

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

**2020****Open to Public  
Inspection****A** For the 2020 calendar year, or tax year beginning

07/01, 2020, and ending

06/30, 2021

**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

2600 VIRGINIA AVENUE, NW

1100

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20037

**F** Name and address of principal officer: **PAUL EDMONDSON**

SAME AS "C" ABOVE

**D** Employer identification number

53-0210807

**E** Telephone number

(202) 588-6000

**G** Gross receipts \$ 86,595,539.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **SAVINGPLACES.ORG****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1949 **M** State of legal domicile: DC**Part I Summary****1** Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	26.
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	26.
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	335.
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	498.
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,329,682.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	54,853,483.	45,761,893.
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,350,264.	2,369,864.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,894,484.	18,203,143.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,811,003.	8,869,266.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,909,234.	75,204,166.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,716,112.	10,077,787.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,761,424.	16,730,228.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	567,314.	423,444.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,466,616.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,645,759.	23,523,927.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	55,690,609.	50,755,386.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,218,625.	24,448,780.
	<b>20</b> Total assets (Part X, line 16)	363,613,414.	455,813,133.
	<b>21</b> Total liabilities (Part X, line 26)	39,571,402.	43,942,621.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	324,042,012.	411,870,512.

**COPY FOR  
PUBLIC INSPECTION****Part II Signature Block**

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

**Sign  
Here**

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ **LAURA BRACIS** CFO  
Type or print name and title

**Paid  
Preparer  
Use Only**

Print/Type preparer's name: **MARC BERGER** Preparer's signature: *Marc Berger* Date: 4/28/2022 Check ☐ if self-employed PTIN: P01871563

Firm's name ▶ **BDO USA, LLP** Firm's EIN ▶ **13-5381590**

Firm's address ▶ **8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102** Phone no. **703-893-0600**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ 18,690,849. including grants of \$ 261,058. ) (Revenue \$ 2,316,906. )  
 SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 15,546,252. including grants of \$ 9,373,559. ) (Revenue \$ 294,769. )  
 SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 6,947,993. including grants of \$ 443,170. ) (Revenue \$ 404,695. )  
 SEE SCHEDULE O

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 41,185,094.

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 335		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b> X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b> X	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b> X	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	X
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

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

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . 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 on Schedule O.	<b>1a</b>	26
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent. . . . .	<b>1b</b>	26
<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>	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . .	<b>3</b>	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .	<b>5</b>	X
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>	X
<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>	X
<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>	X
<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>	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<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 on Schedule O. . . . .	<b>9</b>	X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<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>	X
<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>	X
<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>	X
<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>	X
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<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>	X
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	X
	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>	X
<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>	X

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 1

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 DENISE WISE 2600 VIRGINIA AVENUE, NW SUITE 1100 WASHINGTON, DC 20037 202-588-6000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒ **X****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL EDMONDSON PRESIDENT & CEO	39.00 1.00			X				370,298.	0.	14,762.
(2) KATHERINE MALONE-FRANCE CHIEF PRESERVATION OFFICER	40.00 0.				X			237,340.	0.	18,151.
(3) THOMPSON MAYES CHIEF LEGAL OFCR & SECRETARY	40.00 0.			X				221,775.	0.	20,261.
(4) GEOFFREY HANDY TO 12/20 CHIEF MARKETING OFFICER	40.00 0.				X			215,040.	0.	16,478.
(5) TABITHA ALMQUIST CHIEF ADMINISTRATIVE OFFICER	40.00 0.				X			209,001.	0.	10,794.
(6) DENISE WISE VP OF FINANCE & CONTROLLER	40.00 0.					X		187,314.	0.	20,262.
(7) THOMAS CASSIDY VP - GOV'T RELATIONS/POLICY	40.00 0.					X		185,104.	0.	17,590.
(8) MARIANNA KNIGHT VP - HUMAN RESOURCES	40.00 0.					X		189,012.	0.	10,306.
(9) SUSAN LATTANZI VP OF INFORMATION TECHNOLOGY	40.00 0.					X		172,215.	0.	15,941.
(10) ELIZABETH MERRITT DEPUTY GENERAL COUNSEL	40.00 0.					X		172,285.	0.	15,488.
(11) PATRICIA WOODWORTH-8/20 INTERIM CHIEF FIN. OFFICER	40.00 0.			X				168,239.	0.	8,921.
(12) LYNN ENGLISH CHIEF DEVELOPMENT OFFICER	40.00 0.				X			163,732.	0.	1,754.
(13) DENNIS HOCKMAN ACTING CHIEF MARKETING OFFICER	40.00 0.				X			144,403.	0.	16,497.
(14) ROSS BRADFORD ASSISTANT CORPORATE SECRETARY	40.00 0.			X				146,170.	0.	14,103.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANNE NELSON ASSISTANT CORPORATE SECRETARY	40.00 0.			X				117,793.	0.	12,498.
(16) LAURA BRACIS FROM 8/20 CHIEF FINANCIAL OFFICER	40.00 0.			X				74,379.	0.	1,685.
(17) JAY CLEMENS TRUSTEE, CHAIR	2.00 0.	X		X				0.	0.	0.
(18) MARTHA NELSON TRUSTEE, VICE-CHAIR	2.00 0.	X		X				0.	0.	0.
(19) PHOEBE TUDOR TRUSTEE, VICE-CHAIR	2.00 0.	X		X				0.	0.	0.
(20) WILLIAM BATES TRUSTEE	2.00 0.	X						0.	0.	0.
(21) CHRISTINA LEE BROWN TRUSTEE	2.00 0.	X						0.	0.	0.
(22) ELIZABETH KIRKLAND CAHILL TRUSTEE	2.00 0.	X						0.	0.	0.
(23) LAWRENCE H. CURTIS TRUSTEE	2.00 0.	X						0.	0.	0.
(24) SAM DIXON TRUSTEE	2.00 0.	X						0.	0.	0.
(25) DAMIEN DWIN TRUSTEE	2.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								2,974,100.	0.	215,491.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,974,100.	0.	215,491.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **7**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) TRACY FRIST ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 27 ) KEVIN GOVER ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 28 ) LINDA GRIEGO ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 29 ) LUIS G. HOYOS ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 30 ) SHELLEY HOON KEITH ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 31 ) C.H. RANDOLPH LYON ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 32 ) LISA SEE ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 33 ) JENNIFER SKYLAR ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 34 ) G. JACKSON TANKERSLEY ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 35 ) ROBERT JOSEPH VILA ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
( 36 ) TIM WHALEN ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37 ) KAYWIN FELDMAN EX OFFICIO TRUSTEE	2.00 0.	X						0.	0.	0.
( 38 ) KJI KELLY EX OFFICIO TRUSTEE	2.00 0.	X						0.	0.	0.
( 39 ) DAVID SCOTT PARKER EX OFFICIO TRUSTEE	2.00 0.	X						0.	0.	0.
( 40 ) EDWARD PASSARELLI EX OFFICIO TRUSTEE	2.00 0.	X						0.	0.	0.
( 41 ) JOSEPH E. QUINATA EX OFFICIO TRUSTEE	2.00 0.	X						0.	0.	0.
( 42 ) ROB WALLACE EX OFFICIO TRUSTEE	2.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 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? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	39,947.				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	53,526.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	4,344,513.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	41,323,907.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 842,213.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		45,761,893.				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		ADMISSION AND SPECIAL EVENTS		900099	1,486,668.	739,790.	746,878.	
<b>b</b>		REIMBURSEMENT OF EXPENSES		900099	357,448.	357,448.		
<b>c</b>		CONTRACT SERVICES/COMMISSIONS		900099	297,586.	297,586.		
<b>d</b>		ADVERTISING		541800	228,162.		228,162.	
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			2,369,864.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			859,467.		859,467.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			0.			
	<b>5</b>	Royalties . . . . .			1,200,540.	197,460.	1,003,080.	
			(i) Real	(ii) Personal				
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	2,377,502.				
	<b>b</b>	Less: rental expenses	<b>6b</b>	2,019,161.				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	358,341.				
	<b>d</b>	Net rental income or (loss) . . . . .			358,341.		358,341.	
	<b>7a</b>	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
	<b>7a</b>			26,465,848.				
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	9,122,172.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	17,343,676.				
	<b>d</b>	Net gain or (loss) . . . . .			17,343,676.		17,343,676.	
	<b>8a</b>	Gross income from fundraising events (not including \$ 53,526. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	469,329.				
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	99,699.				
	<b>c</b>	Net income or (loss) from fundraising events. . . . .			369,630.		369,630.	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	0.				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	0.					
<b>c</b>	Net income or (loss) from gaming activities. . . . .			0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	438,505.					
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	150,341.					
<b>c</b>	Net income or (loss) from sales of inventory. . . . .			288,164.	157,182.	130,982.		
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	EQUITY INTEREST IN SUBSIDIARIES		900099	5,123,271.		5,123,271.	
	<b>b</b>	EARNINGS ALLOCATED TO ENDOWMENTS HELD F		900099	1,428,048.		1,428,048.	
	<b>c</b>	INSURANCE PAYMENTS		900099	77,385.		77,385.	
	<b>d</b>	All other revenue . . . . .			23,887.		23,887.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			6,652,591.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				75,204,166.	1,394,824.	1,329,682.	26,717,767.

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	9,868,486.	9,868,486.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	200,000.	200,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	9,301.	9,301.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,238,769.	1,335,655.	1,456,968.	446,146.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	11,304,492.	7,901,116.	1,286,952.	2,116,424.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	231,687.	171,167.	13,364.	47,156.
<b>9</b> Other employee benefits . . . . .	852,714.	551,914.	139,206.	161,594.
<b>10</b> Payroll taxes . . . . .	1,102,566.	701,457.	198,145.	202,964.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	29,147.	7,761.	21,386.	
<b>c</b> Accounting . . . . .	250,156.		250,156.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	423,444.			423,444.
<b>f</b> Investment management fees . . . . .	765,018.	673,513.	91,505.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,116,224.	1,689,502.	327,432.	99,290.
<b>12</b> Advertising and promotion . . . . .	0.			
<b>13</b> Office expenses . . . . .	408,141.	210,340.	178,825.	18,976.
<b>14</b> Information technology . . . . .	1,166,845.	972,924.	68,686.	125,235.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	2,425,346.	1,784,612.	345,738.	294,996.
<b>17</b> Travel . . . . .	37,401.	25,987.	2,864.	8,550.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	146,134.	146,134.		
<b>20</b> Interest . . . . .	102,532.	66,045.	36,487.	
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	797,150.	582,472.	143,573.	71,105.
<b>23</b> Insurance . . . . .	869,408.	664,447.	204,961.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REAL ESTATE . . . . .	9,676,967.	9,676,967.		
<b>b</b> PRINTING . . . . .	1,421,810.	1,176,065.	7,551.	238,194.
<b>c</b> POSTAGE . . . . .	1,292,402.	1,112,986.	10,669.	168,747.
<b>d</b> PROPERTY DEVELOPMENT . . . . .	534,235.	534,235.		
<b>e</b> All other expenses . . . . .	1,485,011.	1,122,008.	319,208.	43,795.
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	50,755,386.	41,185,094.	5,103,676.	4,466,616.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments. . . . .	16,958,270.	<b>2</b>	19,348,068.
	<b>3</b> Pledges and grants receivable, net . . . . .	23,422,438.	<b>3</b>	11,714,704.
	<b>4</b> Accounts receivable, net. . . . .	2,923,148.	<b>4</b>	1,727,120.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	471,596.	<b>8</b>	448,701.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	522,648.	<b>9</b>	594,499.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 14,576,286.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 6,804,344.		
		8,479,277.	<b>10c</b>	7,771,942.
	<b>11</b> Investments - publicly traded securities. . . . .	44,278,223.	<b>11</b>	62,765,662.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	266,006,438.	<b>12</b>	350,851,190.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	551,376.	<b>15</b>	591,247.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	363,613,414.	<b>16</b>	455,813,133.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	8,422,484.	<b>17</b>	9,120,920.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	8,424,462.	<b>19</b>	6,951,012.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,311,540.	<b>23</b>	1,279,701.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	1,750,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	21,412,916.	<b>25</b>	24,840,988.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	39,571,402.	<b>26</b>	43,942,621.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	96,001,444.	<b>27</b>	125,295,800.
	<b>28</b> Net assets with donor restrictions. . . . .	228,040,568.	<b>28</b>	286,574,712.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	324,042,012.	<b>32</b>	411,870,512.
<b>33</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	363,613,414.	<b>33</b>	455,813,133.	

Form **990** (2020)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	75,204,166.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	50,755,386.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	24,448,780.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	324,042,012.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	70,491,420.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	-7,111,700.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	411,870,512.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

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

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

Form **990** (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Employer identification number  
**53-0210807**

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

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

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

f Enter the number of supported organizations . . . . .

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	24,300,800.	65,970,800.	39,485,669.	54,853,482.	45,766,893.	230,377,644.
<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</b> <b>Total.</b> Add lines 1 through 3. . . . .	24,300,800.	65,970,800.	39,485,669.	54,853,482.	45,766,893.	230,377,644.
<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). . . . .						62,977,456.
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						167,400,188.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	24,300,800.	65,970,800.	39,485,669.	54,853,482.	45,766,893.	230,377,644.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	4,332,079.	4,133,752.	9,476,418.	2,286,915.	8,611,326.	28,840,490.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .		0.	0.	0.	0.	0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	1,494,689.	217,551.	452,538.	410,818.	101,272.	2,676,868.
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						261,895,002.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	22,861,617.
<b>13</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	63.92 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	60.61 %
<b>16a</b> <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <i>see instructions</i> ).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity ( <i>see instructions</i> ).		
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	<b>1e</b>		
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 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 0.035.	<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 0.85 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).			

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b>	Distributable amount for 2020 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2020			
<b>a</b>	From 2015 . . . . .			
<b>b</b>	From 2016 . . . . .			
<b>c</b>	From 2017 . . . . .			
<b>d</b>	From 2018 . . . . .			
<b>e</b>	From 2019 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2020 distributable amount			
<b>i</b>	Carryover from 2015 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2020 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2020 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2016 . . . .			
<b>b</b>	Excess from 2017 . . . .			
<b>c</b>	Excess from 2018 . . . .			
<b>d</b>	Excess from 2019 . . . .			
<b>e</b>	Excess from 2020 . . . .			

Schedule A (Form 990 or 990-EZ) 2020

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
INSURANCE LOSS REPAYMENTS	69,697.	141,938.	116,215.	239,342.	77,385.	644,577.
SALE OF PROPERTY	1,376,190.		83,600.	160,684.	14,000.	1,634,474.
OTHER MISCELLANEOUS INCOME	48,802.	40,613.	252,723.	10,792.	9,887.	362,817.
TRANSFER ENDOWMENT		35,000.				35,000.
TOTALS	<u>1,494,689.</u>	<u>217,551.</u>	<u>452,538.</u>	<u>410,818.</u>	<u>101,272.</u>	<u>2,676,868.</u>

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

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

Name of the organization

NATIONAL TRUST FOR HISTORIC PRESERVATION  
IN THE UNITED STATES

Employer identification number

53-0210807

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

**Employer identification number**  
53-0210807

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 20,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 3,410,968.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,400,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 3,330,985.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number
53-0210807

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

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

Employer identification number  
53-0210807

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

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

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

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

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

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

**Employer identification number**  
**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. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities (See instructions). . . . .

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		38,729.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		216,030.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		254,759.													
<b>d</b> Other exempt purpose expenditures . . . . .		50,500,627.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		50,755,386.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	486,393.	468,490.	354,883.	254,759.	1,564,525.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	116,090.	157,572.	78,660.	38,729.	391,051.

Schedule C (Form 990 or 990-EZ) 2020

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

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

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

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

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

<b>1</b>	Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>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>	

**Part IV Supplemental Information**

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

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

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Employer identification number  
**53-0210807**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	6 .	1 .
2 Aggregate value of contributions to (during year) . . . . .	25,000 .	
3 Aggregate value of grants from (during year) . . . . .	274,402 .	14,500 .
4 Aggregate value at end of year . . . . .	8,955,670 .	210,734 .
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? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input checked="" type="checkbox"/> Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input checked="" type="checkbox"/> Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a 129 .
b Total acreage restricted by conservation easements . . . . .	2b 953.00
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c 108 .
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d 13 .

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ 26 .

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☒ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 3,081.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 211,749 .

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☒ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

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

**a** ☒ Public exhibition

**d** ☒ Loan or exchange program

**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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
<b>c</b> Beginning balance . . . . .	<b>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 on Part XIII . . . . . ☐

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	252,274,995.	249,492,859.	271,911,308.	262,563,154.	245,073,534.
<b>b</b> Contributions . . . . .	4,959,759.	6,128,185.	4,021,401.	3,454,987.	1,367,899.
<b>c</b> Net investment earnings, gains, and losses . . . . .	91,713,667.	8,893,946.	10,503,482.	19,007,471.	31,727,169.
<b>d</b> Grants or scholarships . . . . .	1,297,860.	1,264,073.	1,236,088.	1,404,843.	1,356,301.
<b>e</b> Other expenditures for facilities and programs . . . . .	8,860,037.	8,627,772.	10,674,984.	8,372,955.	9,234,158.
<b>f</b> Administrative expenses . . . . .	2,271,437.	2,348,150.	25,032,260.	3,336,506.	5,014,989.
<b>g</b> End of year balance . . . . .	336,519,087.	252,274,995.	249,492,859.	271,911,308.	262,563,154.

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

**a** Board designated or quasi-endowment  35.0000 %

**b** Permanent endowment  54.0000 %

**c** Term endowment  11.0000 %

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

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

(i) Unrelated organizations . . . . . **3a(i)** ☐ **Yes** ☒ **No**

(ii) Related organizations . . . . . **3a(ii)** ☐ **Yes** ☒ **No**

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b** ☐ **Yes** ☐ **No**

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		6,714,477.	2,072,269.	4,642,208.
<b>c</b> Leasehold improvements . . . . .		3,272,311.	1,658,254.	1,614,057.
<b>d</b> Equipment . . . . .		4,589,497.	3,073,820.	1,515,677.
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				7,771,942.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) INVESTMENT IN SUBSIDIARIES	21,284,385.	COST
(B) OTHER NON-PUBLIC INVESTMENTS	329,566,805.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	350,851,190.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MONTPELIER FOUNDATION ENDOWMENT	10,669,932.
(3) ENDOWMENT FOR CONGRESSIONAL CE	6,718,982.
(4) DEFERRED RENT	4,330,093.
(5) GIFT ANNUITIES	1,909,416.
(6) OTHER LIABILITIES	1,212,565.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	24,840,988.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	139,034,862.
<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>	70,491,420.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	965,954.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-6,861,660.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	64,595,714.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	74,439,148.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	765,018.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	765,018.
<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>	75,204,166.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	51,206,362.
<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>	965,954.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	965,954.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	50,240,408.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	765,018.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-250,040.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	514,978.
<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>	50,755,386.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

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

PART II, LINE 4:

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

PART II, LINE 5:

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

PART II, LINE 9:

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

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

PART III, LINE 1A:

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

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

PART III, LINE 4:

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

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

CONTAIN SIGNIFICANT COLLECTIONS OF FURNISHINGS, ARE REGULARLY OPEN TO THE PUBLIC.

PART V, LINE 4:

THE NATIONAL TRUST'S ENDOWMENT FUNDS ARE USED TO SUPPORT THE COSTS OF MAINTAINING ITS HISTORIC SITES, FOR GRANTS TO PRESERVATION ORGANIZATIONS AND SIMILAR PURPOSES, AND TO SUPPORT 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, 2018 FORWARD.

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

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

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## PART XI, LINE 2D:

ADJUSTMENT OF PLEDGE RECEIVABLE:	\$ (7,111,700)
COST OF GOODS SOLD:	\$ 150,341
SPECIAL EVENT EXPENSE:	\$ 99,699
TOTAL:	\$ (6,681,660)

## PART XII, LINE 4B:

COST OF GOODS SOLD:	\$(150,341)
SPECIAL EVENT EXPENSE:	\$(99,699)
TOTAL:	\$(250,040)

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**Employer identification number**  
**53-0210807**

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		107,745,547.
<b>(2)</b> EUROPE	0.	0.	INVESTMENTS		871,417.
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .					108,616,964.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					108,616,964.

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

**Schedule F (Form 990) 2020**

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			EUROPE/ICELAND/GREENLAND	PRESERVATION	9,301.	WIRE			
<b>(2)</b>									
<b>(3)</b>									
<b>(4)</b>									
<b>(5)</b>									
<b>(6)</b>									
<b>(7)</b>									
<b>(8)</b>									
<b>(9)</b>									
<b>(10)</b>									
<b>(11)</b>									
<b>(12)</b>									
<b>(13)</b>									
<b>(14)</b>									
<b>(15)</b>									
<b>(16)</b>									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . **1.**

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



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

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

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2020

**Part V** **Supplemental Information**

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

PART I, LINE 2:

THE INTERNATIONAL NATIONAL TRUSTS ORGANIZATION (INTO) IS AN ASSOCIATION  
OF NATIONAL TRUSTS FROM THROUGHOUT THE WORLD. AS ONE OF THE OLDEST AND  
LARGEST NATIONAL TRUSTS, THE NATIONAL TRUST PLAYS A LEADERSHIP ROLE IN  
THE OVERSIGHT AND MANAGEMENT OF INTO. KATHERINE MALONE-FRANCE, CHIEF  
PRESERVATION OFFICER, SITS ON THE BOARD OF INTO.

SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2020

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

Employer identification number  
53-0210807

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					423,444.	-423,444.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GLASS HOUSE (event type)	WOODLAWN SPRIN (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	443,935.	29,719.	49,201.	522,855.
	2 Less: Contributions . . . . .		12,000.	41,526.	53,526.
	3 Gross income (line 1 minus line 2) . . . . .	443,935.	17,719.	7,675.	469,329.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	76,621.	12,788.	10,290.	99,699.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				99,699.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				369,630.

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

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

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

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

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

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

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

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

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

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

PART II, EVENT TYPE:

(A) EVENT: WOODLAWN SPRING EVENT

## 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
INTERACTIVE STRATEGIES  1133 CONNECTICUT AVE, STE 600 WASHINGTON DC 20036	ONLINE FUNDRAISING		X		223,444.	-223,444.
EIDOLON COMMUNICATIONS INC. 15 MAIDEN LANE, SUITE 1401 NEW YORK NY 10038	DIRECT MARKETING		X		200,000.	-200,000.

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HISTORIC VERNON AME CHURCH 307-311 NORTH GREENWOOD AVE TULSA, OK 74120	84-2899684	501(C)(3)	400,000.				SAVE HISTORIC PLACES
(2) ASSN FOR THE PRESERV OF THE CONGRESSIONAL PO BOX 1059 OHKAY OWINGEH, NM 87566	85-0446828	501(C)(3)	360,094.				SAVE HISTORIC PLACES
(3) NATIONAL CITY CHRISTIAN CHURCH FOUNDATION 5 THOMAS CIRCLE NW WASHINGTON, DC 20005	53-0204611	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(4) ST. JOSEPH SHRINE 1828 JAY ST DETROIT, MI 48207	38-1411192	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(5) PALMETTO TRUST FOR HIST PRESER PO BOX 506 PROSPERITY, SC 29127	57-0913191	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(6) SIXTEENTH STREET BAPTIST CHURCH 1530 6TH AVE NORTH BIRMINGHAM, AL 35203	63-0397962	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(7) CHURCH OF THE COVENANT 67 NEWBURY ST BOSTON, MA 02116	80-0905919	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(8) LOVELY LANE UNITED METHODIST CHURCH 2200 ST. PAUL ST BALTIMORE, MD 21218	52-0660878	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(9) KADESH AFRICAN METHODIST EPISCOPAL CHURCH 505 SOUTH BROAD ST EDENTON, NC 27932	22-3882270	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(10) OLD FIRST REFORMED CHURCH 729 CARROLL ST BROOKLYN, NY 11215	11-1797169	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(11) FIRST CONGREGATIONAL CHURCH OF LONG BEACH 241 CEDAR AVE LONG BEACH, CA 90802	95-1643320	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(12) SAINT PETER'S LUTHERAN CHURCH 619 LEXINGTON AVE NEW YORK, NY 10022	41-1568278	501(C)(3)	250,000.				SAVE HISTORIC PLACES

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



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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FIRST COVENANT CHURCH 810 S 7TH ST MINNEAPOLIS, MN 55415	41-0705784	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(2) ANNUNCIATION GREEK ORTHODOX CHURCH 9400 WEST CONGRESS ST MILWAUKEE, WI 53225	39-0806808	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(3) ST. VINCENT DE PAUL PARISH 109 EAST PRICE ST PHILADELPHIA, PA 19144	23-1352488	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(4) ST. MARY ARCHANGEL MICHAEL COPTIC CHURCH 39 CHANDLER ST. NASHUA, NH 03064	47-5631578	501(C)(3)	250,000.				SAVE HISTORIC PLACES
(5) NUEVA VIDA NORRISTOWN MENNONITE CHURCH 3 E MARSHALL ST NORRISTOWN, PA 19401	23-2616129	501(C)(3)	183,000.				SAVE HISTORIC PLACES
(6) JACKSON STATE UNIVERSITY 1400 JR LYNCH ST JACKSON, MS 39154	23-7061115	501(C)(3)	158,000.				SAVE HISTORIC PLACES
(7) MORGAN STATE UNIVERSITY 1700 E COLD SPRING LN BALTIMORE, MD 21251	52-6002033	501(C)(3)	155,000.				SAVE HISTORIC PLACES
(8) GIRL SCOUTS OF THE UNITED STATES OF AMERICA 420 5TH AVE NEW YORK, NY 10018	13-1624016	501(C)(3)	150,000.				SAVE HISTORIC PLACES
(9) VILLAGE OF HOLLY 300 EAST ST HOLLY, MI 48442	82-3520876	501(C)(3)	150,000.				SAVE HISTORIC PLACES
(10) WEST PHILADELPHIA CULTURAL ALLIANCE 4949 WALNUT ST. PHILADELPHIA, PA 19139	22-2696971	501(C)(3)	135,000.				SAVE HISTORIC PLACES
(11) MONTPELIER FOUNDATION P.O. BOX 911 ORANGE, VA 22960	31-1620682	501(C)(3)	115,000.				SAVE HISTORIC PLACES
(12) CITY OF BIRMINGHAM 710 N 20TH ST BIRMINGHAM, AL 35203	63-6001201	501(C)(3)	100,000.				SAVE HISTORIC PLACES

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

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public  
Inspection

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

Employer identification number  
53-0210807

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FIRST CONGREGATIONAL CHURCH OF DETROIT 33 E. FOREST AVE. DETROIT, MI 48201	38-1404585	501(C)(3)	100,000.				SAVE HISTORIC PLACES
(2) THE WOMEN'S CLUB OF MINNEAPOLIS 410 OAK GROVE ST MINNEAPOLIS, MN 55403	41-0618870	501(C)(3)	90,670.				SAVE HISTORIC PLACES
(3) FIRST CONGREGATIONAL CHURCH - UCC 100 WEST WORKS ST. SHERIDAN, WY 82801	83-0315438	501(C)(3)	83,000.				SAVE HISTORIC PLACES
(4) TRINITY EPISCOPAL CHURCH IN SAN FRANCISCO 1620 GOUGH ST. SAN FRANCISCO, CA 94109	94-1207712	501(C)(3)	80,000.				SAVE HISTORIC PLACES
(5) LEONA TATE FOUNDATION FOR CHANGE 1116 TENNESSEE ST NEW ORLEANS, LA 70117	26-4548819	501(C)(3)	75,000.				SAVE HISTORIC PLACES
(6) TENTH STREET RESIDENTIAL ORGANIZATION 1113 BETTERTON CIR DALLAS, TX 75203	84-3502509	501(C)(3)	75,000.				SAVE HISTORIC PLACES
(7) NATIONAL CENTER OF AFRO-AMERICAN ARTISTS 300 WALNUT AVE. ROXBURY, MA 02119	04-2729933	501(C)(3)	75,000.				SAVE HISTORIC PLACES
(8) CLAYBORN REBORN, NLLC 294 HERNANDO ST. MEMPHIS, TN 38126	58-1715927	501(C)(3)	75,000.				SAVE HISTORIC PLACES
(9) OKLAHOMA CITY URBAN RENEWAL AUTHORITY 105 N HUDSON AVE OKLAHOMA CITY, OK 73102	73-0726103	501(C)(3)	75,000.				SAVE HISTORIC PLACES
(10) STILLMAN COLLEGE 3601 STILLMAN BLVD TUSCALOOSA, AL 35401	63-0315935	501(C)(3)	70,000.				SAVE HISTORIC PLACES
(11) BRUCEMORE INC 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403	42-1170531	501(C)(3)	66,592.				SAVE HISTORIC PLACES
(12) LANE COLLEGE 545 LN AVE JACKSON, TN 38301	62-0570060	501(C)(3)	65,000.				SAVE HISTORIC PLACES

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

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

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

Schedule I (Form 990) 2020

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BENEDICT COLLEGE 1600 HARDEN ST COLUMBIA, SC 29204	57-0314365	501(C)(3)	65,000.				SAVE HISTORIC PLACES
(2) SPELMAN COLLEGE 350 SPELMAN LN ATLANTA, GA 30314	58-0566243	501(C)(3)	65,000.				SAVE HISTORIC PLACES
(3) TUSKEGEE UNIV DEPARTMENT OF ARCHITECTURE WILCOX BUILDING C TUSKEGEE, AL 36088	63-0288878	501(C)(3)	65,000.				SAVE HISTORIC PLACES
(4) PHILANDER SMITH COLLEGE 900 DAISY BATES DR LITTLE ROCK, AR 72202	71-0239729	501(C)(3)	65,000.				SAVE HISTORIC PLACES
(5) AFRICATOWN HERITAGE PRESERVATION FOUNDATION 2557 GARFIELD ST MOBILE, AL 36610	84-2818332	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(6) CITY OF MINNEAPOLIS, HISTORIC PRESERVATION 505 4TH AVE SOUTH MINNEAPOLIS, MN 55415	41-6005375	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(7) ST. SIMONS AFRICAN AMERICAN HERITAGE COAL 291 S HARRINGTON ST SIMONS ISLAND, GA 31525	95-1234567	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(8) MUDDY WATERS MOJO MUSEUM INC 4339 S LAKE PARK AVE CHICAGO, IL 60653	84-3698915	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(9) OMAHA ECONOMIC DEVELOPMENT CORPORATION 2221 NORTH 24TH ST OMAHA, NE 68110	47-0597743	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(10) SWEET WATER FOUNDATION 5749 S PERRY AVE CHICAGO, IL 60621	27-1391983	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(11) GEORGIA HISTORIC PRESERVATION DIVISION 60 EXECUTIVE PARK S NE ATLANTA, GA 30329	58-1130945	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(12) HISTORIC MITCHELVILLE FREEDOM PARK 539 WLAM HLTN PKWY HLTN HD ISLAND, SC 29925	27-2308109	501(C)(3)	50,000.				SAVE HISTORIC PLACES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ►
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Employer identification number  
**53-0210807**

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

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> JOHN G. RILEY MUSEUM 419 E. JEFFERSON ST TALLAHASSEE, FL 32301	59-3518113	501(C)(3)	50,000.				SAVE HISTORIC PLACES
<b>(2)</b> ASSOCIATION OF AFRICAN AMERICAN MUSEUMS P.O. BOX 23698 WASHINGTON, DC 20026	31-1609577	501(C)(3)	50,000.				SAVE HISTORIC PLACES
<b>(3)</b> SWEET AUBURN WORKS, INC. 522 AUBURN AVE ATLANTA, GA 30312	46-1784089	501(C)(3)	50,000.				SAVE HISTORIC PLACES
<b>(4)</b> THE CLIFTON HOUSE 2605 TALBOT ROAD BALTIMORE, MD 21216	84-2681779	501(C)(3)	50,000.				SAVE HISTORIC PLACES
<b>(5)</b> DENNIS FARM CHARITABLE LAND TRUST 3900 FORD ROAD PHILADELPHIA, PA 19131	26-6000275	501(C)(3)	50,000.				SAVE HISTORIC PLACES
<b>(6)</b> MT HISTORIC PRESERV OFF MT HISTORICAL SOC 1301 E LOCKEY HELENA, MT 59620	81-0302402	501(C)(3)	50,000.				SAVE HISTORIC PLACES
<b>(7)</b> FOUNDER'S CHURCH OF RELIGIOUS SCIENCE 3281 W. 6TH ST LOS ANGELES, CA 90020	95-3900047	501(C)(3)	50,000.				SAVE HISTORIC PLACES
<b>(8)</b> BANNEKER-DOUGLASS MUSEUM FND INC 84 FRANKLIN ST ANNAPOLIS, MD 21214	52-1095665	501(C)(3)	50,000.				SAVE HISTORIC PLACES
<b>(9)</b> SAPELO ISLAND CULTURAL & REVITALIZATION SOC PO BOX 6 SAPELO ISLAND, GA 31327	58-2180058	501(C)(3)	50,000.				SAVE HISTORIC PLACES
<b>(10)</b> MASON COUNTY FISCAL COURT 220 STANLEY REED COURT MAYSVILLE, KY 41056	61-6000876	501(C)(3)	50,000.				SAVE HISTORIC PLACES
<b>(11)</b> WHILE WE ARE STILL HERE INC 555 EDGECOMBE AVNUE 8B NEW YORK, NY 10032	47-3980592	501(C)(3)	50,000.				SAVE HISTORIC PLACES
<b>(12)</b> MAXVILLE HERITAGE INTERPRETIVE CENTER PO BOX 492 ENTERPRISE, OR 97828	26-4819577	501(C)(3)	50,000.				SAVE HISTORIC PLACES

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Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Name of the organization **NATIONAL TRUST FOR HISTORIC PRESERVATION**  
**IN THE UNITED STATES**

Employer identification number  
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(1) LEWIS H. LATIMER FUND INC. 3441 137TH ST. FLUSHING, NY 11354	11-2983131	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(2) JEFFERSON SCH AFRICAN AMERICAN HERITAGE CTR 233 4TH ST NW A CHARLOTTESVILLE, VA 22903	47-5411481	501(C)(3)	50,000.				SAVE HISTORIC PLACES
(3) SB MEDIA LLC 20510 LIVERNOIS DETROIT, MI 48221	43-2104080		40,000.				SAVE HISTORIC PLACES
(4) SWEETHEART CAFE & TEA 315 9TH ST OAKLAND, CA 94607	26-1750708		40,000.				SAVE HISTORIC PLACES
(5) DOOKY CHASE RESTAURANT, INC. 2301 ORLEANS AVE NEW ORLEANS, LA 70119	72-0762509		40,000.				SAVE HISTORIC PLACES
(6) DADDY D'Z, INC. DBA DADDY DZ BBQ JOYNT 264 MEMORIAL DR SE #2139 ATLANTA, GA 30312	82-3470899		40,000.				SAVE HISTORIC PLACES
(7) STVN MANAGEMENT CORP. 1543 SW 8TH ST MIAMI, FL 33135	26-0673727		40,000.				SAVE HISTORIC PLACES
(8) GALLOWAYS LANDING BAR & RESTAURANT INC. #2 CALLE JOSE DE DIEGO BOQUERON, PR 00622	66-0894105		40,000.				SAVE HISTORIC PLACES
(9) THE FOUR WAY, LLC 998 MISSISSIPPI BLVD MEMPHIS, TN 38126	03-0455166		40,000.				SAVE HISTORIC PLACES
(10) LEGAUX HOLDINGS LLC 2920 W JEFFERSON BLVD LOS ANGELES, CA 90018	27-4819550		40,000.				SAVE HISTORIC PLACES
(11) NAKATO, INC. DBA NAKATO JAPANESE RESTAURANT 1776 CHESHIRE BRIDGE RD ATLANTA, GA 30324	59-1417292		40,000.				SAVE HISTORIC PLACES
(12) NEIR'S TAVERN, INC. 87-48 78TH ST WOODHAVEN, NY 11421	26-3935803		40,000.				SAVE HISTORIC PLACES

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**SCHEDULE I  
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(1) FLORES RESTAURANT LLC. 99 WALNUT ST MONTCLAIR, NJ 07042	82-2766416		40,000.				SAVE HISTORIC PLACES
(2) CHINATOWN GARDEN INC. DBA CHINATOWN GARDEN 618 H ST NW WASHINGTON, DC 20001	52-2053229		40,000.				SAVE HISTORIC PLACES
(3) KEGEL'S LLC DBA KEGEL'S INN 5901 W NATIONAL AVE WEST ALLIS, WI 53214	81-2235910		40,000.				SAVE HISTORIC PLACES
(4) SUEHIRO CAFE, INC. DBA SUEHIRO CAFE 337 E 1ST ST LOS ANGELES, CA 90012	95-4164344		40,000.				SAVE HISTORIC PLACES
(5) LA FONDA EL TAQUITO INC. 800 SOUTHWEST BLVD KANSAS CITY, MO 64108	74-2469250		40,000.				SAVE HISTORIC PLACES
(6) LA POSTA GROUP, INC DBA LA POSTA DE MESILLA 2410 CALLE DE SAN ALBINO MESILLA, NM 88046	85-0436492		40,000.				SAVE HISTORIC PLACES
(7) TOASTERS HOUSTON LLC 5101 ALMEDA RD HOUSTON, TX 77004	47-4427669		40,000.				SAVE HISTORIC PLACES
(8) 1213 U ST LLC DBA BEN'S CHILI BOWL 1213 U ST NW WASHINGTON, DC 20009	27-2378003		40,000.				SAVE HISTORIC PLACES
(9) MIGHTY MANEKI LLC DBA MANEKI RESTAURANT 304 6TH AVE S SEATTLE, WA 98104	91-1379828		40,000.				SAVE HISTORIC PLACES
(10) HARLEM BAKED GOODS LLC 283 WEST 118TH ST NEW YORK, NY 10026	86-1905900		40,000.				SAVE HISTORIC PLACES
(11) FRIENDS OF CEDAR MESA PO BOX 338 BLUFF, UT 84512	35-2426283	501(C)(3)	35,000.				SAVE HISTORIC PLACES
(12) CLIVEDEN INC 6401 GERMANTOWN AVE PHILADELPHIA, PA 19144	23-2232675	501(C)(3)	27,215.				SAVE HISTORIC PLACES

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Schedule I (Form 990) 2020

SCHEDULE I  
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(1) HISTORIC KANSAS CITY FOUNDATION 3401 BROADWAY BLVD KANSAS CITY, MO 64111	23-7368504	501(C)(3)	25,700.				SAVE HISTORIC PLACES
(2) SOUTH BUSHWICK REFORMED CHURCH 15 HIMROD ST BROOKLYN, NY 11221	11-6016212	501(C)(3)	25,000.				SAVE HISTORIC PLACES
(3) JEFFERSON COUNTY HISTORIC LANDMARKS COMM PO BOX 23 CHARLES TOWN, WV 25414	45-3213370	501(C)(3)	25,000.				SAVE HISTORIC PLACES
(4) ARCH ST METHODIST CHURCH 55 NORTH BROAD ST. PHILADELPHIA, PA 19107	23-1433905	501(C)(3)	25,000.				SAVE HISTORIC PLACES
(5) WASHINGTON COLLEGE 300 WASHINGTON AVE CHESTERTOWN, MD 21620	52-0591691	501(C)(3)	25,000.				SAVE HISTORIC PLACES
(6) DRAYTON HALL PRESERVATION TRUST 3380 ASHLEY RIVER ROAD CHARLESTON, SC 29414	45-4938941	501(C)(3)	21,000.				SAVE HISTORIC PLACES
(7) PRESERVATION MARYLAND 3600 CLIPPER MILL RD BALTIMORE, MD 21211	52-0609575	501(C)(3)	20,000.				SAVE HISTORIC PLACES
(8) JUDD FOUNDATION 101 SPRING ST NEW YORK, NY 10012	74-2798673	501(C)(3)	20,000.				SAVE HISTORIC PLACES
(9) COLORADO HISTORICAL FOUNDATION P.O. BOX 363 GOLDEN, CO 80402	84-6043555	501(C)(3)	20,000.				SAVE HISTORIC PLACES
(10) PRESIDENT LINCOLN'S COTTAGE SOLDIERS' HOME 3700 N. CAPITOL ST. NW WASHINGTON, DC 20011	47-1453864	501(C)(3)	17,500.				SAVE HISTORIC PLACES
(11) MICHIGAN HISTORIC PRESERVATION NETWORK 313 E CESAR E CHAVES AVE LANSING, MI 48906	38-6000134	501(C)(3)	16,297.				SAVE HISTORIC PLACES
(12) FILOLI CENTER INC 86 CANADA ROAD WOODSIDE, CA 94062	95-2996648	501(C)(3)	16,200.				SAVE HISTORIC PLACES

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<b>(1)</b> WHEATLEY METHODIST PROTESTANT CHURCH 5802 WHEATLEY CHURCH RHODESDALE, MD 21659	84-2466664	501(C)(3)	15,000.				SAVE HISTORIC PLACES
<b>(2)</b> UNIVERSITY OF MARYLAND ROUTE 1, COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	15,000.				SAVE HISTORIC PLACES
<b>(3)</b> THE UNIVERSITY OF TEXAS OF AUSTIN 110 INNER CAMPUS DR AUSTIN, TX 78712	74-6000203	501(C)(3)	15,000.				SAVE HISTORIC PLACES
<b>(4)</b> EDISTO ISLAND OPEN LAND TRUST 1 547 HIGHWAY 174 EDISTO ISLAND, SC 29438	57-1007436	501(C)(3)	15,000.				SAVE HISTORIC PLACES
<b>(5)</b> SAN JUAN COUNTY 117 S MAIN, PO BOX 338 MONTICELLO, UT 84535	87-6000305	501(C)(3)	15,000.				SAVE HISTORIC PLACES
<b>(6)</b> ASTRODOME CONSERVANCY 2726 BISSONNET #240-417 HOUSTON, TX 77005	81-3660137	501(C)(3)	15,000.				SAVE HISTORIC PLACES
<b>(7)</b> EBELL FRIENDS 743 S LUCERNE BLVD LOS ANGELES, CA 90005	83-3447161	501(C)(3)	15,000.				SAVE HISTORIC PLACES
<b>(8)</b> PRESERVE RHODE ISLAND 957 NORTH MAIN ST PROVIDENCE, RI 02904	05-6012417	501(C)(3)	15,000.				SAVE HISTORIC PLACES
<b>(9)</b> URBAN LEAGUE OF DETROIT AND SOUTHEASTERN MI 208 MACK AVE DETROIT, MI 48201	38-1358387	501(C)(3)	12,000.				SAVE HISTORIC PLACES
<b>(10)</b> COLORADO SPRINGS CHILD NURSERY CENTERS INC. 104 E RIO GRANDE COLORADO SPRINGS, CO 80903	84-0632406	501(C)(3)	10,000.				SAVE HISTORIC PLACES
<b>(11)</b> FRIENDS OF OXMOOR FOUNDATION INC 720 OXMOOR AVE LOUISVILLE, KY 40222	81-3737766	501(C)(3)	10,000.				SAVE HISTORIC PLACES
<b>(12)</b> PRESERVATION TEXAS P.O BOX 12832 AUSTIN, TX 78711	75-2129913	501(C)(3)	10,000.				SAVE HISTORIC PLACES

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Open to Public  
Inspection

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

Employer identification number  
53-0210807

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL PRESERVATION PARTNERS NETWORK PO BOX 2446 WOBURN, MA 01888	83-1010033	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(2) BOSTON PRESERVATION ALLIANCE, INC. 141 CAMBRIDGE ST BOSTON, MA 02114	04-2748390	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(3) CEDAR CREEK BATTLEFIELD FOUNDATION, INC. 8437 VALLEY PIKE MIDDLETOWN, VA 22645	54-1474233	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(4) GAYLORD BUILDING HISTORIC SITE 200 W 8TH ST LOCKPORT, IL 60441	83-1482428	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(5) GREATER UNION LIFE CENTER, INC. 240 S. CLARA AVE DELAND, FL 32724	37-1455540	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(6) WASHINGTON TRUST FOR HISTORIC PRESERVATION 1204 MINOR AVE SEATTLE, WA 98101	91-0983680	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(7) DOWNTOWN SPRINGFIELD HERITAGE FOUNDATION 227 S 7TH ST SPRINGFIELD, IL 62701	37-1382405	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(8) LIBERTY THEATRE FOUNDATION 405 Balsa Lagrande, OR 97850	45-3781829	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(9) MANASSAS BATTLEFIELD TRUST 12521 LEE HIGHWAY MANASSAS, VA 20109	46-2501374	501(C)(3)	10,000.				SAVE HISTORIC PLACES
(10) BLACKWELL-ISRAEL SAMUEL A.M.E. ZION CHURCH 3956 S LANGLEY AVE CHICAGO, IL 60653	36-3594682	501(C)(3)	8,500.				SAVE HISTORIC PLACES
(11) CLINTON CHURCH RESTORATION 9 ELM COURT GREAT BARRINGTON, MA 01230	82-1322151	501(C)(3)	8,500.				SAVE HISTORIC PLACES
(12) WHITE HOUSE HISTORICAL ASSOCIATION 1610 H ST NW WASHINGTON, DC 20006	52-0749685	501(C)(3)	8,176.				SAVE HISTORIC PLACES

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

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

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

Schedule I (Form 990) 2020

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public  
Inspection

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

Employer identification number  
53-0210807

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LOVINGTON MAINSTREET 201 S MAIN ST LOVINGTON, NM 88260	85-0477913	501(C)(3)	8,000.				SAVE HISTORIC PLACES
(2) BRANCH MUSEUM OF ARCHITECTURE AND DESIGN 2501 MONUMENT AVE RICHMOND, VA 23220	54-6054855	501(C)(3)	8,000.				SAVE HISTORIC PLACES
(3) PRESERVATION PENNSYLVANIA INC 257 NORTH ST HARRISBURG, PA 17101	23-2219097	501(C)(3)	7,866.				SAVE HISTORIC PLACES
(4) CITY OF HAMMOND 310 E CHARLES ST HAMMOND, LA 70404	72-0573539	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(5) LOST PROVINCE CENTER FOR THE CULTURAL ARTS PO BOX 224 LANSING, NC 28643	82-5326511	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(6) UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVE RM 159 BERKELEY, CA 94720	94-6002123	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(7) FRIENDS OF ALICE AUSTEN HOUSE 2 HYLAN BLVD STATEN ISLAND, NY 10305	13-3248928	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(8) CHEVRA KOL ISRAEL 603 SAINT JOHNS PLACE BROOKLYN, NY 11238	11-3415616	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(9) HISTORIC CHERRY HILL 523 1/2 S. PEARL ST ALBANY, NY 12202	14-1482741	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(10) TULANE UNIVERSITY 7029 FRERET ST NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(11) CLEVELAND RESTORATION SOCIETY 3751 PROSPECT AVE CLEVELAND, OH 44115	23-7218767	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(12) UNIVERSITY OF COLORADO DENVER CAMPUS BX 125 PO BX 173364 DENVER, CO 80217	84-6000555	501(C)(3)	7,500.				SAVE HISTORIC PLACES

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Employer identification number  
**53-0210807**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KLEIN ARTS & CULTURE 4206 WAYFARER WAY AUSTIN, TX 78731	83-2840605	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(2) COLEBROOKDALE RAILROAD PRESERVATION TRUST 100 SOUTH CHESTNUT ST BOYERTOWN, PA 19512	45-4265442	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(3) FRIENDS OF THE EMBASSY THEATRE, INC. C/O 114 2ND AVE BURNHAM, PA 17009	25-1663561	501(C)(3)	7,500.				SAVE HISTORIC PLACES
(4) HOLT'S CHAPEL COMMUNITY CENTER, INC 136 JANERIO RD PO BX 616 ORIENTAL, NC 28571	46-1315326	501(C)(3)	6,500.				SAVE HISTORIC PLACES
(5) HISTORIC HAWAII FOUNDATION 680 IWILEI RD HONOLULU, HI 96817	23-7441972	501(C)(3)	6,484.				SAVE HISTORIC PLACES
(6) LINCOLN COUNTY 181 NORTH MAIN ST PIOCHE, NV 89043	88-6000094	501(C)(3)	5,920.				SAVE HISTORIC PLACES
(7) GLESSNER HOUSE MUSEUM 1800 S. PRAIRIE AVE. CHICAGO, IL 60616	36-3985457	501(C)(3)	5,500.				SAVE HISTORIC PLACES
(8) MUSEUM OF NEW MEXICO FOUNDATION 1411 PASEO DE PERALTA SANTA FE, NM 87501	85-0202503	501(C)(3)	5,500.				SAVE HISTORIC PLACES
(9) ELK COUNTY PRESERVATION SOCIETY, INC. 1533 KILLDEER HOWARD, KS 67349	83-4159507	501(C)(3)	5,300.				SAVE HISTORIC PLACES
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . **121.**
- 3 Enter total number of other organizations listed in the line 1 table . . . . . **20.**

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b> WANDA J'S, INC.		40,000.			
<b>2</b> ALMEAD H. STUTTS		40,000.			
<b>3</b> MARIA A. AGUILAR DBA CASA VICKY		40,000.			
<b>4</b> MARY ALICE MCCLELLAN DBA JOHN'S PLACE		40,000.			
<b>5</b> JAMES AND ADRIENNE HENDERSON		40,000.			
<b>6</b>					
<b>7</b>					

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

PART I, LINE 2:

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**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**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	PAUL EDMONDSON PRESIDENT & CEO	(i) 368,012.	0.	2,286.	14,000.	762.	385,060.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	THOMPSON MAYES CHIEF LEGAL OFCR & SECRETARY	(i) 220,587.	0.	1,188.	11,350.	8,911.	242,036.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	PATRICIA WOODWORTH-8/20 INTERIM CHIEF FIN. OFFICER	(i) 154,038.	0.	14,201.	8,413.	508.	177,160.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	ROSS BRADFORD ASSISTANT CORPORATE SECRETARY	(i) 146,050.	0.	120.	7,497.	6,606.	160,273.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	KATHERINE MALONE-FRANCE CHIEF PRESERVATION OFFICER	(i) 237,070.	0.	270.	11,518.	6,633.	255,491.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	GEOFFREY HANDY TO 12/20 CHIEF MARKETING OFFICER	(i) 191,269.	0.	23,771.	11,250.	5,228.	231,518.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
7	TABITHA ALMQUIST CHIEF ADMINISTRATIVE OFFICER	(i) 208,731.	0.	270.	10,032.	762.	219,795.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
8	LYNN ENGLISH CHIEF DEVELOPMENT OFFICER	(i) 163,111.	0.	621.	0.	1,754.	165,486.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
9	DENNIS HOCKMAN ACTING CHIEF MARKETING OFFICER	(i) 144,215.	0.	188.	7,671.	8,826.	160,900.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
10	DENISE WISE VP OF FINANCE & CONTROLLER	(i) 186,900.	0.	414.	9,508.	10,754.	207,576.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
11	THOMAS CASSIDY VP - GOV'T RELATIONS/POLICY	(i) 183,001.	0.	2,103.	10,989.	6,601.	202,694.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
12	MARIANNA KNIGHT VP - HUMAN RESOURCES	(i) 188,300.	0.	712.	9,560.	746.	199,318.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
13	SUSAN LATTANZI VP OF INFORMATION TECHNOLOGY	(i) 171,847.	0.	368.	9,208.	6,733.	188,156.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
14	ELIZABETH MERRITT DEPUTY GENERAL COUNSEL	(i) 170,365.	0.	1,920.	8,781.	6,707.	187,773.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Schedule J (Form 990) 2020

**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.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Employer identification number  
**53-0210807**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	38.	826,681.	STOCK GIFTS
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other. . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial. . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy. . . . .				
22 Historical artifacts. . . . .	X	12.	0.	N/A
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		47.	15,532.	
26 Other ▶ ( <u>                    </u> ) . . . . .				
27 Other ▶ ( <u>                    </u> ) . . . . .				
28 Other ▶ ( <u>                    </u> ) . . . . .				

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

**29**

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

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

Schedule M (Form 990) 2020

JSA

0E1298 1.000

1913JM L43V



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

---

PART I, COLUMN (B):

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

PART I, LINE 22:

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

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

ATTACHMENT 1SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
OTHER DONATED GOODS	X	47.	15,532.	FMV
TOTALS		<u>47.</u>	<u>15,532.</u>	

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

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Employer identification number  
**53-0210807**

FORM 990, PART I, LINE 1:

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

FORM 990, PART III, LINE 4A:

HISTORIC SITES - THE NATIONAL TRUST AND ITS PARTNERS ARE THE STEWARDS OF  
27 NATIONAL TRUST HISTORIC SITES WHICH ARE OPEN TO THE PUBLIC. THEY ARE A  
NATIONALLY SIGNIFICANT COLLECTION OF HISTORIC PLACES THAT INCLUDE A WIDE  
VARIETY OF ARCHITECTURAL STYLES, STRUCTURES LANDSCAPES, AND OBJECT  
COLLECTIONS THAT BRING DIVERSE STORIES OF AMERICAN HISTORY TO LIFE.

IN 2020/2021, THE NATIONAL TRUST OWNED AND MANAGED 9 OF THESE SITES;  
OWNED 12 SITES (ONE THROUGH A LONG-TERM LEASE) THAT ARE MANAGED BY  
INDEPENDENT LOCAL ORGANIZATIONS; AND PROVIDED LIMITED SUPPORT TO SIX  
OTHER SITES THAT ARE OWNED AND MANAGED BY OTHER ENTITIES. THESE HISTORIC  
SITES WELCOMED OVER 625,000 VISITORS IN 2020/2021. THE HISTORY, STORIES,  
PEOPLE, COLLECTIONS, ARCHITECTURE AND LANDSCAPES OF THESE SITES ARE  
INTERPRETED TO ON-SITE VISITORS, AND THROUGH DIGITAL PROGRAMS, 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

Name of the organization	NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number	53-0210807
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STEWARDSHIP.

FORM 990, PART III, LINE 4B:

HISTORIC PRESERVATION & CONSERVATION: PRESERVATION SERVICES INCLUDES:

- 1) WORK TO SAVE THREATENED HISTORIC PLACES ACROSS THE COUNTRY;
- 2) RESEARCH, INFORMATION AND TECHNICAL ASSISTANCE TO MEMBERS, PRIVATE AND PUBLIC ORGANIZATIONS, AND GOVERNMENT BODIES WITH RESPECT TO CONTEMPORARY PRESERVATION ISSUES AND REHABILITATION PROJECTS RELATED TO IMPORTANT HISTORIC BUILDINGS, LANDSCAPES AND LANDMARKS;
- 3) FINANCIAL ASSISTANCE/GRANTS AND TECHNICAL SUPPORT THROUGH PROGRAMS INCLUDING THE AFRICAN AMERICAN CULTURAL HERITAGE ACTION FUND NATIONAL GRANT PROGRAM, THE BACKING HISTORIC SMALL RESTAURANTS GRANT PROGRAM AND THE NATIONAL FUND FOR SACRED PLACES; THESE PROGRAMS SUPPORT THE PRESERVATION OF HISTORIC BUILDINGS, LANDSCAPES, AND COLLECTIONS; PUBLIC INTERPRETATION OF HISTORIC PLACES; CAPACITY-BUILDING; PRESERVATION EDUCATION PROGRAMS, CONFERENCES, AND RETENTION OF PROFESSIONAL CONSULTANTS;
- 4) PARTNERSHIPS WITH STATE AND LOCAL PRIVATE NONPROFIT PRESERVATION GROUPS TO DEVELOP RESOURCES TO PROMOTE PRESERVATION AS A SOLUTION TO IMPORTANT NATIONAL ISSUES, SUPPORT THE FINANCIAL SUSTAINABILITY OF SIGNIFICANT HISTORIC SITES, AND ADVANCE BEST PRACTICES IN PRESERVATION

FORM 990, PART III, LINE 4C:

HISTORIC PRESERVATION & CONSERVATION: EDUCATION - COMMUNICATES THE IMPORTANCE OF HISTORIC PRESERVATION, THREATS TO HISTORIC PLACES, AND ACHIEVEMENTS IN SAVING HISTORIC PLACES TO MEMBERS AND THE PUBLIC.

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES	Employer identification number 53-0210807
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PRODUCES AN ANNUAL CONFERENCE, WEBINARS AND IN-PERSON TRAININGS, QUARTERLY MAGAZINE, PROFESSIONAL JOURNAL, AUDIENCE NEWSLETTERS, AND WEBSITES TO HIGHLIGHT IMPORTANT PRESERVATION ISSUES, COMMUNICATE PRESERVATION SUCCESSES, AND STIMULATE NEW INTEREST IN HISTORIC PRESERVATION. TO INSPIRE ACTION BY THE PUBLIC, STAGES MEDIA CAMPAIGNS SUCH AS THE 11 MOST ENDANGERED HISTORIC PLACES LIST. PROVIDES INFORMATION ABOUT THE LEGAL AND POLICY ASPECTS OF HISTORIC PRESERVATION.

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

HISTORIC PRESERVATION AND CONSERVATION: PUBLICATIONS INCLUDE:

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

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONSISTS OF 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 AND

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OTHER TRUSTEES. THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL THE POWERS OF THE BOARD OF TRUSTEES BETWEEN THE MEETINGS OF THE BOARD OF TRUSTEES, SUBJECT TO GENERAL POLICIES ESTABLISHED BY THE BOARD, EXCEPT THAT THE FULL BOARD OF TRUSTEES SHALL RETAIN EXCLUSIVE AUTHORITY TO AMEND THE BYLAWS, TO EXERCISE THE BOARD'S AUTHORITY TO FILL TEMPORARY VACANCIES ON THE BOARD, AND TO ELECT THE CHAIR AND VICE CHAIRS OF THE CORPORATION.

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

A FORMER TRUSTEE IS A PRINCIPAL OF A COMPANY WITH WHICH ANOTHER TRUSTEE'S HUSBAND AND STEPSON HAVE A BUSINESS RELATIONSHIP. IN BOTH OF THESE CASES, THE FORMER TRUSTEE IS WITHIN THE ONE-YEAR PERIOD FOLLOWING SERVICE ON THE BOARD COVERED BY THE NATIONAL TRUST'S CONFLICT OF INTEREST POLICY. NEITHER OF THESE INVOLVE TRANSACTIONS WITH THE NATIONAL TRUST.

FORM 990, PART VI, SECTION A, LINE 4:

ON FEBRUARY 26, 2021, THE BOARD OF TRUSTEES AMENDED THE BYLAWS OF THE NATIONAL TRUST TO 1) INCORPORATE QUALIFICATIONS FOR HONORARY TRUSTEES; 2) CLARIFY THAT THE BOARD OF TRUSTEES CAN REMOVE HONORARY AND EMERITUS TRUSTEES; AND 3) MAKE PROVISIONS REGARDING ATTENDANCE AT BOARD MEETINGS AND VOTING CONSISTENT WITH REGARD TO HONORARY AND EMERITUS TRUSTEES.

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

THE NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES IS A MEMBER ORGANIZATION WITH 93,656 MEMBERS.

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

THE ORGANIZATION'S MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE

Name of the organization      NATIONAL TRUST FOR HISTORIC PRESERVATION  
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BOARD OF TRUSTEES (OTHER THAN STATUTORY EX-OFFICIO TRUSTEES). ELECTIONS  
ARE CONDUCTED AT AN ANNUAL MEMBERSHIP MEETING HELD IN CONJUNCTION WITH AN  
ANNUAL CONFERENCE IN THE FALL.

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

THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM BDO USA, LLP  
AND REVIEWED BY MANAGEMENT. THE DRAFT IS THEN MADE AVAILABLE TO THE AUDIT  
COMMITTEE AND ALL BOARD MEMBERS (EITHER DIGITALLY OR IN HARD COPY  
DEPENDING ON THEIR PREFERENCE). ANY CHANGES FOLLOWING THESE REVIEWS ARE  
AGAIN REVIEWED BY BDO USA, LLP BEFORE THE FINAL 990 IS 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 AND NON-PROFIT ENTITIES  
AND TO DESCRIBE ANY TRANSACTIONS (DIRECT OR INDIRECT) WITH THE  
ORGANIZATION. TRUSTEES ARE ALSO REQUIRED TO DISCLOSE ANNUALLY ANY  
BUSINESS OR FAMILY RELATIONSHIPS WITH OTHER TRUSTEES AND WITH OFFICERS  
AND KEY EMPLOYEES OF THE ORGANIZATION (IDENTIFIED BY NAME), CONSISTENT  
WITH THE DISCLOSURE OBLIGATION OF PART VI, LINE 2. TRUSTEES ARE REGULARLY  
REMINDED OF THEIR OBLIGATION UNDER THE POLICY FOR POTENTIAL TRANSACTIONS.  
THE POLICY ALSO PROVIDES A PROCESS FOR REVIEW OF POTENTIAL CONFLICTS.

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

THE ORGANIZATION'S COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE  
REVIEWS COMPENSATION OF THE PRESIDENT AND TOP MANAGEMENT STAFF (INCLUDING

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**53-0210807**

OFFICERS AND KEY EMPLOYEES). ALL MEMBERS OF THE COMPENSATION SUBCOMMITTEE ARE INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES. THE ORGANIZATION REGULARLY REVIEWS COMPENSATION STUDIES AND COMPARABILITY ANALYSES, AND SUCH INFORMATION FOR THE OFFICERS AND KEY EMPLOYEES IS MADE AVAILABLE TO THE COMPENSATION SUBCOMMITTEE. THE COMPENSATION SUBCOMMITTEE APPROVES COMPENSATION OF THE PRESIDENT IN ADVANCE AND IN WRITING. COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE COMPENSATION SUBCOMMITTEE, BUT IS SET BY THE PRESIDENT. IN FY 20 AND CONTINUING IN FY 21, COMPENSATION OF THE PRESIDENT AND TOP MANAGEMENT STAFF WAS REDUCED FOR BUDGETARY REASONS - 30% FOR THE PRESIDENT AND 10% FOR TOP MANAGEMENT STAFF. ADDITIONALLY, ALL EMPLOYEES WERE REQUIRED TO TAKE ONE WEEK OF FURLOUGH DURING FY 21.

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.

FORM 990, PART XI, LINE 9:

DURING THE YEAR ENDED JUNE 30, 2021, CONTRIBUTIONS RECEIVABLE DECREASED BY \$7.1 MILLION DUE TO A CHANGE IN THE DONOR'S INTENT.



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ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AR, CA,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DATAPRISE INC P.O. BOX 62550 BALTIMORE, MD 21264-2550	IT SERVICES	324,315.
BDO USA, LLP P.O. BOX 642743 PITTSBURGH, PA 15264-2743	AUDIT & TAX SERVICES	308,571.
EIDOLON COMMUNICATIONS, INC. 247 MUNICIPAL ROAD ERWINNA, PA 18920	FUNDRAISING SERVICES	288,500.
BEACONFIRE RED 2300 CLARENDON BOULEVARD ARLINGTON, VA 22201	DIGITAL MARKETING	218,089.
RUSSELL REYNOLDS ASSOCIATES, INC 101 CALIFORNIA STREET, SUITE 4200 SAN FRANCISCO, CA 94111-5829	RECRUITMENT SERVICES	211,280.

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

OMB No. 1545-0047

**2020****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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NATIONAL TRUST TOURS, LLC 26-1983358 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	TRAVEL	DE	83,351.	186,580.	NTCIC
(2) NATIONAL TRUST INVESTMENT MANAGEMENT 81-1853785 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	0.	784.	NTCIC
(3) NATIONAL TRUST EQUITY, LLC 81-8121733 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	0.	3,836,109.	NTCIC
(4) NT HISTORIC REAL ESTATE EQUITY FUND, LLC 81-1911360 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	0.	3,835,667.	NTCIC
(5)					
(6)					

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

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

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NATIONAL TRUST INSURANCE SERVI 24 COMMERCE STREET BALTIMORE,	INSURANCE AGE	MD	NTCIC	UNRELATED	659,452.	163,525.		X		X		99.0000
(2) COOPER-MOLERA PRESERVATION, LL 1121 WHITE ROCK RD, #205 EL DO	HISTORIC SITE	CA	NTHP	RELATED	489,330.	7,309,536.		X			X	98.0000
(3) NATIONAL TRUST HISTORIC REAL E 1155 15TH STREET NW SUITE 300	COMMUNITY INV	DE	NTHP	UNRELATED	0.	0.		X		X		99.9900
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NATIONAL TRUST COMMUNITY INVESTMENT CORP 52-2267085 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTHP	C CORP	10,967,593.	20,555,006.	100.0000	X	
(2) NT SOLAR INC. 47-1272855 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	2,858,141.	973,843.	100.0000	X	
(3) GREENROCK CORPORATION 13-1929826 200 LAKE ROAD TARRYTOWN, NY 10591	MAINTENANCE	NY	NTHP	C CORP	3,680,440.	2,366,053.	100.0000	X	
(4) CHARITABLE REMAINDER UNITRUSTS FOR NTHP 53-0210807 2600 VIRGINIA AVE, NW STE 1100 WASHINGTON, DC 20037	CHARITABLE TR	DC	N/A	TRUST	0.	0.			X
(5) PERMANENT UNITRUST 53-0210807 2600 VIRGINIA AVE, NW STE 1100 WASHINGTON, DC 20037	CHARITABLE TR	DC	N/A	TRUST	0.	0.			X
(6) NT INITIAL INVESTOR, INC. 27-3271845 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	0.	0.	100.0000	X	
(7) NTCIC LIHTC MANAGER, INC. 27-4965820 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	0.	0.	100.0000	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NTCIC HTC INVEST I MANAGER, INC. 82-1167754 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	0.	0.	100.0000	X	
(2) NTCIC FUND MANAGER I, INC. 82-3791474 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	0.	47,703.	100.0000	X	
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL TRUST COMMUNITY INVESTMENT CORP	A-III	658,460.	BOOK VALUE
(2) COOPER-MOLERA PRESERVATION LLC	D	4,510,252.	BOOK VALUE
(3) NATIONAL TRUST COMMUNITY INVESTMENT CORP	D	148,851.	BOOK VALUE
(4) NATIONAL TRUST COMMUNITY INVESTMENT CORP	O	80,640.	BOOK VALUE
(5) NATIONAL TRUST COMMUNITY INVESTMENT CORP	Q	321,541.	BOOK VALUE
(6) GREENROCK CORPORATION	Q	173,814.	BOOK VALUE

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL TRUST COMMUNITY INVESTMENT CORP	S	1,215,825.	BOOK VALUE
(2) GREENROCK CORPORATION	S	172,078.	BOOK VALUE
(3)			
(4)			
(5)			
(6)			

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

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

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

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

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

## PART III, COLUMN (A):

(1) NAME: NATIONAL TRUST INSURANCE SERVICES, LLC

EIN: 20-0590526

ADDRESS: 24 COMMERCE STREET, BALTIMORE, MD 21202

(2) NAME: COOPER-MOLERA PRESERVATION, LLC

EIN: 81-4665814

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

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

EIN: 81-1911756

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