

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

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021**Open to Public
Inspection****A** For the **2021** calendar year, or tax year beginning

07/01/2021 and ending

06/30/2022

B Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ 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

600 14TH STREET NW,

500

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

WASHINGTON, DC 20005

F Name and address of principal officer:

JAY CLEMENS

SAME AS "C" ABOVE

D Employer identification number

53-0210807

E Telephone number

(202) 588-6000

G Gross receipts \$ 102,321,488.**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)

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	333
6 Total number of volunteers (estimate if necessary)	6	584
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,431,648.
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		45,761,893.	63,345,381.
9 Program service revenue (Part VIII, line 2g)		2,369,864.	3,883,904.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,203,143.	22,112,475.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,869,266.	4,699,928.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		75,204,166.	94,041,688.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,077,787.	8,756,331.
14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE	NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		16,730,228.	18,422,381.
16a Professional fundraising fees (Part IX, column (A), line 11e)		423,444.	456,000.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,716,766.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		23,523,927.	26,336,534.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		50,755,386.	53,971,246.
19 Revenue less expenses. Subtract line 18 from line 12		24,448,780.	40,070,442.
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		455,813,133.	439,626,174.
21 Total liabilities (Part X, line 26)		43,942,621.	48,214,985.
22 Net assets or fund balances. Subtract line 21 from line 20.		411,870,512.	391,411,189.

**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

04/28/2023

Date



LAURA BRACIS

CFO

Type or print name and title

Paid**Preparer Use Only**

Print/Type preparer's name

MARC BERGER

Preparer's signature

Date

4/26/2023

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** (2021)

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 \$ 18,415,809. including grants of \$ 99,512.) (Revenue \$ 3,704,500.)
 SEE SCHEDULE O

4b (Code:) (Expenses \$ 15,872,836. including grants of \$ 8,484,319.) (Revenue \$ 263,781.)
 SEE SCHEDULE O

4c (Code:) (Expenses \$ 6,916,956. including grants of \$ 172,500.) (Revenue \$ 787,253.)
 SEE SCHEDULE O

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

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

4e Total program service expenses ► 41,205,601.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 333		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b X	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

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
1a Enter the number of voting members of the governing body at the end of the tax year	24	
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 Enter the number of voting members included on line 1a, above, who are independent.	24	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O

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 600 14TH ST, NW, SUITE 500 WASHINGTON, DC 20005

202-588-6000

Form 990 (2021)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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				336,086.	NONE	762.
(2) KATHERINE MALONE-FRANCE CHIEF PRESERVATION OFFICER	40.00 NONE				X			241,204.	NONE	6,633.
(3) LAURA BRACIS CHIEF FINANCIAL OFFICER	40.00 NONE			X				229,897.	NONE	5,423.
(4) THOMPSON MAYES CHIEF LEGAL OFCR & SECRETARY	40.00 NONE			X				225,469.	NONE	8,911.
(5) DEMOND LEGGS EXEC DIR, AACHAF & SR VP, NTHP	40.00 NONE					X		223,949.	NONE	6,725.
(6) TABITHA ALMQUIST CHIEF ADMINISTRATIVE OFFICER	40.00 NONE				X			212,382.	NONE	762.
(7) LYNN ENGLISH-1/22 CHIEF DEVELOPMENT OFFICER	40.00 NONE				X			194,675.	NONE	5,702.
(8) DENISE WISE VP OF FINANCE & CONTROLLER	40.00 NONE					X		187,769.	NONE	8,050.
(9) MARIANNA KNIGHT VP, HUMAN RESOURCES	40.00 NONE					X		188,017.	NONE	746.
(10) DENNIS HOCKMAN ACTING CHIEF MARKETING OFFICER	40.00 NONE				X			175,665.	NONE	8,891.
(11) SUSAN LATTANZI VP, IT & REAL ESTATE	40.00 NONE					X		173,368.	NONE	6,733.
(12) ELIZABETH MERRITT DEPUTY GENERAL COUNSEL	40.00 NONE					X		171,249.	NONE	6,707.
(13) ROSS BRADFORD ASSISTANT CORPORATE SECRETARY	40.00 NONE			X				145,710.	NONE	6,606.
(14) ANNE NELSON-4/22 ASSISTANT CORPORATE SECRETARY	40.00 NONE			X				120,975.	NONE	3,266.

Form **990** (2021)

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) JAY CLEMENS TRUSTEE, CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(16) MARTHA NELSON TRUSTEE, VICE-CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(17) PHOEBE TUDOR TRUSTEE, VICE-CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(18) WILLIAM BATES TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(19) CHRISTINA LEE BROWN TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(20) ELIZABETH KIRKLAND CAHILL TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(21) SAM DIXON TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(22) DAMIEN DWIN TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(23) TRACY FRIST TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(24) KEVIN GOVER TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(25) LINDA GRIEGO TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
1b Sub-total								2,826,415.	NONE	75,917.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								2,826,415.	NONE	75,917.

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

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

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			
(26) ALISON K. HOAGLAND TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(27) LUIS G. HOYOS TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(28) SHELLEY I. HOON KEITH TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(29) C.H. RANDOLPH LYON TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(30) JENNIFER SKYLAR TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(31) G. JACKSON TANKERSLEY TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(32) ROBERT JOSEPH VILA TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(33) KAYWIN FELDMAN EX OFFICIO TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(34) SAMANTHA KLEIN FRANK EX OFFICIO TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(35) JOSEPH E. QUINATA EX OFFICIO TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(36) KJI KELLY EX OFFICIO TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	22,819.			
	b	Membership dues	1b				
	c	Fundraising events	1c	348,750.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	5,153,139.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	57,820,673.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 556,428.			
	h	Total. Add lines 1a-1f		63,345,381.			
	Program Service Revenue				Business Code		
2a		ADMISSION AND SPECIAL EVENTS		900099	2,398,485.	1,460,882.	937,603.
b		REIMBURSEMENT OF EXPENSES		900099	608,379.	608,379.	
c		CONTRACT SERVICES/COMMISSIONS		900099	378,383.	378,383.	
d		ADVERTISING		541800	498,657.		498,657.
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		3,883,904.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,430,368.		487,189.	943,179.
	4	Income from investment of tax-exempt bond proceeds .		NONE			
	5	Royalties		962,143.		238,338.	723,805.
	6a	Gross rents	(i) Real				
			(ii) Personal				
				2,559,847.			
	b	Less: rental expenses		2,085,449.			
	c	Rental income or (loss)		474,398.	NONE		
	d	Net rental income or (loss)		474,398.			474,398.
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				26,378,689.			
	b	Less: cost or other basis and sales expenses . .		5,696,582.			
	c	Gain or (loss)		20,682,107.			
	d	Net gain or (loss)		20,682,107.			20,682,107.
8a	Gross income from fundraising events (not including \$ 348,750. of contributions reported on line 1c). See Part IV, line 18						
			384,038.				
			189,100.				
b	Less: direct expenses						
c	Net income or (loss) from fundraising events		194,938.			194,938.	
9a	Gross income from gaming activities. See Part IV, line 19		NONE				
			NONE				
			NONE				
b	Less: direct expenses						
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances						
			705,902.				
			308,669.				
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		397,233.		269,861.	127,372.	
Miscellaneous Revenue				Business Code			
	11a	EQUITY INTEREST IN SUBSIDIARIES		900099	1,681,358.		1,681,358.
	b	EARNINGS ALLOCATED TO ENDOWMENTS HELD FO		900099	831,530.		831,530.
	c	INSURANCE PAYMENTS		900099	131,723.		131,723.
	d	All other revenue		900099	26,605.		26,605.
	e	Total. Add lines 11a-11d		2,671,216.			
12	Total revenue. See instructions		94,041,688.	2,447,644.	2,431,648.	25,817,015.	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,707,249.	8,707,249.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	40,000.	40,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	9,082.	9,082.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,910,668.	1,234,107.	1,244,141.	432,420.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	12,756,180.	8,941,296.	1,590,098.	2,224,786.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	579,773.	388,697.	101,729.	89,347.
9 Other employee benefits	980,611.	659,508.	169,493.	151,610.
10 Payroll taxes	1,195,149.	789,904.	223,675.	181,570.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	58,350.	26,857.	29,773.	1,720.
c Accounting	224,884.		224,884.	
d Lobbying	13,000.	13,000.		
e Professional fundraising services. See Part IV, line 17	456,000.			456,000.
f Investment management fees	769,372.	675,135.	94,237.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2,484,235.	2,055,957.	267,432.	160,846.
12 Advertising and promotion	NONE			
13 Office expenses	324,949.	194,968.	106,805.	23,176.
14 Information technology	1,421,405.	1,023,504.	289,016.	108,885.
15 Royalties	NONE			
16 Occupancy	2,636,605.	2,123,737.	234,654.	278,214.
17 Travel	249,467.	175,701.	26,576.	47,190.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	198,394.	198,394.		
20 Interest	105,127.	60,107.	45,020.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	805,599.	639,266.	106,274.	60,059.
23 Insurance	1,015,057.	798,222.	216,435.	400.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REAL ESTATE	6,361,887.	6,361,887.		
b LOSS ON LEASE	2,881,288.		2,881,288.	
c PRINTING	1,803,789.	1,608,236.	3,793.	191,760.
d PROPERTY DEVELOPMENT	1,569,167.	1,569,167.		
e All other expenses	3,413,959.	2,911,620.	193,556.	308,783.
25 Total functional expenses. Add lines 1 through 24e	53,971,246.	41,205,601.	8,048,879.	4,716,766.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	NONE	1	NONE
	2 Savings and temporary cash investments.	19,348,068.	2	17,427,779.
	3 Pledges and grants receivable, net	11,714,704.	3	17,276,398.
	4 Accounts receivable, net	1,727,120.	4	4,320,217.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	448,701.	8	474,489.
	9 Prepaid expenses and deferred charges	594,499.	9	596,042.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,592,565.		
	b Less: accumulated depreciation.	10b 7,609,942.		
	11 Investments - publicly traded securities.	7,771,942.	10c	6,982,623.
	12 Investments - other securities. See Part IV, line 11.	62,765,662.	11	71,412,847.
	13 Investments - program-related. See Part IV, line 11.	350,851,190.	12	320,032,360.
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	591,247.	15	1,103,419.	
17 Accounts payable and accrued expenses.	455,813,133.	16	439,626,174.	
18 Grants payable	9,120,920.	17	18,080,988.	
19 Deferred revenue	NONE	18	NONE	
20 Tax-exempt bond liabilities	6,951,012.	19	5,863,965.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	20	NONE	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	21	NONE	
23 Secured mortgages and notes payable to unrelated third parties	1,279,701.	22	NONE	
24 Unsecured notes and loans payable to unrelated third parties.	1,279,701.	23	1,249,365.	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,750,000.	24	5,000,000.	
26 Total liabilities. Add lines 17 through 25.	24,840,988.	25	18,020,667.	
27 Net assets without donor restrictions.	43,942,621.	26	48,214,985.	
28 Net assets with donor restrictions.				
29 Capital stock or trust principal, or current funds		27	110,127,222.	
30 Paid-in or capital surplus, or land, building, or equipment fund		28	281,283,967.	
31 Retained earnings, endowment, accumulated income, or other funds		29		
32 Total net assets or fund balances		30		
33 Total liabilities and net assets/fund balances.		31		
34 Total net assets or fund balances	411,870,512.	32	391,411,189.	
35 Total liabilities and net assets/fund balances.	455,813,133.	33	439,626,174.	

Form **990** (2021)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	94,041,688.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,971,246.
3	Revenue less expenses. Subtract line 2 from line 1	3	40,070,442.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	411,870,512.
5	Net unrealized gains (losses) on investments	5	-61,526,137.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	996,372.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	391,411,189.

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

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

Form **990** (2021)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	65,970,800.	39,485,669.	54,853,482.	45,766,893.	63,345,381.	269,422,225.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	65,970,800.	39,485,669.	54,853,482.	45,766,893.	63,345,381.	269,422,225.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						82,841,853.
6 Public support. Subtract line 5 from line 4						186,580,372.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	65,970,800.	39,485,669.	54,853,482.	45,766,893.	63,345,381.	269,422,225.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,133,752.	9,476,418.	2,286,915.	8,611,326.	4,179,872.	28,688,283.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	NONE	NONE	NONE	NONE	NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	217,551.	452,538.	410,818.	101,272.	158,328.	1,340,507.
11 Total support. Add lines 7 through 10						299,451,015.
12 Gross receipts from related activities, etc. (see instructions)					12	22,344,484.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	62.31 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	63.92 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

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.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
INSURANCE LOSS REPAYMENTS	141,938.	116,215.	239,342.	77,385.	131,723.	706,603.
SALE OF PROPERTY	NONE	83,600.	160,684.	14,000.	NONE	258,284.
OTHER MISCELLANEOUS INCOME	40,613.	252,723.	10,792.	9,887.	26,605.	340,620.
TRANSFER ENDOWMENT	35,000.	NONE	NONE	NONE	NONE	35,000.
TOTALS	217,551.	452,538.	410,818.	101,272.	158,328.	1,340,507.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

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), 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), 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).

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	\$ 8,650,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 4,950,287.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 3,100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 2,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 1,535,751.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
53-0210807

Part 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
7	N/A	\$ 1,535,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 1,500,000.	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.)
		\$	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
53-0210807

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

(a) 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)

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 for instructions and the latest information.**

OMB No. 1545-0047

2021

**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) 2021

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		58,239.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		190,012.													
c Total lobbying expenditures (add lines 1a and 1b)		248,251.													
d Other exempt purpose expenditures		53,722,995.													
e Total exempt purpose expenditures (add lines 1c and 1d)		53,971,246.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	468,490.	354,883.	254,759.	248,251.	1,326,383.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	157,572.	78,660.	38,729.	58,239.	333,200.

Schedule C (Form 990) 2021

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

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

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

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

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

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

Part IV Supplemental Information

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

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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)	NONE	NONE
3 Aggregate value of grants from (during year) . .	380,800.	7,423.
4 Aggregate value at end of year	7,988,655.	187,927.
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 ▶ NONE

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 ▶ 3,518.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 221,869.

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. ▶ \$

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

Schedule D (Form 990) 2021

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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	336,519,087.	252,274,995.	249,492,859.	271,911,308.	262,563,154.
b Contributions	14,493,119.	4,959,759.	6,128,185.	4,021,401.	3,454,987.
c Net investment earnings, gains, and losses	-40,512,414.	91,713,667.	8,893,946.	10,503,482.	19,007,471.
d Grants or scholarships	1,376,538.	1,297,860.	1,264,073.	1,236,088.	1,404,843.
e Other expenditures for facilities and programs	8,301,486.	8,860,037.	8,627,772.	10,674,984.	8,372,955.
f Administrative expenses	3,092,049.	2,271,437.	2,348,150.	25,032,260.	3,336,506.
g End of year balance	297,729,719.	336,519,087.	252,274,995.	249,492,859.	271,911,308.

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

a Board designated or quasi-endowment 34.0000 %

b Permanent endowment 53.0000 %

c Term endowment 13.0000 %

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:

	Yes	No
(i) Unrelated organizations	3a(i)	X
(ii) Related organizations	3a(ii)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		6,714,477.	2,272,842.	4,441,635.
c Leasehold improvements		3,272,311.	1,875,062.	1,397,249.
d Equipment		4,605,777.	3,462,038.	1,143,739.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,982,623.

Schedule D (Form 990) 2021

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	21,827,259.	COST
(B) OTHER NON-PUBLIC INVESTMENTS	298,205,101.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	320,032,360.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MONTPELIER FOUNDATION ENDOWMENT	8,941,789.
(3) ENDOWMENT FOR CONGRESSIONAL CEMETAR	5,862,680.
(4) GIFT ANNUITIES	1,858,042.
(5) OTHER LIABILITIES	876,858.
(6) OTHERS-BELLE GROVE ENDOWMENT	481,298.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	18,020,667.

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.

1	Total revenue, gains, and other support per audited financial statements	1	34,505,620.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-61,526,137.
b	Donated services and use of facilities	2b	1,265,300.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,494,141.
e	Add lines 2a through 2d	2e	-58,766,696.
3	Subtract line 2e from line 1	3	93,272,316.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	769,372.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	769,372.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	94,041,688.

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.

1	Total expenses and losses per audited financial statements	1	54,964,943.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,265,300.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,265,300.
3	Subtract line 2e from line 1	3	53,699,643.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	769,372.
b	Other (Describe in Part XIII.)	4b	-497,769.
c	Add lines 4a and 4b	4c	271,603.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	53,971,246.

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 SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

SCHEDULE D, 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.

SCHEDULE D, 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 XIII Supplemental Information (continued)

SCHEDULE D, 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.

SCHEDULE D, 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

Part XIII Supplemental Information *(continued)*

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.

SCHEDULE D, PART III, LINE 4:

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

SCHEDULE D, 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 XIII Supplemental Information (continued)

SCHEDULE D, 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, 2019 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.

SCHEDULE D, PART XI, LINE 2D:

ADJUSTMENT OF PLEDGE RECEIVABLE:	\$	996,372
COST OF GOODS SOLD:	\$	308,669
SPECIAL EVENT EXPENSE:	\$	189,100
TOTAL:	\$	1,494,141

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 4B:

COST OF GOODS SOLD: \$(308,669)

SPECIAL EVENT EXPENSE: \$(189,100)

TOTAL: \$(497,769)

**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 for instructions and the latest information.**

OMB No. 1545-0047

2021

**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
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		117,334,829.
(2) EUROPE	NONE	NONE	INVESTMENTS		479,125.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			117,813,954.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			117,813,954.

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

Schedule F (Form 990) 2021

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PRESERVATION	9,082.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 . . . **1**

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) 2021

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).

SCHEDULE F, 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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Employer identification number
53-0210807

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

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

- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> 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			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					456,000.	-456,000.

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

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

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

		(a) Event #1 GLASS HOUSE (event type)	(b) Event #2 WOODLAWN SPRING (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	636,395.	39,980.	56,413.	732,788.
	2 Less: Contributions	292,650.	12,800.	43,300.	348,750.
	3 Gross income (line 1 minus line 2)	343,745.	27,180.	13,113.	384,038.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	142,930.	11,804.	34,366.	189,100.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				189,100.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				194,938.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART II, EVENT TYPE:

(B) EVENT: WOODLAWN SPRING EVENT

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

INTERACTIVE STRATEGIES

ADDRESS:

1133 CONNECTICUT AVE, STE 600
WASHINGTON, DC 20036

ACTIVITY :

ONLINE FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 246,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -246,000.

NAME:

EIDOLON COMMUNICATIONS INC.

ADDRESS:

15 MAIDEN LANE, SUITE 1401
NEW YORK, NY 10038

ACTIVITY :

DIRECT MARKETING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 210,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -210,000.

**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 for the latest information.

OMB No. 1545-0047

2021

**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) ASSN FOR THE PRESERV OF THE CONGRESSIONAL 1801 E. STREET, SE WASHINGTON, DC 20003	52-1071828	501(C)(3)	264,981.				HISTORIC PRESERVATION
(2) ARLINGTON STREET CHURCH 351 BOYLSTON STREET BOSTON, MA 02116	04-2147961	501(C)(3)	250,000.				HISTORIC PRESERVATION
(3) BROAD STREET MINISTRY P.O. BOX 22656 PHILADELPHIA, PA 19110	20-2760310	501(C)(3)	250,000.				HISTORIC PRESERVATION
(4) CENTRAL PRESBYTERIAN CHURCH 70 MAPLE STREET SUMMIT, NJ 07901	22-1494432	501(C)(3)	250,000.				HISTORIC PRESERVATION
(5) EMANUEL AFRICAN METHODIST EPISCOPAL CHURCH 110 CALHOUN STREET CHARLESTON, SC 29401	57-0575525	501(C)(3)	250,000.				HISTORIC PRESERVATION
(6) OUR LADY OF VICTORY 767 RIDGE ROAD LACKAWANNA, NY 14218	16-0743077	501(C)(3)	250,000.				HISTORIC PRESERVATION
(7) ST. MARY OF IMMACULATE CONCEPTION CHURCH 311 N. NEW JERSEY ST INDIANAPOLIS, IN 46204	35-0894969	501(C)(3)	250,000.				HISTORIC PRESERVATION
(8) SECOND PRESBYTERIAN CHURCH OF CHICAGO 1936 SOUTH MICHIGAN AVE CHICAGO, IL 60616	36-2171158	501(C)(3)	250,000.				HISTORIC PRESERVATION
(9) ST. CHARLES AVENUE BAPTIST CHURCH 7100 ST. CHARLES AVE NEW ORLEANS, LA 70118	72-0491089	501(C)(3)	250,000.				HISTORIC PRESERVATION
(10) WASHINGTON NATIONAL CATHEDRAL 3101 WISCONSIN AVE NW WASHINGTON, DC 20016	53-0196604	501(C)(3)	250,000.				HISTORIC PRESERVATION
(11) MONTPELIER DESCENDANTS COMMITTEE 130 CAROLINE STREET ORANGE, VA 22960	86-3558157	501(C)(3)	226,657.				HISTORIC PRESERVATION
(12) THE LEAGUE OF WOMEN FOR COMMUNITY SERVICE 558 MASSACHUSETTS AVENUE BOSTON, MA 02118	23-7107406	501(C)(3)	165,000.				HISTORIC PRESERVATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **117**

3 Enter total number of other organizations listed in the line 1 table **23**

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

Schedule I (Form 990) 2021

**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 for the latest information.

OMB No. 1545-0047

2021

**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) FL AGRICULTURAL & MECHANICAL UNIVERSITY 445 GAMBLE STREET TALLAHASSEE, FL 32307	59-0977035	501(C)(3)	155,000.				HISTORIC PRESERVATION
(2) RUST COLLEGE 150 RUST AVE. HOLLY SPRINGS, MS 38635	64-0303805	501(C)(3)	155,000.				HISTORIC PRESERVATION
(3) SHAW UNIVERSITY 118 E. SOUTH ST RALEIGH, NC 27601	56-0530235	501(C)(3)	155,000.				HISTORIC PRESERVATION
(4) VOORHEES COLLEGE 481 VOORHEES ROAD DENMARK, SC 29042	57-0329786	501(C)(3)	155,000.				HISTORIC PRESERVATION
(5) FIRST UNITED METHODIST CHURCH OF LAWRENCE, 946 VERMONT STREET LAWRENCE, KS 66044	48-0634652	501(C)(3)	154,000.				HISTORIC PRESERVATION
(6) ROBERTS TEMPLE CHURCH OF GOD IN CHRIST 4021 S. STATE STREET CHICAGO, IL 60609	36-6145500	501(C)(3)	150,000.				HISTORIC PRESERVATION
(7) AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE STREET AUSTIN, TX 78751	74-1934031	501(C)(3)	150,000.				HISTORIC PRESERVATION
(8) 4THEVILLE 4067 LINCOLN AVENUE ST. LOUIS, MO 63113	81-0635558	501(C)(3)	145,000.				HISTORIC PRESERVATION
(9) HOUSTON FREEDMEN'S TOWN CONSERVANCY P.O. BOX 22602 HOUSTON, TX 77227	83-2421452	501(C)(3)	140,000.				HISTORIC PRESERVATION
(10) SAVE HARLEM NOW! 41 UNION SQUARE WEST NEW YORK, NY 10002	81-0725665	501(C)(3)	140,000.				HISTORIC PRESERVATION
(11) AL AFRICAN AMERICAN CIVIL RIGHTS HERITAGE 209 20TH STREET BIRMINGHAM, AL 35203	85-1105113	501(C)(3)	155,000.				HISTORIC PRESERVATION
(12) AFRICAN AMERICAN HERITAGE TRAIL OF MARTHA'S 53 OLD COACH RD WEST TISBURY, MA 02575	04-3420520	501(C)(3)	120,000.				HISTORIC PRESERVATION

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) 2021

**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 for the latest information.

OMB No. 1545-0047

2021

**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)THREATT FILLING STATION FOUNDATION 66 N POTTAWATOMIE RD LUTHER, OK 73054	83-4091024	501(C)(3)	105,000.				HISTORIC PRESERVATION
(2)ASBURY UNITED METHODIST CHURCH 926 11TH STREET NW WASHINGTON, DC 20001	53-0229948	501(C)(3)	100,000.				HISTORIC PRESERVATION
(3)UNITED INNER CITY SERVICES 2008 E. 12TH STREET KANSAS CITY, MO 64127	44-0646347	501(C)(3)	85,000.				HISTORIC PRESERVATION
(4)GEORGIA B WILLIAMS NURSING HOME, INC. 176 DYER STREET CAMILLA, GA 31730	45-1611568	501(C)(3)	80,000.				HISTORIC PRESERVATION
(5)HONPA HONGWANJI HAWAII BETSUIN 1727 PALI HIGHWAY HONOLULU, HI 96813	99-0200874	501(C)(3)	80,000.				HISTORIC PRESERVATION
(6)ROBBINS HISTORICAL SOCIETY & MUSEUM 3644 W. 139TH ST. ROBBINS, IL 60472	36-4373317	501(C)(3)	80,000.				HISTORIC PRESERVATION
(7)HAMPTON UNIVERSITY MUSEUM AND ARCHIVES 200 WILLIAM R. HARVEY WAY HAMPTON, VA 23668	54-0050990	501(C)(3)	75,000.				HISTORIC PRESERVATION
(8)HILL CDC 2015-17 CENTRE AVE PITTSBURGH, PA 15219	25-1541548	501(C)(3)	75,000.				HISTORIC PRESERVATION
(9)HUSTON-TILLOTSON UNIVERSITY 900 CHICON STREET AUSTIN, TX 78702	74-1180151	501(C)(3)	75,000.				HISTORIC PRESERVATION
(10)KARAMU HOUSE 2355 E. 89TH STREET CLEVELAND, OH 44106	34-0714448	501(C)(3)	75,000.				HISTORIC PRESERVATION
(11)MT.ZION BAPTIST CHURCH PRESERVATION SOCIETY 32 W. CARPENTER STREET ATHENS, OH 45701	81-3523668	501(C)(3)	75,000.				HISTORIC PRESERVATION
(12)NAT. MARIAN ANDERSON HIS. SOCIETY & MUSEUM 762 SOUTH MARTIN ST PHILADELPHIA, PA 19146	23-2933902	501(C)(3)	75,000.				HISTORIC PRESERVATION

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) 2021

**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 for the latest information.

OMB No. 1545-0047

2021

**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 OPERA HOUSE 1205 BOYLE STREET PITTSBURGH, PA 15212	25-1864736	501(C)(3)	75,000.				HISTORIC PRESERVATION
(2) ST. JOSEPH'S HISTORIC FOUNDATION 804 OLD FAYETTEVILLE ST DURHAM, NC 27701	56-1152267	501(C)(3)	75,000.				HISTORIC PRESERVATION
(3) THE PEOPLES COMMUNITY DEVELOPMENT CORP. 2306 SOUTH SALINA STREET SYRACUSE, NY 13205	80-0141993	501(C)(3)	75,000.				HISTORIC PRESERVATION
(4) NC AFRICAN AMERICAN HERITAGE COMMISSION 288 ALSTON HOUSE RD SANDFORD, NC 27330	83-3900850	501(C)(3)	75,000.				HISTORIC PRESERVATION
(5) JOHNSON C. SMITH UNIVERSITY 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216	25-0983069	501(C)(3)	65,000.				HISTORIC PRESERVATION
(6) INDIANA LANDMARKS 1201 CENTRAL AVENUE INDIANAPOLIS, IN 46202	35-1162873	501(C)(3)	62,000.				HISTORIC PRESERVATION
(7) HISTORIC ATHENS 489 PRINCE AVENUE ATHENS, GA 30601	58-6062318	501(C)(3)	60,000.				HISTORIC PRESERVATION
(8) CITY OF PADUCAH 300 SOUTH 5TH STREET PADUCAH, KY 42002	61-6001891	501(C)(3)	55,000.				HISTORIC PRESERVATION
(9) CLIVEDEN, INC. 6401 GERMANTOWN AVE PHILADELPHIA, PA 19144	23-2232675	501(C)(3)	50,538.				HISTORIC PRESERVATION
(10) FORT MONROE FOUNDATION 20 INGALLS ROAD FORT MONROE, VA 23651	27-4974146	501(C)(3)	50,000.				HISTORIC PRESERVATION
(11) BLACK AMERICAN WEST MUSEUM & HERITAGE CT 3091 CALIFORNIA ST. DENVER, CO 80205	84-6117163	501(C)(3)	50,000.				HISTORIC PRESERVATION
(12) BLUE GRASS TRUST FOR HISTORIC PRESERVATION 210 NORTH BROADWAY LEXINGTON, KY 40507	61-0518029	501(C)(3)	50,000.				HISTORIC PRESERVATION

- 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) 2021

**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 for the latest information.

OMB No. 1545-0047

2021

**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) BYRD BARR PLACE 722 18TH AVE SEATTLE, WA 98122	91-0786727	501(C)(3)	50,000.				HISTORIC PRESERVATION
(2) CHEROKEE STATE RESORT HIS.PARK OF AURORA KT 542 KENLAKE ROAD HARDIN, KY 42048	26-2926886	501(C)(3)	50,000.				HISTORIC PRESERVATION
(3) CITY OF SACRAMENTO 300 RICHARDS BLVD SACRAMENTO, CA 95811	94-6000410	501(C)(3)	50,000.				HISTORIC PRESERVATION
(4) DESCENDANTS OF OLIVEWOOD 1300 COURT STREET HOUSTON, TX 77007	43-2078611	501(C)(3)	50,000.				HISTORIC PRESERVATION
(5) OAKLAND PUBLIC LIBRARY 125 14TH STREET OAKLAND, CA 94612	94-6000384	501(C)(3)	50,000.				HISTORIC PRESERVATION
(6) PARA LA NATURALEZA P.O. BOX 9023554 SAN JUAN, PR 00902	66-0801404	501(C)(3)	50,000.				HISTORIC PRESERVATION
(7) PRESERVATION RESOURCE CENTER OF NEW ORLEANS 923 TCHOUPITOU LAS ST. NEW ORLEANS, LA 70130	72-0760857	501(C)(3)	50,000.				HISTORIC PRESERVATION
(8) WALNUT COVE COLORED SCHOOL, INC. 308 BROOK STREET WALNUT COVE, NC 27105	58-2114912	501(C)(3)	50,000.				HISTORIC PRESERVATION
(9) ANTOINE'S RESTAURANT 713 ST. LOUIS ST NEW ORLEANS, LA 70130	72-1432300		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(10) BLACK FOREST INN 1 EAST 26TH STREET MINNEAPOLIS, MN 55404	411455405		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(11) CHINA KING'S RESTAURANT 5 S. KING ST. LEESBURG, VA 20175	54-1617198		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(12) JUICE & VEGGIE FOOD CORP. 127 SECOND AVENUE NEW YORK, NY 10003	45-3916139		40,000.				BACKING HISTORIC SMALL RESTAURANTS

- 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) 2021

**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 for the latest information.

OMB No. 1545-0047

2021

**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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GOLDEN BURRO, LLC 710 HARRISON AVE LEADVILLE, CO 80461	86-1834552		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(2) HI-WAY CAFE, LLC 437918 E HIGHWAY 60 VINITA, OK 74301	90-1184514		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(3) KHALIL'S MIDDLE EASTERN RESTAURANT 4757 BAUM BLVD PITTSBURGH, PA 15213	82-0674429		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(4) MAGNOLIA HOUSE FOUNDATION, INC. P.O. BOX 5817 GREENSBORO, NC 27435	31-1613173		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(5) MAX'S TAPHOUSE 737 S. BROADWAY BALTIMORE, MD 21231	52-1422623		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(6) MR. HENRY'S, INC. 601 PENNSYLVANIA AVE WASHINGTON, DC 20003	52 0909434		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(7) PENN BREWERY AND RESTAURANT 800 VINIAL ST PITTSBURGH, PA 15212	25-1520175		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(8) RAINBOW CHINESE RESTAURANT 2739 NICOLLET AVENUE MINNEAPOLIS, MN 55408	41-1584954		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(9) SARATOGA RESTAURANT OF TERRE HAUTE 431 WABASH AVE TERRA HAUTE, IN 47807	35-1663231		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(10) STAMPS SUPER BURGERS 1801 DALTON STREET JACKSON, MS 39204	84-1955216		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(11) TESHIMA RESTAURANT 79-2751 MAMALAHOA HWY. KEALAKEKUA, HI 96750	99-0111123		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(12) THE GLEN ROCK MILL INN 50 WATER STREET GLEN ROCK, PA 17327	82-3373926		40,000.				BACKING HISTORIC SMALL RESTAURANTS

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

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

Schedule I (Form 990) 2021

**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 for the latest information.

OMB No. 1545-0047

2021

**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) THE HARMONY INN 230 MERCER ST HARMONY, PA 16037	20-6623708		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(2) THE IRISH ROVER 2319 FRANKFORT AVE LOUISVILLE, KY 40206	61-1245070		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(3) THE SEASIDE 1790 KALANIANA'OLE STREET HILO, HI 96720	99-0265037		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(4) WELTON STREET CAFE 2883 WELTON ST. DENVER, CO 80205	38-4108247		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(5) SCHWARBL'S RESTAURANT 789 CENTER ROAD WEST SENECA, NY 14224	16-1053526		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(6) SILVER CAFE, INC 514 N BULLARD STREET SILVER CITY, NM 88061	85-0442787		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(7) MORE BAKERY, INC. DBA LA SEGUNDA BAKERY 2512 N. 15TH STREET TAMPA, FL 33605	59-1681047		40,000.				BACKING HISTORIC SMALL RESTAURANTS
(8) HISTORY COLORADO 1200 BROADWAY DENVER, CO 80203	84-0644739	501(C)(3)	60,000.				HISTORIC PRESERVATION
(9) PRESERVATION TEXAS P.O. BOX 3514 SAN MARCOS, TX 78667	75-2129913	501(C)(3)	25,000.				HISTORIC PRESERVATION
(10) SIXTEENTH STREET BAPTIST CHURCH, INC. 1530 SIXTH AVENUE BIRMINGHAM, AL 35203	63-0397962	501(C)(3)	25,000.				HISTORIC PRESERVATION
(11) CAPACITY, INC. 80 WALTON ST NW STE 500 ATLANTA, GA 30303	23-7207598	501(C)(3)	50,000.				HISTORIC PRESERVATION
(12) PRESERVATION VIRGINIA 204 W. FRANKLIN ST RICHMOND, VA 23220	54-0568800	501(C)(3)	20,000.				HISTORIC PRESERVATION

- 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) 2021

**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 for the latest information.

OMB No. 1545-0047

2021

**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) AMERICAN BATTLEFIELD TRUST 1156 15TH STREET NW WASHINGTON, DC 20005	54-1426643	501(C)(3)	20,000.				HISTORIC PRESERVATION
(2) GREATER SYRACUSE LAND BANK 431 E FAYETTE ST SYRACUSE, NY 13202	46-2382007	501(C)(3)	19,000.				HISTORIC PRESERVATION
(3) CITY OF EUREKA KANSAS 309 N. OAK STREET EUREKA, KS 67045	48-6035982	501(C)(3)	16,500.				HISTORIC PRESERVATION
(4) BOSTON PRESERVATION ALLIANCE, INC. 87 MOUNT VERNON STREET BOSTON, MA 02108	04-2748390	501(C)(3)	15,000.				HISTORIC PRESERVATION
(5) CITY OF HILLSDALE TAX INCREMENT FIN. AUTHOR 97 N. BROAD STREET HILLSDALE, MI 49242	38-6004621	501(C)(3)	15,000.				HISTORIC PRESERVATION
(6) CITY OF MADISON, INC. 101 W MAIN STREET MADISON, IN 47250	35-6001100	501(C)(3)	15,000.				HISTORIC PRESERVATION
(7) QUINN CHAPEL AME CHURCH 5627-33 S MICHIGAN AVE CHICAGO, IL 60637	36-2897358	501(C)(3)	15,000.				HISTORIC PRESERVATION
(8) SYLVESTER MANOR EDUCATIONAL FARM 80 NORTH FERRY RD SHELTER ISLAND, NY 11964	27-1189261	501(C)(3)	15,000.				HISTORIC PRESERVATION
(9) THE PEALE CENTER FOR BALTIMORE HIS. & ARCHI P.O. BOX 1742 BALTIMORE, MD 21203	80-0207754	501(C)(3)	15,000.				HISTORIC PRESERVATION
(10) UNIVERSITY OF ARKANSAS 1125 W. MAPLE STREET FAYETTEVILLE, AR 72701	71-6003252	501(C)(3)	15,000.				HISTORIC PRESERVATION
(11) BRUCEMORE, INC. 2160 LINDEN DR SE CEDAR RAPIDS, IA 52403	42-1170531	501(C)(3)	15,000.				HISTORIC PRESERVATION
(12) PROVIDENCE PRESERVATION SOCIETY 24 MEETING ST PROVIDENCE, RI 02903	05-0283958	501(C)(3)	15,000.				HISTORIC PRESERVATION

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) 2021

**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 for the latest information.

OMB No. 1545-0047

2021

**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) THE ASS. FOR THE LIBERTY THEATRE OF EUNICE P.O. BOX 1260 EUNICE, LA 70535	85-0812377	501(C)(3)	15,000.				HISTORIC PRESERVATION
(2) LUTHERAN CHURCH OF THE HOLY COMMUNION 2111 SANSOM ST PHILADELPHIA, PA 19103	23-1365231	501(C)(3)	15,000.				HISTORIC PRESERVATION
(3) MISSISSIPPI HERITAGE TRUST P.O. BOX 577 JACKSON, MS 39205	58-2020318	501(C)(3)	15,000.				HISTORIC PRESERVATION
(4) DEMUTH FOUNDATION 120 EAST KING ST LANCASTER, PA 17602	23-2176299	501(C)(3)	15,000.				HISTORIC PRESERVATION
(5) UNIVERSITY OF MARYLAND 1109 LEE BUILDING COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	15,000.				HISTORIC PRESERVATION
(6) DC PRESERVATION LEAGUE 641 S. STREET NW WASHINGTON, DC 20001	52-1038849	501(C)(3)	13,000.				HISTORIC PRESERVATION
(7) FRIENDS OF THE TEXAS HISTORICAL COMMISSION P.O. BOX 13497 AUSTIN, TX 78711	74-2773168	501(C)(3)	13,000.				HISTORIC PRESERVATION
(8) FRIENDS OF CAMP SECURITY P.O. BOX 20008 YORK, PA 17401	23-3087149	501(C)(3)	12,348.				HISTORIC PRESERVATION
(9) FRIENDS OF FORT HALIFAX PARK P.O. BOX 565 HALIFAX, PA 17032	20-8377179	501(C)(3)	12,000.				HISTORIC PRESERVATION
(10) BATTLE OF RHODE ISLAND ASSOCIATION P.O. BOX 626 PORTSMOUTH, RI 02871	87-3225214	501(C)(3)	10,000.				HISTORIC PRESERVATION
(11) CITY AND COUNTY OF DENVER 201 W COLFAX AVE, DEPT 205 DENVER, CO 80202	84-6000580	501(C)(3)	10,000.				HISTORIC PRESERVATION
(12) CORNERSTONES COMMUNITY PARTNERSHIPS 227 OTERO STREET SANTA FE, NM 87501	85-0425771	501(C)(3)	10,000.				HISTORIC PRESERVATION

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) 2021

**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 for the latest information.

OMB No. 1545-0047

2021

**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) DEKOVEN CENTER 600 CARON BUTLER DRIVE RACINE, WI 53403	39-0806356	501(C)(3)	10,000.				HISTORIC PRESERVATION
(2) DETROIT SOUND CONSERVANCY 440 BURROUGHS SUITE 195 DETROIT, MI 48202	47-1039285	501(C)(3)	10,000.				HISTORIC PRESERVATION
(3) EBELL FRIENDS THE OHIO HOUSE PHILADELPHIA, PA 19131	23-2703821	501(C)(3)	10,000.				HISTORIC PRESERVATION
(4) FAIRMOUNT PARK CONSERVANCY 1000 POTOMAC STREET NW WASHINGTON, DC 20007	30-0830983	501(C)(3)	10,000.				HISTORIC PRESERVATION
(5) GEORGETOWN HERITAGE 208 MILL ROAD BISBEE, AZ 85603	27-1039885	501(C)(3)	10,000.				HISTORIC PRESERVATION
(6) HINSDALE COUNTY HISTORICAL SOCIETY P.O. BOX 2446 WOBURN, MA 01888	83-1010033	501(C)(3)	10,000.				HISTORIC PRESERVATION
(7) NACO HERITAGE ALLIANCE 617 MAIN STREET BUFFALO, NY 14203	22-2986810	501(C)(3)	10,000.				HISTORIC PRESERVATION
(8) NATIONAL PRESERVATION PARTNERS NETWORK 44 CENTRAL AVENUE ALBANY, NY 12206	23-7379938	501(C)(3)	10,000.				HISTORIC PRESERVATION
(9) PRESERVATION ALLIANCE OF MINNESOTA 107 KING WILLIAM SAN ANTONIO, TX 78204	74-6015382	501(C)(3)	10,000.				HISTORIC PRESERVATION
(10) PRESERVATION BUFFALO NIAGARA 21 BROADMOOR AVE COLORADO SPRINGS, CO 80906	84-0517369	501(C)(3)	10,000.				HISTORIC PRESERVATION
(11) PRESERVATION LEAGUE OF NEW YORK 15 JOHNNY CAKE HILL NEW BEDFORD, MA 02740	04-6130520	501(C)(3)	10,000.				HISTORIC PRESERVATION
(12) PRESIDENT LINCOLN'S COTTAGE 1204 MINOR AVE SEATTLE, WA 98101	91-0983680	501(C)(3)	10,000.				HISTORIC PRESERVATION

- 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) 2021

**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 for the latest information.

OMB No. 1545-0047

2021

**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) ROCKY MTN LAND LIBRARY 3700 N. CAPITOL ST WASHINGTON, DC 20011	47-1453864	501(C)(3)	10,000.				HISTORIC PRESERVATION
(2) SAN ANTONIO CONSERVATION SOCIETY 743 S. LUCERNE BLVD LOS ANGELES, CA 90005	83-3447161	501(C)(3)	10,000.				HISTORIC PRESERVATION
(3) THE COLORADO SPRINGS SCHOOL P.O. BOX 353 LAKE CITY, CO 81235	51-0199445	501(C)(3)	10,000.				HISTORIC PRESERVATION
(4) WASHINGTON TRUST FOR HISTORIC PRESERVATION 2550 W. 39TH AVE DENVER, CO 80211	20-3196971	501(C)(3)	10,000.				HISTORIC PRESERVATION
(5) WATERFRONT HISTORIC AREA LEAGUE 416 LANDMARK CENTER ST. PAUL, MN 55102	41-1427970	501(C)(3)	10,000.				HISTORIC PRESERVATION
(6) IDA LEE WILLIS MEMORIAL AWARD, INC. 836 CLARKSON RD VINE GROVE, KY 40175	31-0954167	501(C)(3)	9,400.				HISTORIC PRESERVATION
(7) AFRICATOWN HERITAGE PRESERVATION FOUNDATION P.O. BOX 66748 MOBILE, AL 36660	84-2818332	501(C)(3)	9,000.				HISTORIC PRESERVATION
(8) OATLANDS, INC. 20850 OATLADS PLATATN LN LEESBURG, VA 20175	54-1118635	501(C)(3)	8,950.				HISTORIC PRESERVATION
(9) BENT COUNTY HISTORICAL SOCIETY 560 BENT AVE LAS ANIMAS, CO 81054	84-0576719	501(C)(3)	8,873.				HISTORIC PRESERVATION
(10) GLBT HISTORICAL SOCIETY 4127 18TH STREET SAN FRANCISCO, CA 94103	94-2989004	501(C)(3)	8,750.				HISTORIC PRESERVATION
(11) FILOLI CENTER 86 CANADA ROAD WOODSIDE, CA 94062	95-2996648	501(C)(3)	8,000.				HISTORIC PRESERVATION
(12) HISTORIC ALBANY FOUNDATION 89 LEXINGTON AVENUE ALBANY, NY 12206	23-7380514	501(C)(3)	8,000.				HISTORIC PRESERVATION

- 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) 2021

**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 for the latest information.

OMB No. 1545-0047

2021

**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) HISTORIC WHIDBEY 82 S. EBNEY RD. COUPEVILLE, WA 98239	46-3720372	501(C)(3)	8,000.				HISTORIC PRESERVATION
(2) FEMALE UNION BAND HISTORIC MEMORIAL PARK IN C/O DWT JOHN SEIVER WASHINGTON, DC 20005	20-4120416	501(C)(3)	8,000.				HISTORIC PRESERVATION
(3) VILLA FINALE MUSEUM & GARDENS 401 KING WILLIAM SAN ANTONIO, TX 78204	81-4436786	501(C)(3)	8,000.				HISTORIC PRESERVATION
(4) TOURO SYNAGOGUE FOUNDATION 85 TOURO ST NEWPORT, RI 02840	05-0255359	501(C)(3)	7,700.				HISTORIC PRESERVATION
(5) IVY CREEK FOUNDATION P.O. BOX 956 CHARLOTTESVILLE, VA 22902	54-1112932	501(C)(3)	7,500.				HISTORIC PRESERVATION
(6) THE UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DR AUSTIN, TX 78712	74-6000203	501(C)(3)	7,500.				HISTORIC PRESERVATION
(7) WATERLOO LIBRARY & HISTORICAL SOCIETY 31 E. WILLIAMS ST WATERLOO, NY 13165	15-0532265	501(C)(3)	6,000.				HISTORIC PRESERVATION
(8) DAUPHIN COUNTY LIBRARY SYSTEM 101 WALNUT STREET HARRISBURG, PA 17101	23-1352317	501(C)(3)	5,750.				HISTORIC PRESERVATION
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 BACKING HISTORIC SMALL RESTAURANTS	1	40,000.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**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** ☐ **4b** ☒
- 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** ☐ **5b** ☒
- 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** ☐ **6b** ☒
- 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. **7** ☐

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. **8** ☒

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

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	336,086.	NONE	NONE	NONE	762.	336,848.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 KATHERINE MALONE-FRANC CHIEF PRESERVATION OFFICER	(i)	241,204.	NONE	NONE	NONE	6,633.	247,837.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 LAURA BRACIS CHIEF FINANCIAL OFFICER	(i)	229,897.	NONE	NONE	NONE	5,423.	235,320.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 THOMPSON MAYES CHIEF LEGAL OFCR & SECRETARY	(i)	225,469.	NONE	NONE	NONE	8,911.	234,380.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 DEMOND LEGGS EXEC DIR, AACHAF & SR VP, NTHP	(i)	192,869.	31,080.	NONE	NONE	6,725.	230,674.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 TABITHA ALMQUIST CHIEF ADMINISTRATIVE OFFICER	(i)	212,382.	NONE	NONE	NONE	762.	213,144.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 LYNN ENGLISH-1/22 CHIEF DEVELOPMENT OFFICER	(i)	194,675.	NONE	NONE	NONE	5,702.	200,377.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 DENISE WISE VP OF FINANCE & CONTROLLER	(i)	187,769.	NONE	NONE	NONE	8,050.	195,819.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 MARIANNA KNIGHT VP, HUMAN RESOURCES	(i)	188,017.	NONE	NONE	NONE	746.	188,763.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 DENNIS HOCKMAN ACTING CHIEF MARKETING OFFICER	(i)	175,665.	NONE	NONE	NONE	8,891.	184,556.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 SUSAN LATTANZI VP, IT & REAL ESTATE	(i)	173,368.	NONE	NONE	NONE	6,733.	180,101.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 ELIZABETH MERRITT DEPUTY GENERAL COUNSEL	(i)	171,249.	NONE	NONE	NONE	6,707.	177,956.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 ROSS BRADFORD ASSISTANT CORPORATE SECRETARY	(i)	145,710.	NONE	NONE	NONE	6,606.	152,316.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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 for instructions and the latest information.

OMB No. 1545-0047

2021

**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	31	556,428.	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	30	NONE	N/A
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2021

JSA

1E1298 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.

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NATIONAL TRUST FOR HISTORIC PRESERVATION

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 2021/2022, 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 888,000 VISITORS IN 2021/2022. 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
STEWARDSHIP.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NATIONAL TRUST FOR HISTORIC PRESERVATION

53-0210807

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NATIONAL TRUST FOR HISTORIC PRESERVATION

53-0210807

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 &

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NATIONAL TRUST FOR HISTORIC PRESERVATION

53-0210807

GOVERNANCE, ADVANCEMENT, AND PRESERVATION & HISTORIC SITES COMMITTEES AND
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 6:

THE NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES IS A
MEMBER ORGANIZATION WITH 96,538 MEMBERS.

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NATIONAL TRUST FOR HISTORIC PRESERVATION

53-0210807

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
REMINDING OF THEIR OBLIGATION UNDER THE POLICY FOR POTENTIAL TRANSACTIONS.
THE POLICY ALSO PROVIDES A PROCESS FOR REVIEW OF POTENTIAL CONFLICTS.

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

THE ORGANIZATION'S COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE
REVIEWS COMPENSATION OF THE PRESIDENT AND TOP MANAGEMENT STAFF (INCLUDING
OFFICERS AND KEY EMPLOYEES). ALL MEMBERS OF THE COMPENSATION SUBCOMMITTEE
ARE INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES. THE ORGANIZATION
REGULARLY REVIEWS COMPENSATION STUDIES AND COMPARABILITY ANALYSES, AND

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

NATIONAL TRUST FOR HISTORIC PRESERVATION

53-0210807

SUCH INFORMATION FOR THE OFFICERS AND KEY EMPLOYEES IS MADE AVAILABLE TO
THE COMPENSATION SUBCOMMITTEE. THE COMPENSATION SUBCOMMITTEE APPROVES
COMPENSATION OF THE PRESIDENT IN ADVANCE AND IN WRITING. COMPENSATION OF
THE OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE COMPENSATION
SUBCOMMITTEE, BUT IS SET BY THE PRESIDENT.

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

THE ORGANIZATION MAKES DIGITAL COPIES OF THE STATUTORY CHARTER, BYLAWS,
CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, DONOR BILL OF RIGHTS,
FORM 990, AND CURRENT AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS
WEBSITE, WWW.SAVINGPLACES.ORG UNDER "OUR WORK", "ABOUT THE NATIONAL
TRUST." THESE DOCUMENTS ARE ALSO MADE AVAILABLE TO ANY PERSON IN HARD
COPY UPON REQUEST.

FORM 990, PART XI, LINE 9:

DURING THE YEAR ENDED JUNE 30, 2022, CONTRIBUTIONS RECEIVABLE INCREASED
BY \$996,372 DUE TO A CHANGE IN THE DONOR'S INTENT.

Name of the organization

NATIONAL TRUST FOR HISTORIC PRESERVATION

Employer identification number

53-0210807

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,

Name of the organization

Employer identification number

NATIONAL TRUST FOR HISTORIC PRESERVATION**53-0210807**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
META PLATFORMS 1601 WILLOW ROAD MENLO PARK, CA 94025	ADVERTISING SERVICES	391,462.
EIDOLON COMMUNICATIONS, INC. 15 MAIDEN LANE, SUITE 1401 NEW YORK, NY 10038	FUNDRAISING SERVICES	303,100.
BDO USA, LLP 8401 GREENSBORO DRIVE, SUITE 800 MCLEAN, VA 22102	AUDIT & TAX SERVICES	281,141.
INTERACTIVE STRATEGIES 1133 CONNECTICUT AVENUE, NW SUITE 600 WASHINGTON, DC 20036	DIGITAL MARKETING	269,582.
DATAPRISE, INC. P.O. BOX 22645 NEW YORK, NY 10087	IT SERVICES	263,749.

**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 for instructions and the latest information.

OMB No. 1545-0047

2021

**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	988,022.	510,371.	NTCIC
(2) NATIONAL TRUST INVESTMENT MANAGEMENT 81-1853785 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NONE	675.	NTCIC
(3) NATIONAL TRUST EQUITY, LLC 81-8121733 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NONE	2,742,334.	NTCIC
(4) NT HISTORIC REAL ESTATE EQUITY FUND, LLC 81-1911360 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NONE	2,742,184.	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 600 14TH ST., NW, SUITE 500 WASHINGTON, DC 20005	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) 2021

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	744,367.	205,537.		X		X		99.0000
(2) COOPER-MOLERA PRESERVATION, LL 1121 WHITE ROCK RD, #205 EL DO	HISTORIC SITE	CA	NTHP	RELATED	682,797.	7,334,598.		X			X	98.0000
(3) NATIONAL TRUST HISTORIC REAL E 1155 15TH STREET NW SUITE 300	COMMUNITY INV	DE	NTHP	UNRELATED	NONE	NONE		X		X		99.9990
(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) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

NATIONAL TRUST FOR HISTORIC PRESERVATION

53-0210807

990 SCH R,PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% OWNERSHIP	(I) SEC 512(B)(13) YES NO
NATIONAL TRUST COMMUNITY INVESTMENT CORP 52-2267085 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTHP	C CORP	6,335,619.	20,843,396.	100.0000	X
NT SOLAR INC. 47-1272855 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	3,135,728.	2,110,207.	100.0000	X
GREENROCK CORPORATION 13-1929826 200 LAKE ROAD TARRYTOWN, NY 10591	MAINTENANCE	NY	NTHP	C CORP	4,264,631.	2,686,842.	100.0000	X
CHARITABLE REMAINDER UNITRUSTS FOR NTHP 53-0210807 600 14TH STREET NW, SUITE 500 WASHINGTON, DC 20005	CHARITABLE TR	DC	N/A	TRUST	NONE	NONE		X
PERMANENT UNITRUST 53-0210807 600 14TH STREET NW, SUITE 500 WASHINGTON, DC 20005	CHARITABLE TR	DC	N/A	TRUST	NONE	NONE		X
NT INITIAL INVESTOR, INC. 27-3271845 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	NONE	NONE	100.0000	X
NTCIC LIHTC MANAGER, INC. 27-4965820 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	NONE	NONE	100.0000	X
NTCIC HTC INVEST I MANAGER, INC. 82-1167754 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	NONE	NONE	100.0000	X
NTCIC FUND MANAGER I, INC. 82-3791474 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	COMMUNITY INV	DE	NTCIC	C CORP	NONE	129,606.	100.0000	X

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COOPER-MOLERA PRESERVATION, LLC	A (I)	62,364.	BOOK VALUE
(2) NATIONAL TRUST COMMUNITY INVESTMENT CORP	A (III)	380,137.	BOOK VALUE
(3) COOPER-MOLERA PRESERVATION, LLC	A (IV)	24,000.	BOOK VALUE
(4) COOPER-MOLERA PRESERVATION, LLC	D	4,517,613.	BOOK VALUE
(5) NATIONAL TRUST COMMUNITY INVESTMENT CORP	O	84,904.	BOOK VALUE
(6) NATIONAL TRUST COMMUNITY INVESTMENT CORP	Q	398,165.	BOOK VALUE

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GREENROCK CORPORATION	Q	152,204.	BOOK VALUE
(2) NATIONAL TRUST COMMUNITY INVESTMENT CORP	S	1,363,000.	BOOK VALUE
(3) GREENROCK CORPORATION	S	172,204.	BOOK VALUE
(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.

SCHEDULE R, 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