD  
1700 Pennsylvania Avenue  
Baltimore, MD 21217

52-1016700

501(c)(3)

148,000

Save Historic Places

(79)

Paramount Arts Center Inc  
1300 Winchester Ave  
Ashland, KY 41101

61-1181883

501(c)(3)

7,500

Save Historic Places

(80)

POINTE COUPEE PARISH POLICE JURY  
160 EAST MAIN STREET  
NEW ROADS, LA 70760

72-6001105

501(c)(3)

10,000

Save Historic Places

(81)

PRESERVATION DETROIT  
PO BOX 6624  
DETROIT, MI 48202

38-2827377

501(c)(3)

8,000

SAVE HISTORIC PLACES

(82)

PRESERVATION MARYLAND INC  
3600 CLIPPER MILL RD  
STE 248  
BALTIMORE, MD 21211

52-0609575

501(c)(3)

10,000

SAVE HISTORIC PLACES

(83)

PRESERVATION RESOURCE CENTER OF NEW ORLEANS  
923 TCHOUPITOU LAS STREET  
NEW ORLEANS, LA 70130

72-0760857

501(c)(3)

24,000

SAVE HISTORIC PLACES

(84)

PRESERVATION VIRGINIA  
204 W FRANKLIN ST  
RICHMOND, VA 23220

54-0568800

501(c)(3)

75,000

SAVE HISTORIC PLACES

(85)

Pres Lincolns Cottage at the Soldiers Home  
3700 North Capitol ST NW  
558  
Washington, DC 200164000

47-1453864

501(c)(3)

68,400

SAVE HISTORIC PLACES

(86)

QUINN CHAPEL AME CHURCH  
2401 S WABASH AVE  
CHICAGO, IL 60616

36-2897358

501(c)(3)

227,000

SAVE HISTORIC PLACES

(87)

Retreat Colored Rosewood  
PO Box 181  
Westminster, SC 29693

46-3169952

501(c)(3)

11,500

SAVE HISTORIC PLACES

(88)

ROCKEFELLER BROTHERS FUND  
200 LAKE ROAD  
TARRYTOWN, NY 10591

13-1760106

501(c)(3)

791,208

SAVE HISTORIC PLACES

(89)

Roslindale Village MA  
4236A Washington St  
Roslindale, MA 02131

04-2883378

501(c)(3)

20,000

SAVE HISTORIC PLACES

(90)

Roxbury Cultural District  
PO Box 191443  
Roxbury, MA 02119

82-5330931

501(c)(3)

50,000

SAVE HISTORIC PLACES

(91)

ROXIE THEATER  
3125 16TH STREET  
SAN FRANCISCO, CA 94103

26-2408760

501(c)(3)

150,000

SAVE HISTORIC PLACES

(92)

San Fran Women Ctr CA  
3543 18th Street 8  
San Francisco, CA 94110

94-1730620

501(c)(3)

180,000

SAVE HISTORIC PLACES

(93)

SAN FRANCISCO ARCHITECTURAL HERITAGE  
2007 FRANKLIN STREET  
SAN FRANCISCO, CA 94109

23-7135037

501(c)(3)

150,000

SAVE HISTORIC PLACES

(94)

SHRINE OF CHRIST THE KING SOVEREIGN PRIEST  
6415 SOUTH WOODLAWN AVE  
CHICAGO, IL 60637

39-1897362

501(c)(3)

375,000

SAVE HISTORIC PLACES

(95)

Sh-In MovementNC  
134 South Elm Street  
Greensboro, NC 27401

56-1856093

501(c)(3)

20,000

SAVE HISTORIC PLACES

(96)

SIXTEENTH STREET BAPTIST CHURCH  
1520 AVENUE NORTH  
BIRMINGHAM, AL 35203

63-0397962

501(c)(3)

170,000

SAVE HISTORIC PLACES

(97)

SOCIETY FOR PRES OF WEEKSVILLE & BEDFORD  
150 BUFFALO AVENUE  
BROOKLYN, NY 11213

23-7330454

501(c)(3)

75,000

SAVE HISTORIC PLACES

(98)

SOUTH SIDE COMMUNITY ART CENTER  
3831 S MICHIGAN AVE  
CHICAGO, IL 60653

23-7359897

501(c)(3)

75,000

SAVE HISTORIC PLACES

(99)

ST JOSEPHAT BASILICA FOUNDATION INC  
620 WEST LINCOLN AVENUE  
MILWAUKEE, WI 53215

39-1688080

501(c)(3)

250,000

SAVE HISTORIC PLACES

(100)

ST PAUL'S UNITED METHODIST CHURCH  
1340 3rd AVENUE SE  
CEDAR RAPIDS, IA 52403

42-0680303

501(c)(3)

240,500

SAVE HISTORIC PLACES

(101)

TEMPLE CONCORD INC  
9 RIVERSIDE DRIVE  
BINGHAMTON, NY 13905

15-0569360

501(c)(3)

10,000

SAVE HISTORIC PLACES

(102)

THE FIRST BAPTIST CHURCH OF BOSTON  
110 COMMONWEALTH AVE  
BOSTON, MA 02116

04-2214868

501(c)(3)

250,000

SAVE HISTORIC PLACES

(103)

TUSKEGEE UNIVERSITY  
KRESGE CENTER RM 112  
TUSKEGEE INSTITUTE, AL 36088

63-0288878

501(c)(3)

153,750

SAVE HISTORIC PLACES

(104)

UNIVERSITY OF MARYLAND COLLEGE PARK  
College Park, MD 20742

52-6002033

501(c)(3)

15,000

SAVE HISTORIC PLACES

(105)

UNIVERSITY OF NEBRASKA-LINCOLN  
151 PREM S PAUL RESEARCH CENTER 22  
LINCOLN, NE 68583

47-0049123

501(c)(3)

50,000

SAVE HISTORIC PLACES

(106)

Urban Grace CO  
902 Market Street  
Tacoma, WA 98402

91-0577139

501(c)(3)

250,000

SAVE HISTORIC PLACES

(107)

URBAN JUNCTURE FOUNDATION  
300 EAST 51st STREET  
CHICAGO, IL 60615

27-2446701

501(c)(3)

150,000

SAVE HISTORIC PLACES

(108)

VILLAGE OF ROUND LAKE  
PO BOX 85  
ROUND LAKE, NY 12151

14-1512910

501(c)(3)

10,000

SAVE HISTORIC PLACES

(109)

WILFANDEL CLUB INC  
3425 W ADAMS BLVD  
LOS ANGELES, CA 90018

95-2317857

501(c)(3)

75,000

SAVE HISTORIC PLACES

(110)

VOSEKITE CONSERVANCY  
101 MONTGOMERY STREET STE 1700  
SAN FRANCISCO, CA 94104

94-3058041

501(c)(3)

50,000

SAVE HISTORIC PLACES

3

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

110

4

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

110

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

Cat. No. 50055P

Schedule I (Form 990) 2018

Part III

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| (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**

**Return to Form**

**Software ID:**  
**Software Version:**

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990.

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

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

Questions Regarding Compensation

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | No  |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div> |     |     |
| 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 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1b  | Yes |
| 2  | 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? . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2   | Yes |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                                       |     |     |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:<br><div>a Receive a severance payment or change-of-control payment?</div> <div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> <div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                | 4a  | No  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4b  | Yes |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4c  | No  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |     |
|    | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |
| 5  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><div>a The organization? . . . . .</div> <div>b Any related organization?</div> If "Yes," to line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5a  | No  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5b  | No  |
| 6  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><div>a The organization?</div> <div>b Any related organization? . . . . .</div> If "Yes," to line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6a  | No  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6b  | No  |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7   | No  |
| 8  | Were any amounts reported in 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 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8   | No  |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9   |     |

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

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

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

| (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 in prior Form 990 |
|--------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|----------------------------------------------------------------------|
|                                                        |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                      |
| 1Stephanie MeeksPresident & 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                                                                    |
| 2Paul W EdmondsonPresident & CEO                       | (i)  | 303,009                                            | 0                                   | 0                                   | 13,500                                         | 4,570                   | 321,079                         | 0                                                                    |
|                                                        | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 3Carla WashinkoChief 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                                                                    |
| 4Thompson M MayesActing Chf Legal Ofcr & Sectry        | (i)  | 172,574                                            | 0                                   | 0                                   | 9,149                                          | 20,314                  | 202,037                         | 0                                                                    |
|                                                        | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 5Ross BradfordAssistant Corporate Secretary            | (i)  | 135,142                                            | 0                                   | 0                                   | 6,945                                          | 10,238                  | 152,325                         | 0                                                                    |
|                                                        | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 6David BrownChief 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                                                                    |
| 7Katherine Malone-FranceInterim Chief Preservation Ofr | (i)  | 174,181                                            | 0                                   | 0                                   | 9,464                                          | 10,544                  | 194,189                         | 0                                                                    |
|                                                        | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 8Jon Kevin GossetChief 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                                                                    |
| 9Kimberly SkellyChief Development Officer              | (i)  | 196,126                                            | 0                                   | 0                                   | 10,623                                         | 27,477                  | 234,226                         | 0                                                                    |
|                                                        | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 10Barbara PahlSenior VP - Field Offices                | (i)  | 214,453                                            | 0                                   | 0                                   | 10,820                                         | 10,544                  | 235,817                         | 0                                                                    |
|                                                        | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 11Tom CassidyVP - Gov't Relations/Policy               | (i)  | 198,579                                            | 0                                   | 0                                   | 10,744                                         | 26,589                  | 235,912                         | 0                                                                    |
|                                                        | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 12Marianna KnightVP - Human Resources                  | (i)  | 189,017                                            | 0                                   | 0                                   | 9,415                                          | 0                       | 198,432                         | 0                                                                    |
|                                                        | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 13Andrew SimpsonVP - Marketing                         | (i)  | 172,693                                            | 0                                   | 0                                   | 9,173                                          | 10,284                  | 192,150                         | 0                                                                    |
|                                                        | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 14Denise WiseController                                | (i)  | 170,271                                            | 0                                   | 0                                   | 9,170                                          | 24,373                  | 203,814                         | 0                                                                    |
|                                                        | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |

**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. |
| 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**

**Return to Form**

**Software ID:**  
**Software Version:**



**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 |
|------------------|-------------|
|------------------|-------------|

## Additional Data

[Return to Form](#)

Software ID:

Software Version:

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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)<br>Check if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                               |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                               |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                             | 35                                                     | 1,500,901                                                                             | Stock gifts                                                  |
| 10 Securities—Closely held stock<br>. . . . .                              | X                             | 1                                                      | 1,946,758                                                                             | FAIR MARKET VALUE                                            |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                               |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                               |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . . . . .                                       | X                             | 3                                                      | 378,716                                                                               | FAIR MARKET VALUE                                            |
| 16 Real estate—Commercial . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . . .                                             |                               |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                               |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . . .                                                |                               |                                                        |                                                                                       |                                                              |
| 20 Drugs and medical supplies . . . . .                                    |                               |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                               |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 25 Other ► ( Donated Goods &<br>Materials ) . . . . .                      | X                             | 0                                                      | 55,404                                                                                | FAIR MARKET VALUE                                            |
| 26 Other ► ( Charitable Remainder<br>Unitrust ) . . . . .                  | X                             | 1                                                      | 1,245,290                                                                             | 0                                                            |
| 27 Other ► ( ) . . . . .                                                   |                               |                                                        |                                                                                       |                                                              |
| 28 Other ► ( ) . . . . .                                                   |                               |                                                        |                                                                                       |                                                              |

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

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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30aNo

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32aNo

b If "Yes," describe in Part II.

33 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). |

# Additional Data

[Return to Form](#)

Software ID:

Software Version:

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

Employer identification number  
53-0210807

| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FORM 990, PART III, LINE 4A:           | HISTORIC SITES - THE NATIONAL TRUST AND ITS PARTNERS ARE THE STEWARDS OF 27 NATIONAL TRUST HISTORIC SITES WHICH ARE OPEN TO THE PUBLIC. THEY ARE A NATIONALLY SIGNIFICANT COLLECTION OF HISTORIC PLACES THAT REPRESENT A WIDE VARIETY OF ARCHITECTURAL STYLES AND STRUCTURES AND MAGNIFICENT LANDSCAPES WITH REMARKABLE OBJECT COLLECTIONS AND DIVERSE STORIES THAT BRING AMERICAN HISTORY TO LIFE. IN 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.                            |
| FORM 990, PART III, LINE 4B:           | HISTORIC PRESERVATION & CONSERVATION: PRESERVATION SERVICES INCLUDES 1) WORK TO SAVE THREATENED HISTORIC PLACES OF NATIONAL SIGNIFICANCE AND WHERE THE PRESERVATION IMPLICATIONS ARE NATIONAL IN SCOPE; 2) INFORMATION AND TECHNICAL ASSISTANCE TO MEMBERS, PRIVATE AND PUBLIC ORGANIZATIONS, AND GOVERNMENT BODIES WITH RESPECT TO CONTEMPORARY PRESERVATION ISSUES AND REHABILITATION PROJECTS RELATED TO IMPORTANT HISTORIC BUILDINGS, LANDSCAPES AND LANDMARKS; 3) FINANCIAL ASSISTANCE/GRANTS TO ORGANIZATIONS TO FACILITATE PRESERVATION EDUCATION PROGRAMS, CONFERENCES AND RETENTION OF PROFESSIONAL CONSULTANTS; 4) PARTNERSHIPS WITH STATE AND LOCAL PRIVATE NONPROFIT PRESERVATION GROUPS TO STIMULATE AND RETAIN THEIR CAPACITY TO WORK IN THE FIELD, PROFESSIONALISM, LEADERSHIP IN THEIR GEOGRAPHICAL LOCATION, FINANCIAL STRENGTH, AND ABILITY TO SAVE HISTORIC RESOURCES; 5) TECHNICAL ASSISTANCE AND INFORMATION TO COMMUNITIES IN ALL PARTS OF THE COUNTRY WORKING TO REVITALIZE THEIR HISTORIC MAIN STREET COMMERCIAL DISTRICTS; 6) OPERATIONS OF NINE FIELD OFFICES INCLUDING ATLANTA; CHICAGO; DENVER; HOUSTON; LOS ANGELES; NEW YORK CITY; SAN FRANCISCO; SEATTLE; AND WASHINGTON, D. C., THAT WORK CLOSELY WITH ORGANIZATIONS AND GOVERNMENTS AT ALL LEVELS TO SAVE HISTORIC PLACES. |
| FORM 990, PART III, LINE 4C:           | HISTORIC PRESERVATION & CONSERVATION: EDUCATION - COMMUNICATES THE BENEFITS OF HISTORIC PRESERVATION, THREATS TO HISTORIC PLACES, AND ACHIEVEMENTS IN SAVING HISTORIC PLACES TO MEMBERS AND THE PUBLIC. PROVIDES A QUARTERLY MAGAZINE, PROFESSIONAL JOURNAL, NICHE AUDIENCE 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.  |
| FORM 990, PART VI, SECTION A, LINE 1A: | The Executive Committee of the Board of Trustees consists for the Chair and two Vice Chairs and the Chair of each of the standing committees, including the Investments, Finance & Management, Audit, Trusteeship & Governance, Advancement, and Preservation & Historic Sites Committees. The Executive Committee shall have and exercise all the powers of the Board of Trustees between the meetings of the Board of Trustees, subject to general policies established by the Board, except that the full Board of Trustees shall retain exclusive authority to amend the Bylaws, to exercise the Boards authority to fill temporary vacancies on the Board, and to elect the Chair and Vice Chairs of the Corporation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FORM 990, PART VI, SECTION A, LINE 2:  | One Trustee, who is in the regular business of managing investments, manages a flow-through entity in which another Trustee has invested.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| FORM 990, PART VI, SECTION A, LINE 6:  | THE NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES IS A MEMBER ORGANIZATION WITH 97,299 MEMBERS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FORM 990, PART VI, SECTION A, LINE 7A: | THE ORGANIZATION'S MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE BOARD OF TRUSTEES (OTHER THAN STATUTORY EX-OFFICIO TRUSTEES). ELECTIONS ARE CONDUCTED AT AN ANNUAL MEMBERSHIP MEETING HELD IN CONJUNCTION WITH AN ANNUAL CONFERENCE IN THE FALL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FORM 990,                              | THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM BDO USA, LLP AND REVIEWED BY MANAGEMENT. THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| Return Reference                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, SECTION B, LINE 11B:                  | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 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. |
| FORM 990, PART VI, SECTION B, LINE 15A:        | THE ORGANIZATION'S COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION OF THE PRESIDENT AND TOP MANAGEMENT STAFF (INCLUDING OFFICERS AND KEY EMPLOYEES). ALL MEMBERS OF THE COMPENSATION SUBCOMMITTEE ARE INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES. THE ORGANIZATION REGULARLY REVIEWS COMPENSATION STUDIES AND COMPARABILITY ANALYSES, AND SUCH INFORMATION FOR THE OFFICERS AND KEY EMPLOYEES IS MADE AVAILABLE TO THE COMPENSATION SUBCOMMITTEE. THE COMPENSATION SUBCOMMITTEE APPROVES COMPENSATION OF THE PRESIDENT IN ADVANCE AND IN WRITING. COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE COMPENSATION SUBCOMMITTEE, BUT IS SET BY THE PRESIDENT.                |
| FORM 990, PART VI, SECTION C, LINES 18 AND 19: | THE ORGANIZATION MAKES DIGITAL COPIES OF THE STATUTORY CHARTER, BYLAWS, 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.                                                                                                                                                                                                                                                                                                                                            |

# Additional Data

[Return to Form](#)

Software ID:

Software Version:

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.    ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                                | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) HERITAGE TRAVEL LLC<br>1155 15TH STREET NW SUITE 300<br>WASHINGTON, DC 20005<br>26-1983358                     | TRAVEL                  | DE                                               | 1,544,459           | 660,362                   | NTCIC                            |
| (2) National Trust Investment Management<br>1155 15th Street NW Suite 300<br>Washington, DC 20005<br>81-1853785    | Community Inv           | DE                                               | -10,836             | -5,442                    | NTCIC                            |
| (3) National Trust Equity LLC<br>1155 15th Street NW Suite 300<br>Washington, DC 20005<br>81-8121733               | Community Inv           | DE                                               | 2,296,153           | 6,296,640                 | NTCIC                            |
| (4) NT Historic Real Estate Equity Fund LLC<br>1155 15th Street NW Suite 300<br>Washington, DC 20005<br>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)<br>Name, address, and EIN of related organization                                                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|----------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                                |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) NATIONAL MAIN STREET CENTER INC<br>2600 VIRGINIA AVE NW STE 1100<br><br>WASHINGTON, DC 20037<br>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)<br>Name, address, and EIN of<br>related organization                                                           | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from tax<br>under sections<br>512-514) | (f)<br>Share of<br>total income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                                    |                         |                                                                 |                                        |                                                                                                        |                                 |                                           | Yes                                     | No |                                                                            | Yes                                       | No |                                |
| <b>(1)</b> National Trust Insurance Services LLC<br><br>24 Commerce Street<br>Baltimore, MD 21202<br>20-0590526    | Insurance<br>Agency     | MD                                                              | NTCIC                                  | Unrelated                                                                                              | 557,351                         | 124,098                                   |                                         | No |                                                                            |                                           | No | 99.000 %                       |
| <b>(2)</b> Cooper-Molera Preservation LLC<br><br>1121 White Rock Rd 205<br>El Dorado Hills, CA 95762<br>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)<br>Name, address, and EIN of<br>related organization                                                                      | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                                                                                               |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                 | No |
| <b>(1)</b> National Trust Community Investment Corp<br><br>1155 15TH STREET NW STE 300<br>WASHINGTON, DC 20005<br>52-2267085  | Community Invest        | DE                                                        | NTHP                                | C CORP                                                 | 11,790,731                      | 19,538,501                                | 100.000 %                      | Yes                                                 |    |
| <b>(2)</b> NT SOLAR INC<br><br>1155 15TH STREET NW SUITE 300<br>WASHINGTON, DC 20005<br>47-1272855                            | Community Invest        | DE                                                        | NTCIC                               | C CORP                                                 | 1,004,134                       | 195,236                                   | 100.000 %                      |                                                     | No |
| <b>(3)</b> Greenrock Corporation<br><br>200 Lake Road<br>Tarrytown, NY 10591<br>13-1929826                                    | Maintenance             | NY                                                        | NTHP                                | C Corp                                                 | 3,607,101                       | 2,333,000                                 | 100.000 %                      | Yes                                                 |    |
| <b>(4)</b> Charitable Remainder Unitrusts for NTHP<br><br>2600 Virginia Ave NW Ste 1100<br>Washington, DC 20037<br>53-0210807 | Charitable Trusts       | DC                                                        | NA                                  | Trust                                                  | -20,308                         | 764,074                                   | 100.000 %                      |                                                     | No |
| <b>(5)</b> Permanent Unitrust<br><br>2600 Virginia Ave NW Ste 1100<br>Washington, DC 20037<br>53-0210807                      | Charitable Trusts       | DC                                                        | NA                                  | Trust                                                  | 0                               | 237,064                                   | 16.670 %                       |                                                     | No |
|                                                                                                                               |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                                                                                               |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |

## Part V

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

#### h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

I Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

0 Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

r Other transfer of cash or property to related organization(s) . . . . .

[illegible]

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

| (a)<br>Name of related organization          | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|----------------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) National Trust Community Investment Corp | a-iii                         | 802,095                | BOOK VALUE                                   |
| (2) NT Solar Inc                             | a-iii                         | 60,248                 | BOOK VALUE                                   |
| (3) National Trust Insurance Services LLC    | a-iii                         | 33,779                 | BOOK VALUE                                   |
| (4) Cooper-Molera Preservation LLC           | b                             | 168,609                | BOOK VALUE                                   |
| (5) Cooper-Molera Preservation LLC           | d                             | 87,516                 | BOOK VALUE                                   |
| (6) National Trust Community Investment Corp | f                             | 2,034,000              | BOOK VALUE                                   |
| (7) National Trust Community Investment Corp | o                             | 83,573                 | BOOK VALUE                                   |
| (8) National Trust Community Investment Corp | q                             | 468,821                | BOOK VALUE                                   |
| (9) National Trust Community Investment Corp | s                             | 1,469,400              | BOOK VALUE                                   |

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

**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 |

**Additional Data**

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**Software Version:**