Forn	-	9 (-	Under sec	tion 501(c), 527 Do not enter	, or 4947(a)(1)	of the Int	ernal Rever	nue Code (e	xcept	private foundat	tions)	<u>ОМВ No. 154</u> 202 Ореп to F	22
		nue Serv			Information a	about Form 990	0 and its i	instructions	is at www.ir	s.gov/	form990.		Inspecti	on
A F	or th	e 202	2 calen	dar year, or t	ax year begin	ning 07/	/01/202	22	and endin	g		06/3	30/2023	
			C Name	of organization	NATIONA	L TRUST F	OR HIS	TORIC P	RESERVAT	LON	D Employer ide	entificati	ion number	
B Cr	neck if ap	plicable:		THE UNIT										
	Addre			Business As							53.	-0210	807	
-	chang				P.O. box if mail is	not delivered to str	eet address	3	Room/suite		E Telephone n		1007	
-	1	change						,		- 0 0				
	Initial	return		0 14TH ST			(.]			500	(20	12)58	38-6000	
	Termi		l í		rovince, country, a	ind ZIP or foreign p	postal code							
	Amen returr	n			DC 20005						G Gross receip			
	Applio pendi	cation ng	F Name	and address of p	orincipal officer:	CAROL Q	UILLEN	1			H(a) Is this a grou subordinates		or Yes	X No
			SA	ME AS "C"	ABOVE						H(b) Are all subord		led? Yes	No
1	Tax-ex	empt sta	atus:	X 501(c)(3)	501(c) () ┥ (insert i	no.)	4947(a)(1) o	r 527	7	If "No," attac	h a list. (s	ee instructions)	
J	Websi	te: 🕨	SAVI	NGPLACES.	ORG						H(c) Group exem	otion num	ber 🕨	
К	Form o	of organ	nization:	X Corporation	Trust	Association	Other 🕨		L Year of	format	ion: 1949 M	State of	legal domicile:	DC
	art I		mmary	-									0	
				e the organizat	ion's mission o	most significan	t activities	· ୧୮୮ ୧(~นฐานเป็	0				
Activities & Governance			this box		organization di f the governing							s. 3		20
مە					g members of t							4		20
tie					mployed in cale							5		317
ť					stimate if necess							6		726
Aci				•	nue from Part V	.,						7a	2,289	
					le income from I							7b	2,207	$\frac{120}{NONE}$
	0	Net ui	litelateu	DUSITIESS TAXAL		-0111 990-1, IIIIe	. 34				Prior Year		Current Ye	-
e					VIII, line 1h)			COPY	FOR		63,345,38		63,104	-
(en					t VIII, line 2g)			PUBLIC IN			3,883,90		3,921	
Revenue					column (A), line						22,112,47	'5.	9,819	<u>,898.</u>
	11	Other	revenue	e (Part VIII, colu	ımn (A), lines 5,	6d, 8c, 9c, 10c,	and 11e)				4,699,92	28.	6,794	,494.
	12	Total I	revenue	- add lines 8 th	rough 11 (must	equal Part VIII,	column (A), line 12)			94,041,68	88.	83,640	,008.
	13	Grants	s and sir	nilar amounts p	aid (Part IX, colu	ımn (A), lines 1-	3)				8,756,33	31.	13,395	,063.
	14	Benef	its paid t	o or for membe	ers (Part IX, colu	mn (A), line 4)					N	ONE		NONE
s	15				, employee bene			ines 5-10)			18,422,38	31.	21,484	,579.
Expenses					(Part IX, column						456,00			,326.
ber					art IX, column (I						100,00	/	1.0	10201
ш					mn (A), lines 11						26,336,53	1	25,609	707
					-17 (must equal								60,959	
											53,971,24			
	19	Reven	iue less	expenses. Sub	tract line 18 from					Dawim	40,070,44		22,680	
ts o nce											ning of Current Y		End of Yea	
30.00										4	139,626,17		482,874	
d B A	21	Total I	liabilities	(Part X, line 26)						48,214,98	35.	56,965	<u>,018.</u>
žĒ	22	Net as	ssets or	fund balances.	Subtract line 21	from line 20.				(*)	<u>891,411,18</u>	9.	425,909	<u>,431.</u>
Ра	rt II	Się	gnature	Block										
Unc	ler per	nalties c	of perjury,	I declare that I	nave examined thi	s return, including	g accompa	nying schedul	es and statem	nents, a	and to the best of	my kno	wledge and be	elief, it is
true	, corre	ect, and	complete.	Declaration of p	eparer (other than	officer) is based of	on all inform	nation of whic	n preparer nas	s any kr	nowledge.			
											04/2	28/20	24	
Sig			Signature	e of officer							Date	_ , _ 0		
Her	е		ISE WI	I G F				ידים סע	N & CONT	י ז∩קי	G.F.P.			
				rint name and title	9			VE, F11		поп	<u>איים</u>			
				arer's name	-	Preparer's signat	ture		Date			if PTI	N	
Paid	I										Check			
	barer	MARC		RGER		MARC BER	GER		04/28	/202		1 2 0	01871563	
•	Only	Firm's	s name	► BDO USA							Firm's EIN 🕨	13-	-5381590	
					EENSBORO I						Phone no.		<u>8-893-060</u>)0
May	the I	RS dis	cuss this	s return with th	e preparer showi	n above? (see in	structions)		<u> </u>	<u></u>	<u> </u>	X Yes	No
					see the separat								Form 990	(2022)

	NATIONAL TRUST FOR HISTORIC PRESERVATION 53-0210807
	n 990 (2022) Page 2
Pa	art III Statement of Program Service Accomplishments
-	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NATIONAL TRUST FOR HISTORIC PRESERVATION 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?
	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?
	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 \$23,073,305. including grants of \$12,801,599.) (Revenue \$118,318.)
	SEE SCHEDULE O
4b	(Code:) (Expenses \$ 18,947,606. including grants of \$ 555,963.) (Revenue \$ 4,121,658.)
	SEE SCHEDULE O
_	
4C	(Code:) (Expenses \$6,692,799. including grants of \$37,500.) (Revenue \$707,568.)
	SEE SCHEDULE O
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses48,713,710.
JSA 2E1	020 1.000 Form 990 (2022 1913JM L43V 7

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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 <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	4	Λ	
5	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			- 21
Ŭ	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	Х	
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	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
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		Х
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	Х	
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.			
а	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	Х	
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	110		v
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
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			
47	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	47	37	
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i>	10	v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
13	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	Х	
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Form 990 (2022)

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Part	V 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? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete Schedule J.	23	Х	
24 a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
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.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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NATIONAL TRUST FOR HISTORIC PRESERVATION

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Par	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 317			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		Х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	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		Х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
N	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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		Х
	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?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

Form 990 (2022)

Form 9	90 (2022	2) NATIONAL TRUST FOR HISTORIC PRESERVATION	53-0210	807	F	Page 6
Part		Governance, Management, and Disclosure. For each "Yes" response to lines 2 thro				
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of				tions.
		Check if Schedule O contains a response or note to any line in this Part VI				Х
Sect	ion 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	1a 20			
	If ther	e are material differences in voting rights among members of the governing body, or				
		governing body delegated broad authority to an executive committee or similar ittee, explain on Schedule O.				
b		the number of voting members included on line 1a, above, who are independent	1b 20			
2	Did ar	ny officer, director, trustee, or key employee have a family relationship or a business rela	tionship with			
		her officer, director, trustee, or key employee?		2		Х
3	Did th	e organization delegate control over management duties customarily performed by or und	ler the direct			
		vision of officers, directors, trustees, or key employees to a management company or other pe		3		X
4	-	organization make any significant changes to its governing documents since the prior Form 990 was file		4		Х
5		e organization become aware during the year of a significant diversion of the organization's as		5		Х
6		e organization have members or stockholders?		6	Х	
7a	Did th	e organization have members, stockholders, or other persons who had the power to electron	ct or appoint			
		more members of the governing body?		7a	Х	
b	Are a	ny governance decisions of the organization reserved to (or subject to approval b	y) members,			
	stockh	olders, or persons other than the governing body?		7b		X
8	Did th	e organization contemporaneously document the meetings held or written actions under	taken during			
	the ye	ar by the following:				
а	The go	overning body?		8a	Х	
b	Each	committee with authority to act on behalf of the governing body?		8b	Х	
9	Is ther	e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b	e reached at			
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Secti	ion B. I	Policies (This Section B requests information about policies not required by the Inter	nal Revenue	Code	/	
					Yes	No
10a		e organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes	s," did the organization have written policies and procedures governing the activities of su	uch chapters,			
	affiliate	es, and branches to ensure their operations are consistent with the organization's exempt pur	poses?	10b		
11a	Has the	e organization provided a complete copy of this Form 990 to all members of its governing body before filir	ng the form? .	11a	Х	
b	Descr	be on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the	e organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests th	at could give			
		conflicts?		12b	X	
С	Did th	e organization regularly and consistently monitor and enforce compliance with the pol	licy? If "Yes,"			
		be on Schedule O how this was done		12c	Х	
13		e organization have a written whistleblower policy?		13	X	
14		e organization have a written document retention and destruction policy?		14	Х	
15		e process for determining compensation of the following persons include a review and				
		endent persons, comparability data, and contemporaneous substantiation of the deliberation a				
а		ganization's CEO, Executive Director, or top management official		15a	X	
b		officers or key employees of the organization		15b	X	
		" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar	-	40-	37	
		taxable entity during the year?		16a	Х	
b		s," did the organization follow a written policy or procedure requiring the organization to				
		pation in joint venture arrangements under applicable federal tax law, and take steps to s zation's exempt status with respect to such arrangements?		166	v	
Socti		Disclosure		16b	Х	
17		e states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u>	00	. / -		044.5
18	(3)s or	n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 9 Ny) available for public inspection. Indicate how you made these available. Check all that appl Dwn website Another's website X Upon request Other <i>(explain on Sch</i> e	ly.	(sec	(ION 5	01(C)
19		be on Schedule O whether (and if so, how) the organization made its governing docume	,	finter	oct r	olicy
13		nancial statements available to the public during the tax year.		i intel	esi p	oncy,
20		the name, address, and telephone number of the person who possesses the organization's bo	oks and record	c		
20		SE WISE 600 14TH ST, NW, SUITE 500 WASHINGTON, DC 20005		0		
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, box 6 of 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	box,	unles	Pos neck is pe	erson	e than c is both	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individu: or direct	and Institutional trustee	a d Officer	Key employee	or/trust Highest compensated employee	ee) Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PAUL EDMONDSON	39.00									
PRESIDENT & CEO	1.00			Х				468,630.	NONE	15,262.
(2) KATHERINE MALONE-FRANCE	40.00									
CHIEF PRESERVATION OFFICER	NONE				X			289,235.	NONE	21,471.
(3) THOMPSON M. MAYES	40.00									
CHIEF LEGAL OFCR & SECRETARY	NONE	1		Х				251,913.	NONE	24,958.
(4) ANN MCELWAIN	40.00									
CHIEF DEVELOPMENT OFFICER	NONE	1			X			266,331.	NONE	6,940.
(5) LAURA BRACIS	40.00									
CHIEF FINANCIAL OFFICER	NONE			Х				251,398.	NONE	19,115.
(6) TABITHA ALMQUIST	40.00									
CHIEF ADMINISTRATIVE OFFICER	NONE				Х			236,313.	NONE	11,367.
(7) MATTHEW MONTGOMERY	40.00									
CHIEF MARKETING OFFICER	NONE				X			237,652.	NONE	8,313.
(8) DEMOND LEGGS	40.00									
EXEC DIR, AACHAF & SR VP, NTHP	NONE					Х		221,622.	NONE	20,316.
(9) DENISE WISE	40.00									
VP OF FINANCE & CONTROLLER	NONE					Х		198,448.	NONE	22,212.
(10) MARIANNA KNIGHT	40.00									
VP, HUMAN RESOURCES	NONE					Х		198,703.	NONE	10,126.
(11) SUSAN LATTANZI	40.00									
VP, IT & REAL ESTATE	NONE					Х		185,875.	NONE	18,249.
(12) HILARY BAAR	40.00									
VP, ANNUAL GIVING	NONE					Х		183,795.	NONE	17,861.
(13) ROSS M. BRADFORD	40.00									
ASSISTANT CORPORATE SECRETARY	NONE			Х				161,013.	NONE	16,364.
(14) JAY C. CLEMENS	2.00									
TRUSTEE, CHAIR	NONE	Х		Х				NONE	NONE	NONE

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(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	not ch unles er and	s pe I a d	more rson irect	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) MARTHA NELSON	2.00									
TRUSTEE, VICE CHAIR	NONE	Х		Х				NONE	NONE	NON
16) PHOEBE TUDOR	2.00_	-								
TRUSTEE, VICE CHAIR	NONE	X		Х				NONE	NONE	NON
17) WILLIAM BATES	2.00_	-								
TRUSTEE	NONE	X						NONE	NONE	NOI
18) CHRISTINA LEE BROWN	2.00_	-								
TRUSTEE	NONE	Х						NONE	NONE	NON
19) ELIZABETH KIRKLAND CAHILL	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
20) SAM DIXON	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
21) DAMIEN DWIN	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
22) TRACY FRIST	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
23) ALISON K. HOAGLAND	2.00									
TRUSTEE	NONE	x						NONE	NONE	NON
24) SHELLEY I. HOON KEITH	2.00									
TRUSTEE	NONE	x						NONE	NONE	NON
25) C.H. RANDOLPH LYON	2.00									
TRUSTEE	NONE	x						NONE	NONE	NOI
1b Sub-total								3,150,928.	NONE	212,554
c Total from continuation sheets to Part VII	Section A	• • •			• •	•••		NONE		NON
d Total (add lines 1b and 1c)								3,150,928.	NONE	212,554
 Total number of individuals (including but n 										<u> </u>

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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 more than \$100,000 in compensation from the organization ►	e listed above) who received	

3

4

5

Part VII Section A. Officers, Directors,	musices, ne	⊧y Em	τριο	yee	es, a	and F	ligi	hest Compensat	ea Employee	s (contin	ued)	
(A)	(B)			(C	;)			(D)	(E)		(F)	
Name and title	Average			Posi				Reportable	Reportable		Estimated	d
	hours per					than o		compensation	compensation fi	om	amount c	of
	week (list any hours for					is both or/trust		from	related		other mpensat	ion
	related	-						the organization	organizations (W-2/1099-MIS	·	from the	
	organizations	divic	stitu	Officer	ÿ er	ghe	Former	(W-2/1099-MISC)	(11 2/1000 1010	´ 0	rganizatio	
	below dotted	lual	tion	-	nplc	st co yee	Ä				and relate	
	line)	Individual trustee or director	al tr		Key employee	omp					rganizatio	ins
		tee	Institutional trustee			Highest compensated employee						
26) JENNIFER SKYLER	2.00					ed						
TRUSTEE	<u>2.00</u> - NONE	x						NONE	NC	ONE		N
				_				INOINE	INC			11(
27) G. JACKSON TANKERSLEY, JR.	2.00							NONE	N			N T/
TRUSTEE	NONE	X		_				NONE	NC	DNE		N
28) ROBERT JOSEPH VILA	2.00_											
TRUSTEE	NONE	X		-+				NONE	NC	DNE		N
29) KAYWIN FELDMAN	2.00_	-										
EX OFFICIO TRUSTEE	NONE	X						NONE	NC	DNE		N
30) <u>SAMANTHA KLEIN FRANK</u>	2.00	-										
EX OFFICIO TRUSTEE	NONE	X						NONE	NC	DNE		N
31)_KJI_KELLY	2.00	_										
EX OFFICIO TRUSTEE	NONE	X						NONE	NC	ONE		N
32) DAVID SCOTT PARKER	2.00											
EX OFFICIO TRUSTEE	NONE	X						NONE	NC	ONE		N
33) JOSEPH E. QUINATA	2.00											
EX OFFICIO TRUSTEE	NONE	Х						NONE	NC	ONE		N
34) CHARLES F. SAMS III	2.00											
EX OFFICIO TRUSTEE	NONE	X						NONE	NC	ONE		N
		-										
		1										
1b Sub-total												
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)												
2 Total number of individuals (including but						e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organiza	ation 🕨											Τ.
								land a star black and			Yes	-
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sci												
For any individual listed on line 1a, is the organization and related organizations	he sum of rep greater than	ortab \$15	ole c 50,00	omp 00?	pen <i>If</i>	satior <i>"Ye</i> s	n ar :," (nd other compens complete Schedu	sation from the le J for sucl	e h		
individual 5 Did any person listed on line 1a receive								rolated organizativ		4	X	
for services rendered to the organization? I												
•		ndenr	ende	nt c	cont	racto	rs t	hat received more	than \$100.00	0 of		
 Section B. Independent Contractors Complete this table for your five highest of compensation from the organization. Report year. 							ar e				х	
1 Complete this table for your five highest of compensation from the organization. Report							ar e			ation's ta	x C)	

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 ► 8

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NATIONAL TRUST FOR HISTORIC PRESERVATION

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
ts,	1a	Federated campaigns 1a	10,322.				
and Other Similar Amounts	b	Membership dues 1b					
}¤¦	С	Fundraising events	4,836,483.				
ar	d	Related organizations					
<u> </u>	e	Government grants (contributions) 1e	2,734,254.				
S	f	All other contributions, gifts, grants,	55,523,216.				
the	~	and similar amounts not included above . 1f	55,523,210.				
0 P	g	Noncash contributions included in lines 1a-1f	\$ 809,044.				
Revenue an	h	Total. Add lines 1a-1f		63,104,275.			
			Business Code	00710172701			
:	2a	ADMISSION AND SPECIAL EVENTS	900099	2,746,163.	2,031,549.	714,614.	
e	za b	REIMBURSEMENT OF EXPENSES	900099	459,770.	459,770.		
nu	c	CONTRACT SERVICES/COMMISSIONS	900099	307,634.	307,634.		
evel evel	d	ADVERTISING	541800	407,774.		407,774.	
<u>م</u>	e						
ŗ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,921,341.			
Ţ	3	Investment income (including dividends,					
		other similar amounts)		3,377,258.		628,060.	2,749,19
	4	Income from investment of tax-exempt bond	proceeds .	NONE			
	5	Royalties		1,092,274.		329,164.	763,1
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 3,803,461.					
	b	Less: rental expenses 6b 1,943,005.					
	С	Rental income or (loss) 6c 1,860,456.	-				
	d	Net rental income or (loss)		1,860,456.			1,860,4
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 58,961,469.					
en l	b	Less: cost or other basis					
кеvenue		and sales expenses 7b 52,518,829.					
פ צ	C	Gain or (loss) 7c 6,442,640.		C 442 C40			C 112 C
5	d	Net gain or (loss)		6,442,640.			6,442,64
	8a	Gross income from fundraising					
		of contributions reported on line	126,310.				
			254,494.				
	b C	Less: direct expenses 8b Net income or (loss) from fundraising events		-128,184.			-128,1
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances • • • • • 10a	537,128.				
	b	Less: cost of goods sold	260,652.				
	c	Net income or (loss) from sales of inventory		276,476.		209,508.	66,9
T			Business Code				
ē	11a	EQUITY INTEREST IN SUBSIDIARIES	900099	2,570,147.			2,570,1
Revenue	b	EARNINGS ALLOCATED TO ENDOWMENTS HELD FO	900099	973,343.			973,3
Š	с	SALE OF PROPERTY	900099	40,986.			40,9
Revenue	d	All other revenue	900099	108,996.			108,9
	е	Total. Add lines 11a-11d		3,693,472.			
	12	Total revenue. See instructions		83,640,008.	2,798,953.	2,289,120.	15,447,6

NATIONAL TRUST FOR HISTORIC PRESERVATION Part IX Statement of Functional Expenses

_	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX	<u></u>	<u></u>
	not include amounts reported on lines 6b, 7b, 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	13,235,063.	13,235,063.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	160,000.	160,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,				
	trustees, and key employees	2,646,694.	1,057,526.	863,778.	725,390
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	NONE			
-	persons described in section 4958(c)(3)(B)	NONE	11 400 210	1 026 205	2 1 4 0 . 0 4
	Other salaries and wages	15,553,807.	11,469,318.	1,936,285.	2,148,204 70,334
8	Pension plan accruals and contributions (include	614,145.	468,777.	75,034.	10,334
~	section 401(k) and 403(b) employer contributions)	1,371,276.	962,385.	232,966.	175,925
	Other employee benefits	1,298,657.	880,786.	242,681.	175,190
10	,	1,200,007.		212,001.	1,0,100
	Fees for services (nonemployees): Management	NONE			
	b Legal	319,411.	26,985.	283,844.	8,582
	Accounting	285,772.	13,650.	272,122.	0,001
	Lobbying	27,000.	27,000.		
	Professional fundraising services. See Part IV, line 17	470,326.	,		470,326
	f Investment management fees	689,866.	605,950.	83,916.	· · · · · · · · · · · · · · · · · · ·
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	3,411,355.	2,362,036.	752,234.	297,085
12	Advertising and promotion	NONE			
13	Office expenses	483,879.	208,464.	249,752.	25,663
14	Information technology	1,434,820.	1,091,893.	205,674.	137,253
15	Royalties	NONE			
16	Occupancy	2,533,433.	2,010,420.	168,345.	354,668
17	Travel	714,796.	539,803.	63,389.	111,604
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	202,184.	202,184.		
20	Interest	224,310.	49,567.	174,743.	
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	781,855.	606,315.	94,229.	81,311
23	Insurance	1,116,414.	897,567.	218,847.	
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	5,369,629.	5,369,629.		
	LOSS ON LEASE	525,021.		525,021.	
	PRINTING	2,084,799.	1,864,685.	2,724.	217,390
	POSTAGE	1,572,013.	1,351,809.	8,887.	211,317
	All other expenses	3,833,150.	3,251,898.	221,648.	359,604
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs	60,959,675.	48,713,710.	6,676,119.	5,569,846
	from a combined educational campaign and fundraising solicitation. Check here \boxed{X} if				
	following SOP 98-2 (ASC 958-720)				

following SOP 98-2 (ASC 958-720)

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	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	NONE	1	NON
2	Savings and temporary cash investments.	17,427,779.	2	6,933,556
3	Pledges and grants receivable, net	17,276,398.	3	16,363,668
4	Accounts receivable, net	4,320,217.	4	9,615,135
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	NON
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	NON
7 st	Notes and loans receivable, net	521,000.	7	374,197
Assets	Inventories for sale or use	474,489.	8	553,813
₹ 9	Prepaid expenses and deferred charges	596,042.	9	555,260
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 14,582,632.			
b	Less: accumulated depreciation	6,982,623.	10c	6,230,029
11	Investments - publicly traded securities	71,412,847.	11	99,169,516
12	Investments - other securities. See Part IV, line 11	319,511,360.	12	334,197,752
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	1,103,419.	15	8,881,523
16	Total assets. Add lines 1 through 15 (must equal line 33)	439,626,174.	16	482,874,449
17	Accounts payable and accrued expenses.	10,000,312.	17	3,920,352
18	Grants payable	8,080,676.	18	10,895,536
19	Deferred revenue	5,863,965.	19	5,577,242
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
ສ 22	Loans and other payables to any current or former officer, director,			
Ē	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities 55 75 75	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	1,249,365.	23	1,227,045
24	Unsecured notes and loans payable to unrelated third parties	5,000,000.	24	2,500,000
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	18,020,667.	25	32,844,843
26	Total liabilities. Add lines 17 through 25	48,214,985.	26	56,965,018
uces	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
E 27	Net assets without donor restrictions	110,127,222.	27	116,342,446
28	Net assets with donor restrictions.	281,283,967.	28	309,566,985
or Fund Balances	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
o 29	Capital stock or trust principal, or current funds		29	
5 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
S 31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets 30 31 35 37 30 30 30 30 30 30 30 30 30 30 30 30 30	Total net assets or fund balances	391,411,189.	32	425,909,431
ž 33	Total liabilities and net assets/fund balances	439,626,174.	33	482,874,449
		,,		Form 990 (2022

	NATIONAL TRUST FOR HISTORIC PRESERVATION	53-021	0807			
Form 99	00 (2022)				Pa	ge 12
Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	<u></u>		Χ.
1	Total revenue (must equal Part VIII, column (A), line 12)		1	83,6		
2	Total expenses (must equal Part IX, column (A), line 25)		2	60,9		
3	Revenue less expenses. Subtract line 2 from line 1		3	22,6		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .		4 3	91,4	11,	<u>189</u> .
5	Net unrealized gains (losses) on investments		5	12,7	55,	<u>056</u> .
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	-9	37,	<u>147</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part					
	32, column (B))		10 4	25,9	09,	<u>431</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII.					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "C	other," exp	Diain on			
	Schedule O.					37
2a	Were the organization's financial statements compiled or reviewed by an independent acco			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year v	were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate b			2b	Х	
b	Were the organization's financial statements audited by an independent accountant?			20		
	If "Yes," check a box below to indicate whether the financial statements for the year w separate basis, consolidated basis, or both:	ere audit	ed on a			
	Separate basis, consolidated basis, or both. Separate basis X Consolidated basis Both consolidated and separate basis	acie				
_			raight of			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibil the audit, review, or compilation of its financial statements and selection of an independent	-	-	2c	x	
	If the organization changed either its oversight process or selection process during the ta				- 23	
	Schedule O.	x year, ex	plain on			
2 -	As a result of a federal award, was the organization required to undergo an audit or audits	as set for	h in the			
Jd	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	x	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did					
5	required audit or audits, explain why on Schedule O and describe any steps taken to underg		•	3b	X	

SCHEDULE	A
(Form 990)	

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.

OMB No. 1545-0047

		venue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Nam	e of th	ne organization N	ATIONAL T	RUST FOR HIS	TORIC PRESERVAT	ION		Employer identif	cation number
IN	THE	E UNITED ST	FATES					53-0	210807
Ра	rt I	Reason fo	or Public Cha	arity Status. (All	organizations must	comple	ete this p	part.) See instructior	IS.
The	orga		•		is: (For lines 1 throug			,	
1					tion of churches desci			70(b)(1)(A)(i).	
2					. (Attach Schedule E				
3					rganization described				
4			-		conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's nam	, ,						
5		-	-		a college or universit	y ownee	d or ope	erated by a governme	ental unit described in
				complete Part II.)					
6			•	•	rnmental unit describe				
7	X	-		-	-	pport in	om a go	vernmental unit of In	om the general public
0				(1)(A)(vi). (Complete discontinue 170/h	•)(1)(A)(vi). (Complete	Dort II.)			
8 9								I in conjunction with a	land-grant college
9		•	-				•	name, city, and state o	
		university:		grant conege of ag		юпэ). Е		name, ony, and state o	The conege of
10 11		An organization receipts from support from g acquired by the	activities rela gross investm le organizatio	ted to its exempt f ient income and u n after June 30, 19	unctions, subject to c	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	,	n 331/3 % of its
12		•	•	•					ry out the purposes of
		0	0	•	•			•	ction 509(a)(3). Check
				-			-	and complete lines 1	
а								orted organization(s),	
		••			•	•		the directors or truste	
		_ supporting o	rganization. Y	ou must complet	e Part IV, Sections A	and B.			
b		Type II. A su	upporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
		control or m	anagement o	f the supporting o	rganization vested in	the sam	e persor	ns that control or mar	age the supported
	_	organization	(s). You mus t	complete Part IV	, Sections A and C.				
С								n with, and functiona	lly integrated with,
	_		-		s). You must comple				
d			-			-		ection with its suppor	- · ·
			-			-		ution requirement and	d an attentiveness
		-	-	-	omplete Part IV, Sect				
е			-					hat it is a Type I, Type I	II, Type III
f	Ent				ionally integrated sup			lion.	
g				•	orted organization(s).				•••••
9		ame of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	()			() =	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
(A)									
(B)									
(C)									
(D)									
(E)									
Tot	al								
									<u> </u>

Page 2

Schedule A (Form 990) 2022

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,485,669.	54,853,482.	45,766,893.	63,345,381.	63,104,275.	266,555,700.
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	39,485,669.	54,853,482.	45,766,893.	63,345,381.	63,104,275.	266,555,700.
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)						82,587,989.
$\frac{6}{800}$	Public support. Subtract line 5 from line 4						183,967,711.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		39,485,669.	54,853,482.	45,766,893.	63,345,381.	63,104,275.	266,555,700.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,476,417.	2,286,916.	8,611,236.	4,179,872.	7,055,798.	31,610,239.
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.) SEE SUPP PAGE	452,538.	410,818.	101,272.	158,328.	149,981.	1,272,937.
11	Total support. Add lines 7 through 10						299,438,876.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	21,769,526.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	the organizatio	on's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2022 (lin	ne 6, column (f)), divided by line	11, column (f))		14	61.44 %
15	Public support percentage from 2021						62.31 %
16a	331/3% support test - 2022. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			•	•	• •	
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets organization			-	-		
18	Private foundation. If the organizatio	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions						<u>••••</u>

Schedule A (Form 990) 2022

Schedule A	(Form	990)	2022
Ochiculuic A	(1 01111	550)	2022

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	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 on line 10b, whether						
	or not the business is regularly carried on.						
40	J						
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 organizati	on's first. secon	d. third. fourth.	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here .	-					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8			mn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin			13, column (f))		17	%
18	Investment income percentage from 2021					18	%
	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the orga	-	-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
JSA							A (Form 990) 2022
<l td="" zz<="" =""><td>1 1.000</td><td></td><td></td><td></td><td></td><td></td><td></td></l>	1 1.000						

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **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? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2022

NATIONAL TRUST FOR HISTORIC PRESERVATION

Schedule A (Form 990) 2022

Part IV	Supporting Organizations	(continued)

- Has the organization accepted a gift or contribution from any of the following persons?
 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.**

Section B. Type I Supporting Organizations

- 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.

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? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 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). 2 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. 3

Section E. Type III Functionally Integrated Supporting Organizations

1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ns).	
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instru	ictions	s).
•	.		•	Yes	Ν
2	Activi	ities Test. Answer lines 2a and 2b below.			

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> 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.	2a	
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? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations, 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.*
- JSA 2E1230 1.000 1913JM L43V

3a

Yes No

Yes No

11b

11c

1

2

Schedule A (Form 990) 2022

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

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

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

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) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page **8**

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	2018	2019	2020	2021	2022	TOTAL
INSURANCE LOSS REPAYMENTS	116,215.	239,342.	77,385.	131,723.	24,302.	588,967.
SALE OF PROPERTY	83,600.	160,684.	14,000.	NONE	40,986.	299,270.
OTHER MISCELLANEOUS INCOME	252,723.	10,792.	9,887.	26,605.	84,693.	384,700.
TOTALS	452,538.	410,818.	101,272.	158,328.	149,981.	1,272,937.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

OMB No 1545-0047

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

Employer identification number

NAT	TIONA	٩L	TRUSI	2	FOR	HISTORIC	PRESERVATION
IN	THE	UN	JITED	S	TATE	ES	

53-0210807

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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).

e of c	organization NATIONAL TRUST FOR HISTORIC PRI IN THE UNITED STATES	ESERVATION	Employer identification number 53-0210807
rt I	Contributors (see instructions). Use duplicate cop	ies of Part Lif additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$22,995,211.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$5,250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$2,600,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$2,319,440.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$1,700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>N/A</u>	\$1,665,596.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

	3 (Form 990) (2022) organization NATIONAL TRUST FOR HISTORIC PRE IN THE UNITED STATES	SERVATION	Page 2 Employer identification number 53-0210807
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	<u>N/A</u>	\$1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

me of organizat			lentification number	
art II Nond	IN THE UNITED STATES cash Property (see instructions). Use duplicate copies		-0210807	
a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

Schedule B (Form 990) (2022)

	(Form 990) (2022)			Page 4
Name of or		STORIC PRESERVA	ATION	Employer identification number
Part III	IN THE UNITED STATES Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the	the year from any ons completing Par e year. (Enter this in	one contributor. C t III, enter the total formation once. Se	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
	Use duplicate copies of Part III if addit	ional space is neede	ed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	hip of transferor to transferee
-(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee

lf the ●୍ଞ		ion 301(c)(3)) organizations. Complete i		Do not complete Part I-B.	
• 5	Section 527 organizations: Com	, ,			
		on Form 990, Part IV, line 4, or Form			
~ ^		that have filed Form 5768 (election un		•	•
		that have NOT filed Form 5768 (election	• •		•
	organization answered "Yes," See separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form 990-	EZ, Part V, line 35c (Pro>
	Section 501(c)(4), (5), or (6) org				
		NAL TRUST FOR HISTORIC P	RESERVATION	Employer ide	entification number
TN	THE UNITED STATES			53-0	210807
-		organization is exempt under	section 501(c) or		
	•	he organization's direct and indi		•	
	definition of "political campa	-		aight douvidoo in t ait	
		expenditures. See instructions		\$	
		campaign activities. See instruction			
Part		organization is exempt under s			
1		cise tax incurred by the organizatio			
2	Enter the amount of any ex	cise tax incurred by organization m	anagers under section	οn 1955 \$	
		a section 4955 tax, did it file Form			
	-		-		
	If "Yes," describe in Part IV.				
Part		organization is exempt under	section 501(c) ex	cent section 501/c)/3	8)
	•	• •		• • • • • •	<i>,</i> ,,,
	,	expended by the filing organization			
		ng organization's funds contributed ies			
		enditures. Add lines 1 and 2. Ent			
		enditures. Add lines 1 and 2. Ent			
		e Form 1120-POL for this year?			
		and employer identification numb			
		ts. For each organization listed, en			
		tributions received that were prom			
	as a separate segregated fur	nd or a political action committee (l	PAC). If additional sp	ace is needed, provide	information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received an
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
(4)					If none, enter -0
(1)			-		If none, enter -0
			-		If none, enter -0
(1) (2)			-		If none, enter -0
(2)			-		If none, enter -0
			-		If none, enter -0
(2) (3)			-		If none, enter -0
(2)			-		If none, enter -0
(2) (3) (4)			-		If none, enter -0
(2) (3)			-		If none, enter -0
(2) (3) (4) (5)			-		If none, enter -0
(2) (3) (4)					If none, enter -0

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.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

SCHEDULE C

Department of the Treasury

(Form 990)

OMB No. 1545-0047

2 **Open to Public** Inspection

Schedule C ((Form 990) 2022 NATION	AL TRUST FOR HISTORIC PRESERVATION	ON 53-	-0210807 Page 2
Part II-A	Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A Check		longs to an affiliated group (and list in Part IV e of excess lobbying expenditures).	ach affiliated group meml	per's name, address,
B Check	if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total	lobbying expenditures to influence	public opinion (grassroots lobbying)	88,763.	
b Total	lobbying expenditures to influence	a legislative body (direct lobbying)	161,314.	
c Total	lobbying expenditures (add lines 1	a and 1b)	250,077.	
d Other	exempt purpose expenditures		60,709,598.	
		d lines 1c and 1d)	60,959,675.	
f Lobby	ving nontaxable amount. Enter th	e amount from the following table in both		
colum	ins.		1,000,000.	
If the a	amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not ov	er \$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 \$	51,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$	517,000,000	\$1,000,000.		
g Grass	roots nontaxable amount (enter 28	5% of line 1f)	250,000.	
		ess, enter -0-		
i Subtra	act line 1f from line 1c. If zero or le	ss, enter -0		
j If the	re is an amount other than zero	on either line 1h or line 1i, did the organiza	ition file Form 4720	
report	ting section 4911 tax for this year?			Yes 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) 2019	(b) 2020	(c) 2021	(d) 2022	(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.				
с	Total lobbying expenditures	354,883.	254,759.	248,251.	250,077.	1,107,970.				
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f	Grassroots lobbying expenditures	78,660.	38,729.	58,239.	88,763.	264,391.				

Schedule C (Form 990) 2022

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)).

Ear	cook "Voc" mononeo on lineo 10 through 11 below provide in Port IV a datailed	(2	a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	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 b c	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?			
d e	Mailings to members, legislators, or the public?			
f q	Grants to other organizations for lobbying purposes?			
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
j	Total. Add lines 1c through 1i			
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912			
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	(c)(5)	, or s	section

			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		

		0 0	,	, 0		1 0	, ,			,		
Part	: III-B	Complete if the	e organization	is exen	npt under	' section	501(c)(4),	section 50	1(c)(5), or s	sectio	n	
		501(c)(6) and i	f either (a) BO	TH Part	III-A, line	es 1 and 2	2, are ansv	wered "No"	OR (b) Pa	rt III-A	A, line 3	3, is
		answered "Yes										
4	Dues	ana and and a	miler em eunte fr							4		

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).		
а	Current year	2a	
	Carryover from last year.		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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 expenditures 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.

	IEDULE D rm 990)		ental Financial		5		ом	B No. 15 ഗിസ്	45-0047
		-	8, 9, 10, 11a, 11b, 11c, 11		2b.			ZU	<u> </u>
	rtment of the Treasury		Attach to Form 990.	and the latest informa	tion				Public
	al Revenue Service of the organization	NATIONAL TRUST FOR HI	Form990 for instructions a			ployer identificat		spectio	n
	THE UNITED ST		SIORIC PRESERVAL	TON		53-02108			
_		tions Maintaining Donor Adv	ised Funds or Other S	Similar Funds or	Acco		07		
	-	e if the organization answered							
			(a) Donor advise	d funds		(b) Funds and	other a	accounts	
1	Total number at e	end of year		6					1
2	Aggregate value of	of contributions to (during year) .		10,000.					ONE
3		of grants from (during year)		358,862.				7,5	
4		at end of year		7,954,800.]	186,82	26.
5	•	ion inform all donors and donor	•				v	Yes	
~	-	anization's property, subject to the ion inform all grantees, donors, a	-	-				res [No
6		e purposes and not for the bene							
		nissible private benefit?					X	Yes	No
Pa		ation Easements.							
		e if the organization answered	"Yes" on Form 990, F	Part IV, line 7.					
1	Purpose(s) of con	nservation easements held by the	organization (check all th	nat apply).					
		on of land for public use (for example		X Preservation of		• •			area
		of natural habitat	L	X Preservation of	of a c	ertified histor	ic sti	ucture	
_		on of open space							
2	-	a through 2d if the organization he	eld a qualified conservat	tion contribution in	the fo	orm of a cons Held at the			Veer
		last day of the tax year.		-	0-	Held at the			131
a L		conservation easements		Γ	2a 2b				<u>131</u> 53.00
b c		tricted by conservation easements rvation easements on a certified			20 2c				<u>110</u>
d		rvation easements included in (c)		. ,	20				
		e listed in the National Register			2d				5
3		ervation easements modified, tra			nated	by the orga	aniza	tion du	ring the
	tax yearN	ONE							
4		where property subject to conse				27			
5	•	zation have a written policy reg		•		•		ſ	
•		forcement of the conservation ea						Yes	No No
6	Staff and volunteer 3,658.	hours devoted to monitoring, insp	ecting, handling of violati	ons, and enforcing o	conse	rvation easem	ents	during t	he year
7	· · · · · · · · · · · · · · · · · · ·	ses incurred in monitoring, inspec	ting bandling of violation	e and enforcing co	neor	vation opeom	onte	durina t	ho voor
'	205,80		and the second	is, and enforcing co	11301	valion casein	CIILO	uning i	ine year
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the rec	uirements of sectio	on 17)(h)(4)(B)(i)			
)(4)(B)(ii)?					Х	Yes	No
9		cribe how the organization re					ise s	stateme	ent and
		nd include, if applicable, the text		organization's fina	ancia	I statements	that	descri	bes the
D		counting for conservation easeme		an Other	0:00	llan Acasta			
Pa		tions Maintaining Collections e if the organization answered		•	Sim	liar Assets.			
4.0	· · ·	v	· · · · · ·			amont and b			
1a	of art. historical	n elected, as permitted under FA treasures, or other similar asse n Part XIII the text of the footnote	ts held for public exhil	bition. education.	or re	search in fu	rther	ance o	of public
b	art, historical trea	n elected, as permitted under Fa sures, or other similar assets he ring amounts relating to these iter	ld for public exhibition,						
		ded on Form 990, Part VIII, line 1				\$			
		ed in Form 990, Part X							
2	.,	on received or held works of a							
	•	s required to be reported under F					-	-	
а		I on Form 990, Part VIII, line 1.							
b For l		n Form 990, Part X					dulo	D (Form	990) 2022

Schee		IONAL TRUST FO				53-0210807	
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historica	Treasures, o	or Other Similar	Assets (continue	d)
3	Using the organization's acquisition collection items (check all that appl		other records, c	heck any of th	ne following that	make significant us	se of its
а	X Public exhibition		d X Lo	oan or exchang	je program		
b	x Scholarly research			ther			
c	X Preservation for future gener	ations					
4	Provide a description of the organ		and explain h	ow they furthe	er the organization	n's exempt purpose	in Part
•	XIII.				in the organization		
5	During the year, did the organization	n solicit or receive o	donations of art.	historical treas	sures, or other sim	ilar	
-	assets to be sold to raise funds rath						No
Pa	rt IV Escrow and Custodial A			ine erganizatie			
īα	Complete if the organiza		s" on Form 90	0 Part IV lin	e 9 or reported :	an amount on For	m
	990, Part X, line 21.		5 011 0111 33	0, Fait IV, III	e 9, or reported a		111
1a	Is the organization an agent, trust			-			
	included on Form 990, Part X?					Yes	X No
b	If "Yes," explain the arrangement in	n Part XIII and comp	plete the followin	g table:			
						Amount	
С	Beginning balance				>		
d	Additions during the year				k		
е	Distributions during the year			16	9		
f	Ending balance			1f			
2a	Did the organization include an am	ount on Form 990,	Part X, line 21,	for escrow or o	custodial account li	ability? Yes	X No
b	If "Yes," explain the arrangement in						
1	rt V Endowment Funds.		•				
	Complete if the organiza	tion answered "Ye	es" on Form 99	90, Part IV, lin	e 10.		
		(a) Current year	(b) Prior year	(c) Two ye		years back (e) Four y	ears back
1a	Beginning of year balance	297,729,719.	336,519,08	7. 252,274	,995. 249,4	192,859. 271,9	11,308.
_	Contributions	4,189,950.	14,493,11				21,401.
b		1,200,0001			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
С	Net investment earnings, gains,	20 020 055	40 510 41	4 01 712	667 0 0	10 5	02 402
	and losses	20,928,055.	-40,512,41				03,482.
d	Grants or scholarships	1,437,361.	1,376,53	8. 1,297	,800. 1,2	264,073. 1,2	36,088.
е	Other expenditures for facilities						
	and programs	8,566,234.	8,301,48	6. 8,860	,037. 8,6	527,772. 10,6	74,984.
f	Administrative expenses	3,489,603.	3,092,04	9. 2,271	,437. 2,3	348,150. 25,0	32,260.
g	End of year balance	309,354,526.	297,729,71	9. 336,519	,087. 252,2	274,995. 249,4	92,859.
2	Provide the estimated percentage			e 1g, column (a)) held as:		
а	Board designated or quasi-endowm		%				
b	Permanent endowment 54.00	<u>)0</u> %					
С	Term endowment <u>14.0000</u> %						
	The percentages on lines 2a, 2b, a	nd 2c should equal '	100%.				
3a	Are there endowment funds not in	the possession of the	ne organization	that are held a	nd administered fo		
	organization by:					Y	es No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations					3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on	Schedule R? .			
4	Describe in Part XIII the intended u	ises of the organiza	tion's endowme	nt funds.			
Ра	rt VI Land, Buildings, and Equ	ipment.					10
	Complete if the organiza Description of property	(a) Cost or		90, Part IV, III Cost or other basis	(c) Accumulated	(d) Book valu	
	Description of property	(inves		(other)	depreciation	(d) BOOK Vaid	
1a	Land						
b	Buildings		NONE	6,714,477.	2,473,415	4,241	,062.
с	Leasehold improvements		NONE	3,272,311.			,441.
d	Equipment		NONE	4,595,844.			3,526.
e	Other			, ,			
-	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X. co	olumn (B). line :	10c.)	6.230	,029.
			, ,	1 //	/ * * * * * * * *	. 0,200	, •

Schedule D (Form 990) 2022

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	19,494,938.	COST
(B) OTHER NON-PUBLIC INVESTMENTS	314,702,814.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	334,197,752.	

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)LEASE LIABILITY 14,234,770. (3)MONTPELIER FOUNDATION ENDOWMENT 9,170,219. (4) ENDOW. FOR CONGRESSIONAL CEMETERY 5,846,390. (5)GIFT ANNUITIES 1,794,735. (6)OTHER LIABILITIES 1,048,983. (7) OTHERS-BELLE GROVE ENDOWMENT 749,746. (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 32,844,843.

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 .

	ILE D (Form 990) 2022 NATIONAL TRUST FOR HISTORIC PRESERVATION	53-	-0210807 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	96,457,326.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 1,174,130.		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	13,507,184.
3	Subtract line 2e from line 1	3	82,950,142.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 689, 866.		
b	Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b		4c	689,866.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	83,640,008.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	61,959,085.
1 2	Total expenses and losses per audited financial statements	1	61,959,085.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	61,959,085.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	1	61,959,085.
2 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	1	61,959,085.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther losses	1	61,959,085.
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)	1 2e	61,959,085.
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2d	-	
2 a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1	2e	1,689,276.
2 b c d 3	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2d	2e	1,689,276.
2 b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:	2e	1,689,276.
2 b c d 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a689,866.	2e	1,689,276.
2 b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a689,866.4b	2e 3	1,689,276. 60,269,809.

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

SCHEDULE D, PART II, LINE 4:

NUMBER OF STATES WHERE PROPERTIES SUBJECT TO CONSERVATION EASEMENTS ARE LOCATED WAS 26 PLUS THE DISTRICT OF COLUMBIA FOR A TOTAL OF 27.

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 ALSO HAS STANDARD OPERATING PROCEDURES TO PROVIDE GUIDANCE TO THE ORGANIZATION'S STAFF ON THE PROCEDURES FOR ADMINISTERING ITS EASEMENT PROGRAM. 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. 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
 Schedule D (Form 990) 2022
 NATIONAL TRUST FOR HISTORIC PRESERVATION

 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.

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

Schedule D (Form 990) 2022	NATIONAL	TRUST	FOR	HISTORIC	PRESERVATION
Part XIII Supplemental	Information (co.	ntinued)			

TRUST IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR ENDED JUNE 30, 2020 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:	\$ (937,148)
COST OF GOODS	SOLD:	\$ 260,652
SPECIAL EVENT	EXPENSE:	\$ 254,493
TOTAL:		\$ (422,002)

SCHEDULE D, PART XII, LINE 2D:

COST OF GOODS SOLD:	\$ 260,652
FUNDRAISING EXPENSE:	\$ 254,493
TOTAL:	\$ 515,146

SCHEDULE F	Statement of Activities Outside the United St	ates	OMB No. 1545-0047				
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15						
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Attach to Form 990. . <i>irs.gov/Form990</i> for instructions and the latest information.					
Name of the organization NA^{\prime}	Employer ide	ntification number					
IN THE UNITED ST	ATES	53-02	10807				
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizati	on answered "Yes" on				
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to					

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		125,159,717.
(2) EUROPE	NONE	NONE	INVESTMENTS		374,683.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					
11)					
12)					
13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal b Total from continuation	NONE	NONE			125,534,400
sheets to Part I c Totals (add lines 3a and 3b)	NONE	NONE			125,534,400

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 2E1274 1.000 Schedule F (Form 990) 2022

NATIONAL TRUST FOR HISTORIC PRESERVATION

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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	er total number of recipient or	ganizations listed ab	oove that are recognized a	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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

Page **2**

53-0210807

Part III

53-0210807

Page 3

(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)							
5)							
6)							
7)							
18)							

Schedule F (Form 990) 2022

Schedule F (Fo	rm 990) 2022	NATIONAL	TRUST	FOR	HISTORIC	PRESERVATION	53-0210807	Page 4
Part IV	Foreign Fo	orms						

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i>		Yes	X 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	X 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)	X	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	X 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)	X	Yes	No 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	X No

Schedule F (Form 990) 2022

SCHEDULE G		Information Re he organization answer					OMB No. 1545-0047
(Form 990)	Complete in t	5, 01 II the	2022				
Department of the Treasury Internal Revenue Service	Go	Attach to to www.irs.gov/Form9		or Form 990 uctions and t			Open to Public Inspection
Name of the organization	NATIONAL TRUS	ST FOR HISTOR	IC PRES	SERVATI	ON	Employer identificati	
IN THE UNITED S						53-02108	
	g Activities. Comp EZ filers are not re	•			Yes" on Form 99	90, Part IV, line 1	7.
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
a X Mail solicita	tions	е			non-government g		
	email solicitations	f			government grant	S	
c X Phone solici		g	X Spe	cial fundra	ising events		
d X In-person so							
	s listed in Form 990	, Part VII) or entity	in connec	ction with p	professional fundra	ising services?	X Yes No
•	10 highest paid individent individent terms in the field of the field		(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
(i) Name and addr or entity (fu		(ii) Activity	custody of	ndraiser have or control of butions?	(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
SEE SUPPLEMENT	TNFORMATION		Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
3 List all states in registration or lic	which the organization	tion is registered o	r license	d to solicit	contributions or	470,326 has been notified	
AL, AK, AZ, AR, CA,	5		TN				
IA, KS, KY, LA, ME, I				NM NY N	C ND OH		
OK, OR, PA, RI, SC,					C, MD, 011,		
,,,,_,_,,,,,,,,,,,,,,,,,,,,,		<u> </u>	,				

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.

		gloss receipts greater than \$5,00	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ART AUCTION	GLASS HOUSE	3	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	4,399,253.	433,945.	129,595.	4,962,793.
R	2	Less: Contributions	4,399,253.	389,750.	47,480.	4,836,483.
	3	Gross income (line 1 minus				
		line 2)		44,195.	82,115.	126,310.
	4	Cash prizes				
	-	New sector sectors				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Expe	7	Food and beverages				
ŝĊ						
Ē	8	Entertainment				
	9	Other direct expenses		166,234.	88,260.	254,494.
	10	Direct expense summary. Add lin	nes 4 through 9 in col	umn (d)		254,494.
	11	Net income summary. Subtract I	line 10 from line 3, col	lumn (d)		-128,184.
Pa	rt II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
		¢10,000 011 0111 000 22, 111		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
Å	1	Gross revenue				
es	2	Cash prizes				
ens						
ăX.	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
ā	5					
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	Yes %		Yes% No	
	7	Direct expense summary. Add lir	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9		Enter the state(s) in which the org				
a		s the organization licensed to con	duct gaming activities	in each of these state	es?	Yes No
k)	f "No," explain:				
	_					
	_					
10a		Were any of the organization's gaming	g licenses revoked, sus	pended, or terminated du	iring the tax year?	Yes No
k		f "Yes," explain:				
	-					

Schedule G (Form 990) 2022

Sched	ule G (Form 990 or 990-EZ) 2022 NATIONAL TRUST FOR HISTORIC PRESERVATION 53-0210807 Page
11	Does the organization conduct gaming activities with nonmembers?
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:
а	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright
	amount of gaming revenue retained by the third party ► \$
С	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:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 🕨 \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
SCH	EDULE G, PART II, EVENT TYPE:
(C)	OTHER EVENT: LYNDHURST/FARNSWORTH/WOODLAWN EVENTS
· ~ /	

NATIONAL TRUST FOR HISTORIC PRESERVATION

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?

- AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 254,326.
- AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -254,326.

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 : 216,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -216,000.

STATEMENT 1

SCHEDULE I			Assistance t				OMB No. 1545-0047
(Form 990)	Governme	nts, and Ir	ndividuals ir	n the United	d States		2022
	Complete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		Att	ach to Form 990.				Open to Public
Internal Revenue Service	Go to	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization NATIONAL TRUST FC	OR HISTORIC P	RESERVATION	1			Employer identificat	tion number
IN THE UNITED STATES						53-0210807	,
Part I General Information on Grant	s and Assistance	e					
1 Does the organization maintain records	to substantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the			-	-			X Yes No
2 Describe in Part IV the organization's p	rocedures for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance	to Domestic Or	nanizations ar	d Domestic Gov	ernments Com	nlete if the organiz	ation answered "	es" on Form 990
Part IV, line 21, for any recipie		•					
				•	•		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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 CONGRESSION	AL						HISTORIC
1801 E. STREET, SE WASHINGTON, DC 20003	52-1071828	501(C)(3)	536,660.				PRESERVATION
(2) FIRST BAPTIST CHURCH ASHEVILLE							HISTORIC
5 OAK STREET ASHEVILLE, NC 28801	56-0554211	501(C)(3)	250,000.				PRESERVATION
(3) HERITAGE FUND BARTHOLOMEW							HISTORIC
538 FRANKLIN STREET COLUMBUS, IN 47201	35-1343903	501(C)(3)	250,000.				PRESERVATION
(4) LAFAYETTE AVE PRESBYTERIAN							HISTORIC
85 S OXFORD STREET BROOKLYN, NY 11238	11-1633515	501(C)(3)	250,000.				PRESERVATION
(5) OLD PINE STREET CHURCH							HISTORIC
412 PINE STREET PHILADELPHIA, PA 19106	23-2631389	501(C)(3)	250,000.				PRESERVATION
(6) ST. PAUL'S CHURCH							HISTORIC
310 MONTGOMERY STREET SYRACUSE, NY 13202	15-0532151	501(C)(3)	250,000.				PRESERVATION
(7) BURK'S CHAPEL AME CHURCH							HISTORIC
635 OHIO STREET PADUCAH, KY 42003	61-1136913	501(C)(3)	200,000.				PRESERVATION
(8) CONGREGATIONAL CHURCH OF CHRISTIAN FLLWS	SHP						HISTORIC
2085 SOUTH HOBART LOS ANGELES, CA 90018	95-2111152	501(C)(3)	200,000.				PRESERVATION
(9) HISTORIC BROWN CHAPEL AME							HISTORIC
117 LANDLINE ROAD SELMA, AL 36701	27-0790354	501(C)(3)	200,000.				PRESERVATION
(10) OLD SHIP A.M.E. ZION CHURCH							HISTORIC
483 HOLCOMBE STREET MONTGOMERY, AL 36104	63-0988510	501(C)(3)	200,000.				PRESERVATION
(11) PLEASANT STREET CIVIL RIGHTS & CULTURAL	ART						HISTORIC
5429 SW. 89TH STREET OCALA, FL 34476	87-1523824	501(C)(3)	200,000.				PRESERVATION
(12) SIXTEENTH STREET BAPTIST CHURCH, INC.							HISTORIC
1530 SIXTH AVENUE, N BIRMINGHAM, AL 35203	63-0397962		200,000.				PRESERVATION
2 Enter total number of section 501(c)(3)	•	•					216
3 Enter total number of other organization	ns listed in the line	1 table					21

Schedule I (Form 990) 2022

SCHEDULE I	Grants ar	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
			ndividuals ir	•			2022
Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury	-	Att	tach to Form 990.				Open to Public
Internal Revenue Service	Go te	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization NATIONAL TRUST FOR HISTORIC	PRESERVATION					Employer identific	ation number
IN THE UNITED STATES						53-0210807	
Part I General Information on Grants an	d Assistance	e					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, an	d
the selection criteria used to award the gran	ts or assistanc	e?					Yes No
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	anizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered	'Yes" on Form 990.
Part IV, line 21, for any recipient t							
				•	•		(1) D
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SCOTLAND AFRICAN METHODIST ZION CHURCH							HISTORIC
10902 SEVEN LOCKS ROAD POTOMAC, MD 20850	52-1759384	501(C)(3)	200,000.				PRESERVATION
(2) VARICK MEMORIAL AFRICAN METHODIST CHURCH							HISTORIC
806 QUINCY STREET BROOKLYN, NY 11221	74-3202146	501(C)(3)	200,000.				PRESERVATION
(3) FIRST BRYAN BAPTIST CHURCH							HISTORIC
575 W BRYAN STREET SAVANNAH, GA 31401	58-1224414	501(C)(3)	175,000.				PRESERVATION
(4) FILOLI CENTER INC.							HISTORIC
86 CANADA ROAD WOODSIDE, CA 94062	95-2996648	501(C)(3)	162,800.				PRESERVATION
(5) FIRST BAPTIST CHURCH OF HAYNEVILLE, INC.							HISTORIC
361 PINE STREET HAYNEVILLE, AL 36040	63-1217915	501(C)(3)	160,000.				PRESERVATION
(6) HUALAPAI TRIBE							HISTORIC
941 HUALAPAI WAY PEACH SPRINGS, AZ 86434	86-0092282	501(C)(3)	158,000.				PRESERVATION
(7) BIG NFP	_						HISTORIC
6011 S. ST LAWRENCE CHICAGO, IL 60637	45-2453557	501(C)(3)	153,278.				PRESERVATION
(8) ANNE SPENSER HOUSE	_						HISTORIC
1313 PIERCE STREET LYNCHBURG, VA 24501	52-1470973	501(C)(3)	150,000.				PRESERVATION
(9) BROWN CHAPEL AME	_						HISTORIC
1400 BOYLE STREET PITTSBURGH, PA 15212	25-1899818	501(C)(3)	150,000.				PRESERVATION
(10) CITY OF CHICAGO DEPT OF PLANNING & DEVELOP	_						HISTORIC
121 NORTH LASALLE CHICAGO, IL 60620	36-6005820	GOVERNMENT	150,000.				PRESERVATION
(11) CORY UNITED METHODIST CHURCH	_						HISTORIC
1117 E 105TH STREET CLEVELAND, OH 44108	34-6004310	501(C)(3)	150,000.				PRESERVATION
(12) SECOND BAPTIST CHURCH (CA)	4						HISTORIC
2412 GRIFFITH AVENUE LOS ANGELES, CA 90011		501(C)(3)	150,000.				PRESERVATION
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations lis	ted in the line	1 table			<u></u>		

SCHEDULE I Grants and Other Assistance to Organizations,								
(Form 990)	Go	overnmei	nts, and Ir	ndividuals in wered "Yes" on F	n the United	d States		2022
	•••…		-	tach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service		Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization NAT	TIONAL TRUST FOR HISTORIC	PRESERVATION					Employer identificat	ion number
IN THE UNITED STATES							53-0210807	
Part I General In	formation on Grants an	d Assistanc	e					
the selection crite 2 Describe in Part I	ation maintain records to s ria used to award the gran V the organization's proce	ts or assistand dures for mor	e? hitoring the use	of grant funds in the	e United States.			Yes No
	d Other Assistance to E e 21, for any recipient t		-					/es" on Form 990,
	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TACOMA CITY ASSOC.	OF COLORED WOMEN INC.							HISTORIC
2316 YAKIMA AVENUE TACC	DMA, WA 98405	91-0871113	501(C)(3)	150,000.				PRESERVATION
(2) THE FIRST AFRICAN E	BAPTIST CHURCH							HISTORIC
601 NEW STREET BEAUFORT	F, SC 29902	57-1019152	501(C)(3)	150,000.				PRESERVATION
(3) BILLY WEBB ELKS LOI	DGE #1050							HISTORIC
6 N TILLAMOOK STREET PO	ORTLAND, OR 97211	80-0501574	501(C)(3)	140,000.				PRESERVATION
(4) STILLMAN COLLEGE								HISTORIC
3601 STILLMAN BLVD. TUS	SCALOOSA, AL 35401	63-0315935	501(C)(3)	135,000.				PRESERVATION
(5) ASBURY PARK-AFRICAN	N AMERICAN							HISTORIC
1403 3RD AVE. ASBURY PA	ARK, NE 07712	83-2203838	501(C)(3)	125,000.				PRESERVATION
(6) CENTRAL PRESBYTERIA	AN CHURCH							HISTORIC
70 MAPLE STREET SUMMIT,	, NJ 07901	22-1494432	501(C)(3)	125,000.				PRESERVATION
(7) HISTORIC SHILOH MIS	SSIONARY BAPTIST CHURCH							HISTORIC
7 SHILOH ROAD NOTASULGA	A, AL 36866	62-1323460	501(C)(3)	120,000.				PRESERVATION
(8) THE WHITNEY INSTITU	UTE							HISTORIC
5099 HIGHWAY 18 WALLACE	E, LA 70049	47-4417039	501(C)(3)	100,825.				PRESERVATION
(9) CITY OF BELTON TEXA	AS							HISTORIC
P.O. BOX 120 BELTON, TX	X 76513	74-6000356	GOVERNMENT	100,000.				PRESERVATION
(10) DETROIT SOUND CONSE	ERVANCY							HISTORIC
440 BURROUGHS, SUITE 19	95 DETROIT, MI 48202	47-1039285	501(C)(3)	100,000.				PRESERVATION
(11) DEVELOP LOUISVILLE								HISTORIC
444 S. 5TH STREET LOUIS	SVILLE, KY 40202	32-0049006	501(C)(3)	100,000.				PRESERVATION
(12) EBENEZER AME ZION								HISTORIC
1716 23RD AVENUE SEATTI			501(C)(3)	100,000.				PRESERVATION
	er of section 501(c)(3) and	-	-					
3 Enter total numbe	er of other organizations lis	sted in the line	1 table			<u></u>		

Schedule I (Form 990) 2022

SCHEDULE I	G	tions,		OMB No. 1545-0047				
(Form 990)	Go	vernmei	nts, and Ir	ndividuals in wered "Yes" on F	n the United	d States		2022
	-			tach to Form 990.	,,,			Open to Public
Department of the Treasury Internal Revenue Service		Go te		Form990 for the la	test information.			Inspection
Name of the organization NATIONAL	TRUST FOR HISTORIC P	RESERVATION					Employer identificat	ion number
IN THE UNITED STATES							53-0210807	
Part I General Informa	ation on Grants and	d Assistanc	e				·	
1 Does the organization m	naintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria use				-	-			Yes No
2 Describe in Part IV the o	organization's proced	lures for mor	nitoring the use	of grant funds in the	e United States.			
	er Assistance to De for any recipient th		-					es" on Form 990,
1 (a) Name and address or governme		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EBENEZER MISSIONARY BAPTI	IST							HISTORIC
4501 S VINCENNES AVENUE CHICA	AGO, IL 60653	36-2423240	501(C)(3)	100,000.				PRESERVATION
(2) FOUNDATION APPALACHIAN OF	H							HISTORIC
35 PUBLIC SQUARE NELSONVILLE,	, ОН 45764	31-1620483	501(C)(3)	100,000.				PRESERVATION
(3) HOLY AID AND COMFORT SPIR	RITUAL CHURCH							HISTORIC
1644 N. VILLERE ST. NEW ORLEA	ANS, LA 70116	36-4658770	501(C)(3)	100,000.				PRESERVATION
(4) LET FREEDOM RING FOUNDATI	ION							HISTORIC
727 SCOTLAND STREET WILLIAMSE	BURG, VA 23185	83-1053673	501(C)(3)	100,000.				PRESERVATION
(5) MANZANOLA UNITED METHODIS	ST							HISTORIC
P.O. BOX 32 MANZANOLA, CO 810	058	34-1980209	501(C)(3)	100,000.				PRESERVATION
(6) OKAHUMPKA COMMUNITY CLUB								HISTORIC
P.O. BOX 174 OKAHUMPKA, FL 34	4762	26-4286119	501(C)(3)	100,000.				PRESERVATION
(7) PROJECT ROW HOUSES								HISTORIC
P.O. BOX 1011 HOUSTON, TX 772	251	76-0411778	501(C)(3)	100,000.				PRESERVATION
(8) REEDY CHAPEL AME CHURCH								HISTORIC
P.O. BOX 16047 GALVESTON, TX	77552	76-0328755	501(C)(3)	100,000.				PRESERVATION
(9) ST. JAMES AME CHURCH								HISTORIC
419 S. 8TH STREET MAYFIELD,	KY 42066	62-1421651	501(C)(3)	100,000.				PRESERVATION
(10) ST. RITA CATHOLIC CHURCH		1						HISTORIC
1733 DR. ANDREW AVE INDIANAE	POLIS, IN 46202	35-0869038	501(C)(3)	100,000.				PRESERVATION
(11) ST. STEPHEN A.M.E. CHURCH	H	4						HISTORIC
501 RED CROSS STREET WILMINGT		56-6146372	501(C)(3)	100,000.				PRESERVATION
(12) WESLEY TEMPLE AME ZION CH	HURCH	4						HISTORIC
104 NORTH PROSPECT STREET AKE			501(C)(3)	100,000.				PRESERVATION
2 Enter total number of se		•	•					
3 Enter total number of ot	ther organizations list	ed in the line	1 table					

Schedule I (Form 990) 2022

SCHEDULE I		OMB No. 1545-0047						
(Form 990)	G	overnmei	nts, and Ir	Assistance t ndividuals in wered "Yes" on F	n the United	d States		2022
	001		-	tach to Form 990.		, 1110 21 01 22.		Open to Public
Department of the Treasury Internal Revenue Service		Go t		Form990 for the la	test information.			Inspection
Name of the organization N	ATIONAL TRUST FOR HISTORIC	PRESERVATION	U				Employer identifi	cation number
IN THE UNITED STATES							53-0210807	
Part I General I	nformation on Grants ar	nd Assistanc	e					
 Does the organiz the selection crit Describe in Part 	zation maintain records to s eria used to award the grar IV the organization's proce	nts or assistance adures for mor	e? hitoring the use	of grant funds in the	e United States.			Yes No
	nd Other Assistance to I		-					"Yes" on Form 990,
Part IV, III	ne 21, for any recipient	that received	more than \$5	,000. Part II can t		•		
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WHIRLWIND JOHNSON	FOUNDATION							HISTORIC
P.O. BOX 6293 RICHMON	D, VA 23230	47-2482919	501(C)(3)	100,000.				PRESERVATION
(2) JAMES WELDON JOHN	SON							HISTORIC
101 ALFORD ROAD EAT BA		81-2932928	501(C)(3)	96,000.				PRESERVATION
(3) MISSISSIPPI HERIT	AGE TRUST							HISTORIC
P.O. BOX 577 JACKSON,	MS 39205	58-2020318	501(C)(3)	94,000.				PRESERVATION
(4) SHAW UNIVERSITY								HISTORIC
118 E. SOUTH STREET RA	ALEIGH, NC 27601	56-0530235	501(C)(3)	90,000.				PRESERVATION
(5) CLIVEDEN INC.								HISTORIC
6401 GERMANTOWN AVE. 1	PHILADELPHIA, PA 19144	23-2232675	501(C)(3)	88,096.				PRESERVATION
(6) EAST MOUNT ZION B	APTIST							HISTORIC
9990 EUCLID AVENUE CL	EVELAND, OH 44106	34-1432055	501(C)(3)	85,000.				PRESERVATION
(7) MONTPELIER FOUNDA	TION							HISTORIC
P.O. BOX 67 MONTPELIE	R STATION, VA 22957	31-1620682	501(C)(3)	83,527.				PRESERVATION
(8) HALLTOWN MEMORIAL	CHAPEL ASSOCIATION							HISTORIC
RURAL ROUTE 230 HALLTO	OWN, WV 23414	55-0773244	501(C)(3)	80,000.				PRESERVATION
(9) WILLIAMS DUMAS BU	ILDING REST							HISTORIC
707 FRANKLIN ST. NATC	HEZ, MI 39120	87-3574800	501(C)(3)	80,000.				PRESERVATION
(10) ANYONE CAN FLY FOR	UNDATION							HISTORIC
127 JONES ROAD ENGLEW	OOD, NJ 07631	22-3762980	501(C)(3)	75,000.				PRESERVATION
(11) HISTORIC KAPPA HO	USE							HISTORIC
P.O. BOX 90473 WASHING	GTON, DC 20090	53-0205684	501(C)(3)	75,000.				PRESERVATION
(12) HISTORIC PRESERVA	TION CORP.							HISTORIC
1124 S. 18TH STREET C		42-1471954		75,000.				PRESERVATION
	er of section 501(c)(3) and	-	-					
3 Enter total numb	er of other organizations list	sted in the line	1 table			<u></u>		

SCHEDULE I	Grants ar	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047
(Form 990) Go	vernmei	nts, and Ir	ndividuals in	n the United	d States		2022
Com	Diete if the of	-	wered "Yes" on F tach to Form 990.	orm 990, Part IV,	, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service	Go t		Form990 for the la	test information.			Inspection
Name of the organization NATIONAL TRUST FOR HISTORIC F	RESERVATION					Employer identifica	ation number
IN THE UNITED STATES						53-0210807	
Part I General Information on Grants and	d Assistanc	e				·	
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	ł
the selection criteria used to award the grant			-	-			Yes No
2 Describe in Part IV the organization's proceed							
Part II Grants and Other Assistance to D	omestic Or	nanizations ar	d Domestic Gov	ernments Com	nlete if the organiz	ation answered "	Yes" on Form 990
Part IV, line 21, for any recipient th		-					
	1			•	•		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LEE HAVEN UNITED METHODIST CHURCH							HISTORIC
413 BLACKBIRD LANDING TOWNSEND, DE 19734	51-0336941	501(C)(3)	75,000.				PRESERVATION
(2) LOUIS ARMSTRONG HOUSE							HISTORIC
34-56 107TH STREET CORONA, NY 11368	26-4178283	501(C)(3)	75,000.				PRESERVATION
(3) ROBERTS CHAPEL CHURCH & BURIAL ASSOCIATION							HISTORIC
P.O. BOX 561 NOBLESVILLE, IN 46061	35-1595534	501(C)(3)	75,000.				PRESERVATION
(4) PRESIDENT LINCOLN'S COTTAGE							HISTORIC
3700 N.CAPITOL STREET WASHINGTON, DC 20011	47-1453864	501(C)(3)	61,758.				PRESERVATION
(5) LATINOS IN HERITAGE CONSERVATION							HISTORIC
5349 S GILA AVENUE TUCSON, AZ 85746	84-3204802	501(C)(3)	60,000.				PRESERVATION
(6) ROUTE 66 ROAD AHEAD							HISTORIC
114 SW. ARCH STREET ATLAUTA, IL 61723	81-3387871	501(C)(3)	60,000.				PRESERVATION
(7) NEW BERN PRESERVATION							HISTORIC
510-B POLLOCK STREET NEW BERN, NC 28563	23-7276105	501(C)(3)	59,000.				PRESERVATION
(8) PRESERVATION PENNSYLVANIA INC.							HISTORIC
257 NORTH STREET HARRISBURG, PA 17101	23-2219097	501(C)(3)	55,957.				PRESERVATION
(9) CLEVELAND RESTORATION SOCIETY							HISTORIC
3751 PROSPECT AVENUE CLEVELAND, OH 44115	23-7218767	501(C)(3)	55,000.				PRESERVATION
(10) OLD SARDIS REVITALIZATION CDC							HISTORIC
1240 4TH STREET, N BIRMINGHAM, AL 35204	46-1532435	501(C)(3)	55,000.				PRESERVATION
(11) SOUTH SIDE COMMUNITY ART CTR							HISTORIC
3831 S MICHIGAN AVENUE CHICAGO, IL 60653	23-7359897	501(C)(3)	55,000.				PRESERVATION
(12) BALL STATE UNIVERSITY	4						HISTORIC
2000 W UNIVERSITY AVENUE MUNCIE, IN 47306	35-6000221		50,000.				PRESERVATION
2 Enter total number of section 501(c)(3) and	•	•					
3 Enter total number of other organizations list	ed in the line	1 table					

SCHEDULE I		Grants ar	nd Other A	Assistance t	o Organiza	tions.		OMB No. 1545-0047
(Form 990)	Go	vernmei	nts, and Ir	ndividuals in wered "Yes" on F	n the United	d States		2022
Demonstrate of the Transmiss			-	tach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service		Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization N	ATIONAL TRUST FOR HISTORIC I						Employer identificat	on number
IN THE UNITED STATES							53-0210807	
Part I General I	nformation on Grants and	d Assistanc	9					
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
	eria used to award the grant							Yes No
2 Describe in Part	IV the organization's proceed	dures for mor	itoring the use	of grant funds in the	United States.			
	nd Other Assistance to D		-			nlete if the organiz	ation answered "Y	es" on Form 990
	ne 21, for any recipient the		-					
					•			
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BRUCEMORE INC.								HISTORIC
2160 LINDEN DR, SE CEI	DAR RAPIDS, IA 52403	42-1170531	501(C)(3)	50,000.				PRESERVATION
(2) BUFFALO SOLDIERS 1	NATIONAL MUSEUM							HISTORIC
3816 CAROLINE STREET 1	HOUSTON, TX 77004	76-0658661	501(C)(3)	50,000.				PRESERVATION
(3) CHUBB CHAPEL UNIT	ED METHODIST							HISTORIC
P.O. BOX 771 CAVE SPR	ING, GA 30124	58-2220861	501(C)(3)	50,000.				PRESERVATION
(4) CITY OF TARPON SPI	RINGS							HISTORIC
324 E PINE STREET TAR	PON SPRINGS, FL 34689	59-6000437	GOVERNMENT	50,000.				PRESERVATION
(5) DAUFUSKIE ISLAND	GULLAH							HISTORIC
P.O. BOX 93 DAUFUSKIE	ISLAND, SC 29915	84-2610397	501(C)(3)	50,000.				PRESERVATION
(6) FIRST IMMANUEL LU	THERAN CHURCH CHICAGO							HISTORIC
1124 S. ASHLAND AVENU	E CHICAGO, IL 60607	36-6008129	501(C)(3)	50,000.				PRESERVATION
(7) FLORIDA BLACK HIS	TORICAL							HISTORIC
80 NW 51ST STREET MIA	MI, FL 33127	65-0658184	501(C)(3)	50,000.				PRESERVATION
(8) HART ISLAND PROJE	СТ							HISTORIC
P.O. BOX 4327 NEW YOR	K, NY 10163	27-5559861	501(C)(3)	50,000.				PRESERVATION
(9) LANE COLLEGE								HISTORIC
545 LANE AVENUE JACKS	ON, TN 38301	62-0570060	501(C)(3)	50,000.				PRESERVATION
(10) LEAKE TEMPLE AME								HISTORIC
430 N HOYT STREET ANC		92-0108558	501(C)(3)	50,000.				PRESERVATION
(11) MATHEWSON STREET	CHURCH							HISTORIC
134 MATHEWSON STREET	PROVIDENCE, RI 02903	05-0512660	501(C)(3)	50,000.				PRESERVATION
(12) MATHEWSON ST UNIT	ED METHODIST							HISTORIC
P.O. BOX 6046 PROVIDE		05-0258904		50,000.				PRESERVATION
	per of section 501(c)(3) and	-	•					
	er of other organizations list					<u></u>		
For Paperwork Reduction	on Act Notice, see the Instruct	ions for Form 9	90.				Sc	hedule I (Form 990) 2022:

SCHEDULE I	(Grants ar	nd Other A	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047
(Form 990)	Go	overnmei	nts, and Ir	ndividuals in wered "Yes" on F	n the United	d States		2022
			-	tach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service		Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization NAT	TIONAL TRUST FOR HISTORIC	PRESERVATION					Employer identificat	ion number
IN THE UNITED STATES							53-0210807	
Part I General Inf	formation on Grants and	d Assistance	e					
1 Does the organiza	tion maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
	ria used to award the grant							Yes No
	/ the organization's procee							
	I Other Assistance to D e 21, for any recipient t		-			additional space is r		′es" on Form 990,
	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEDGAR & MYRLIE EVE	RS INS							HISTORIC
P.O. BOX 13222 JACKSON,		93-1238641	501(C)(3)	50,000.				PRESERVATION
(2) MICHIGAN STREET AA	HERITAGE							HISTORIC
111 GENESEE ST, STE 401		27-1273797	501(C)(3)	50,000.				PRESERVATION
(3) NATIONAL COAL HERIT	AGE AREA AUTH							HISTORIC
P.O. BOX 15 OAK HILL, W		55-0865745	501(C)(3)	50,000.				PRESERVATION
(4) NEW MEXICO HISTORIC	PRESERVATION DIVISION							HISTORIC
407 GALISTEO ST, STE 23	6 SANTA FE, NM 87501	85-6000565	501(C)(3)	50,000.				PRESERVATION
(5) ELAINE LEGACY CENTE	R							HISTORIC
P.O. BOX 42 ELAINE, AR	72333	84-2992317	501(C)(3)	49,567.				PRESERVATION
(6) CINEFEMME								HISTORIC
1507 7TH STREET SANTA M	IONICA, CA 90401	52-2374579	501(C)(3)	48,000.				PRESERVATION
(7) COUNTY OF EL PASO								HISTORIC
800 E. OVERLAND STE 406	EL PASO, TX 79901	74-6000762	501(C)(3)	43,374.				PRESERVATION
(8) CARLITO'S SOUL KITC	HEN	_						BACKING HISTORIC
753 MAIN STREET WHEELIN	IG, WV 26003	87-2113384		40,000.				SMALL RESTAURANTS
(9) CARMEN'S ICECREAM I	NC. DBA FREIGHTHOUSE MKT	_						BACKING HISTORIC
1000 BROAD STREET LYNDO	NVILLE, VT 05851	03-0364283		40,000.				SMALL RESTAURANTS
(10) COZY INN RESTAURANT		_						BACKING HISTORIC
214 W. MILWAUKEE ST. JA	NESVILLE, WI 53548	81-0827462		40,000.				SMALL RESTAURANTS
(11) CROISSANT CONSORTIU	M DBA THE HUNGARIAN PAST	_						BACKING HISTORIC
1030 AMSTERDAM AVENUE N		13-2865751		40,000.				SMALL RESTAURANTS
(12) DELGADILLO'S SNOW C	AP	_						BACKING HISTORIC
22235 W. ROUTE 66 SELIG		20-2689402		40,000.				SMALL RESTAURANTS
	r of section 501(c)(3) and							
3 Enter total number	r of other organizations lis	ted in the line	1 table					

For	Рар
JSA	

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.

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION

IN THE UNITED STATES

Department of the Treasury

Internal Revenue Service

SCHEDULE I

(Form 990)

General Information on Grants and Assistance Part I

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EL ADOBE, INC.							BACKING HISTORIC
472 S. MISSISSIPPI AVENUE ATOKA, OK 74525	73-1292605		40,000.				SMALL RESTAURANTS
(2) FAR EAST CAFE							BACKING HISTORIC
631 GRANT AVENUE SAN FRACISCO, CA 94108	94-3336827		40,000.				SMALL RESTAURANTS
(3) FISHSCALE INC DBA FISHSCALE							BACKING HISTORIC
637 FLORIDA AVE. NW WASHINGTON, DC 20001	81-2055369		40,000.				SMALL RESTAURANTS
(4) FLESOR'S CANDY KITCHEN							BACKING HISTORIC
101 WEST SALE STREET TUSCOLA, IL 61953	36-2205822		40,000.				SMALL RESTAURANTS
(5) GOLD HILL HOTEL MGMNT. LLCDBA CROWN POINT							BACKING HISTORIC
1540 SOUTH MAIN ST. VIRGINIA CITY, NV 89440	86-1549876		40,000.				SMALL RESTAURANTS
(6) HANDS ON HARTFORD INC. DBA GATHER55							BACKING HISTORIC
55 BARTHOLOMEW AVENUE HARTFORD, CT 06109	06-0861268		40,000.				SMALL RESTAURANTS
(7) HOLLY MANAGEMENT INC. DBA THE HOLLY HOTEL							BACKING HISTORIC
110 BATTLE ALLEY HOLLY, MI 48442	38-2257367		40,000.				SMALL RESTAURANTS
(8) JEFF'S DRIVE IN, INC.							BACKING HISTORIC
3901 N CICERO AVENUE CHICAGO, IL 60641	36-3513932		40,000.				SMALL RESTAURANTS
(9) JOHNNY'S BBQ							BACKING HISTORIC
139 MAUREEN CR MAPLEVILLE, RI 02839	82-1294573		40,000.				SMALL RESTAURANTS
(10) KELLY'S GINGERNUT PUB							BACKING HISTORIC
133 MASON AVENUE CAPE CHARLES, VA 23310	41-2141966		40,000.				SMALL RESTAURANTS
(11) MITLA CAFE							BACKING HISTORIC
602 MT. VERNON AVE SAN BERNARDINO, CA 92411	46-1608069		40,000.				SMALL RESTAURANTS
(12) PEKIN CAFE & LOUNGE, INC.							BACKING HISTORIC
117 S. MAIN STREET BUTTE, MT 59701	81-0456096		40,000.				SMALL RESTAURANTS
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 							

Inspection Employer identification number 53-0210807

Schedule I (Form 990) 2022

OMB No. 1545-0047

Open to Public

No

2022

SCHEDULE I	Grants ar	SCHEDULE I Grants and Other Assistance to Organizations,							
(Form 990) Ge	overnmei	nts, and Ir	ndividuals in wered "Yes" on F	n the United	d States		2022		
		-	tach to Form 990.	onn 550, i art iv,	, III = 21 01 22.		Open to Public		
Department of the Treasury Internal Revenue Service	Go te		Form990 for the la	test information.			Inspection		
Name of the organization NATIONAL TRUST FOR HISTORIC	PRESERVATION					Employer identificati	on number		
IN THE UNITED STATES						53-0210807			
Part I General Information on Grants ar	nd Assistanc	e							
 Does the organization maintain records to s the selection criteria used to award the grar Describe in Part IV the organization's proce 	nts or assistance odures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No		
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient							es" on Form 990,		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) PNT HOSPITALITY INC. DBA PENTAGOET INN & PU							BACKING HISTORIC		
26 MAIN STREET CASTINE, ME 04421	88-2442103		40,000.				SMALL RESTAURANTS		
(2) RADIUS BREWING COMPANY							BACKING HISTORIC		
610 MERCHANT STREET EMPORIA, KS 66801	46-0897300		40,000.				SMALL RESTAURANTS		
(3) SNOCAP DRIVE-IN							BACKING HISTORIC		
618 WEST AVENUE NORTH AUGUSTA, SC 29841	83-3441148		40,000.				SMALL RESTAURANTS		
(4) TREMONT DEVELOPMENT DBA THE TREEHOUSE							BACKING HISTORIC		
820 COLLEGE AVENUE CLEVELAND, OH 44113	34-1805350		40,000.				SMALL RESTAURANTS		
(5) MAIN STREET ALABAMA							HISTORIC		
880 MONTCLAIR ROAD BIRMINGHAM, AL 35213	27-1847357	501(C)(3)	35,000.				PRESERVATION		
(6) UNIVERSITY OF NEW HAMPSHIRE							HISTORIC		
51 COLLEGE RD. SRVC BLDNG DURHAM, NH 03824	02-6000937	501(C)(3)	30,773.				PRESERVATION		
(7) FDR MEMORIAL LEGACY							HISTORIC		
1629 K ST NW. STE 300 WASHINGTON, DC 20006	46-1931507	501(C)(3)	30,000.				PRESERVATION		
(8) WASHINGTON ST HISTORIC							HISTORIC		
93 4TH AVENUE #645 NEW YORK, NY 10003	46-3951577	501(C)(3)	28,953.				PRESERVATION		
(9) THINK ! CHINATOWN							HISTORIC		
231 W. 29 SUITE 602 NEW YORK, NY 10001	20-0434850	501(C)(3)	27,991.				PRESERVATION		
(10) GRAND RAPIDS PUBLIC MUSEUM							HISTORIC		
272 PEARL STREET NW GRAND RAPIDS, MI 49504	38-2837266	501(C)(3)	26,948.				PRESERVATION		
(11) WASHINGTON TRUST HIST							HISTORIC		
1204 MINOR AVENUE SEATTLE, WA 98101	91-0983680	501(C)(3)	26,881.				PRESERVATION		
(12) UNIVERSITY OF MAINE SYSTEM							HISTORIC		
5717 CORBETT HALL ORONO, ME 04469-5717	01-6000769		25,008.				PRESERVATION		
2 Enter total number of section 501(c)(3) and	•	•							
3 Enter total number of other organizations list	sted in the line	1 table	<u></u>		<u></u>				

OMB No. 1545-0047	7
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SCHEDULE I	CHEDULE I Grants and Other Assistance to Organizations,							OMB No. 1545-0047		
(Form 990)										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury	Attach to Form 990.									
Internal Revenue Service		Inspection								
Name of the organization $_{ m N}$	Employer identificat	ion number								
IN THE UNITED STATES							53-0210807			
Part I General I	nformation on Grants an	d Assistanc	e							
1 Does the organi	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and			
	teria used to award the gran							Yes No		
2 Describe in Part	t IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.					
Part II Grants a	nd Other Assistance to E	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990		
	ne 21, for any recipient t		-							
	• •			-		•				
	nd address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) AM INDIAN COUNCIL	MARIPOSA							HISTORIC		
4630 BEN HUR ROAD MAR	IPOSA, CA 95338	77-0161686	501(C)(3)	25,000.				PRESERVATION		
(2) APPLEGARTH TUBMAN	I MEDICINE							HISTORIC		
607 BRIDGEWAY LANE NA	PLES, FL 34108	32-0628732	501(C)(3)	25,000.				PRESERVATION		
(3) CITY OF ALAMOGORD	00							HISTORIC		
1376 E 9TH STREET ALA	MOGORDO, NM 88310	85-6000099	GOVERNMENT	25,000.				PRESERVATION		
(4) CITY OF PROVIDENC	2E							HISTORIC		
25 DORRANCE STREET PR	OVIDENCE, RI 02903	05-6000329	GOVERNMENT	25,000.				PRESERVATION		
(5) COLORADO PRESERVA	ATION INC.							HISTORIC		
1420 OGDEN ST., # 104	DENVER, CO 80218	74-2403583	501(C)(3)	25,000.				PRESERVATION		
(6) EASTERN SHORE HER	ITAGE, INC.							HISTORIC		
P. O. BOX 727 CHESTER	TOWN, MD 21620	52-2270316	501(C)(3)	25,000.				PRESERVATION		
(7) ELMORE BOLLING IN	IITIATIVE							HISTORIC		
P.O. BOX 83 LOWNDESBO	DRO, AL 36752	35-2333112	501(C)(3)	25,000.				PRESERVATION		
(8) FRIENDS SONS & DA	UGHTERS HAM							HISTORIC		
6734 STUART AVENUE RI	CHMOND, VI 23226	84-2753418	501(C)(3)	25,000.				PRESERVATION		
(9) HISTORIC SOTTERLE	Ŷ							HISTORIC		
44300 SOTTERLEY LANE	HOLLYWOOD, MD 20636	52-6037721	501(C)(3)	25,000.				PRESERVATION		
(10) MAKER SPACE 307								HISTORIC		
2255 BRUNTON CT. STE.	A RIVERTON, WY 82501	84-3048784	501(C)(3)	25,000.				PRESERVATION		
(11) MIAMI DADE COLLEG	E							HISTORIC		
11011 SW. 104TH ST RM	I #9254 MIAMI, FL 33176	59-1210485	501(C)(3)	25,000.				PRESERVATION		
(12) PUI TAK CENTER								HISTORIC		
2216 S. WENTWORTH AVE	NUE CHICAGO, IL 60616	36-3972943	501(C)(3)	25,000.				PRESERVATION		
	per of section 501(c)(3) and	•	•							
3 Enter total numb	per of other organizations lis	ted in the line	1 table	<u></u>		<u></u>				
	on Act Notice, see the Instruct							chedule I (Form 990) 2022		

SCHEDULE I Grants and Other Assistance to Organizations,								OMB No. 1545-0047		
(Form 990)	rm 990) 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 Open to Public									
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION Employer identificati										
IN THE UNITED STATES 53-0210807										
Part I General I	nformation on Grants ar	nd Assistanc	e							
the selection crite	zation maintain records to s eria used to award the grar	nts or assistanc	e?					Yes No		
2 Describe in Part	IV the organization's proce	edures for mor	itoring the use	of grant funds in the	e 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.										
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) QUEEN ANNE'S COUNT	TY HISTORICAL SOCIETY							HISTORIC		
P.O. BOX 62 CENTREVILI	LE, MD 21617	52-6049578	501(C)(3)	25,000.				PRESERVATION		
(2) SELMA DALLAS CO. H	HIST							HISTORIC		
P.O. BOX 586 622 MCLEO		23-7269474	501(C)(3)	25,000.				PRESERVATION		
(3) SPRINGFIELD COMMUN	(3) SPRINGFIELD COMMUNITY CENTER HIST						HISTORIC			
1278 SPRINGFIELD ROAD	UNION POINT, GA 30669	58-2528349	501(C)(3)	25,000.				PRESERVATION		
(4) ST. JOHNS COUNTY (CULTURAL							HISTORIC		
184 SAN MARCO AVE. ST.	. AUGUSTINE, FL 32084	59-3581209	501(C)(3)	25,000.				PRESERVATION		
(5) UNITARIAN UNIVERSA	ALIST URBAN							HISTORIC		
10 PUTNAM STREET ROXBU	URY, MA 02119	04-2105897	501(C)(3)	25,000.				PRESERVATION		
(6) WARREN PRESERVATIO	ON SOCIETY							HISTORIC		
P.O. BOX 624 WARREN, F	RI 02885	05-5446654	501(C)(3)	25,000.				PRESERVATION		
(7) YSLETA DEL SUR PUR	EBLO							HISTORIC		
119 S. OLD YSLETA DEL	SUR PUEBLO, TX 79907	74-1851338	501(C)(3)	25,000.				PRESERVATION		
(8) METROPOLITAN HISTO	ORICAL COMM.							HISTORIC		
3000 GRANNY WHITE PIKE	E NASHVILLE, TN 37204	45-5164106	501(C)(3)	24,570.				PRESERVATION		
(9) SUSAN LAFLESCHE PI	ICOTTE CNTR							HISTORIC		
P.O. BOX 36 WALTHILL,	NE 68067	47-0746797	501(C)(3)	23,345.				PRESERVATION		
(10) ACADIANA GROWERS A	ALLIANCE							HISTORIC		
6615 LEE STATION ROAD	NEW IBERIA, LA 70560	47-4142071	501(C)(3)	23,301.				PRESERVATION		
(11) CITY OF BIRMINGHAM	M - AL							HISTORIC		
710 N 20TH ST STE A100	0 BIRMINGHAM, AL 35203	63-6001201	GOVERNMENT	22,500.				PRESERVATION		
(12) NATHPO	HISTORIC HISTORIC									
1618 BELVEDERE BLVD SI	1618 BELVEDERE BLVD SILVER SPRING, MD 20902 74-2893040 501(C)(3) 20,243.									
	er of section 501(c)(3) and	-	-							
3 Enter total numb	er of other organizations lis	sted in the line	1 table	<u></u>						

Schedule I (Form 990) 2022

SCHEDULE I Grants and Other Assistance to Organizations,								OMB No. 1545-0047		
(Form 990)	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 Open to Public									
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.									
Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION Employer identification number										
IN THE UNITED STATES 53-0210807										
Part I General In	formation on Grants ar	d Assistanc	e							
the selection crite 2 Describe in Part I	ation maintain records to s eria used to award the grar IV the organization's proce	ts or assistand dures for mor	e? hitoring the use	of grant funds in the	e United States.			Yes No		
	d Other Assistance to I e 21, for any recipient t		-					"Yes" on Form 990,		
	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) MARTHA'S VINEYARD	PRES TRUST							HISTORIC		
P.O. BOX 5277 EDGARTOW	N, MA 02539	04-6387676	501(C)(3)	20,000.				PRESERVATION		
(2) STATE OF SOUTH DAK	OTA							HISTORIC		
800 GOVERNORS DRIVE PI		46-6000364	501(C)(3)	20,000.				PRESERVATION		
(3) CASITA MARIA								HISTORIC		
928 SIMPSON ST 6TH FL	BRONX, NE 10459	13-1623994	501(C)(3)	19,966.				PRESERVATION		
(4) NORTHEAST IOWA RCD								HISTORIC		
101 E GREENE STREET PO	STVILLE, IA 52162	42-1309260	501(C)(3)	19,938.				PRESERVATION		
(5) HIKA'ALANI								HISTORIC		
1015 AOLOA PL #241 KAI	LUA, HI 96734	01-1958081	501(C)(3)	18,760.				PRESERVATION		
(6) JAPANESE AMERICAN	NATIONAL							HISTORIC		
100 N CENTRAL AVE LOS	ANGELES, CA 90012	95-3966024	501(C)(3)	18,484.				PRESERVATION		
(7) GEORGIA O'KEEFE MU	SEUM							HISTORIC		
217 JOHNSON STREET SAN	TA FE, NM 87501	85-0437114	501(C)(3)	18,000.				PRESERVATION		
(8) HECKSCHER MUSEUM								HISTORIC		
2 PRIME AVENUE HUNTING	TON, NY 11743	11-6038031	501(C)(3)	18,000.				PRESERVATION		
(9) RENEE & CHAIM GROS	S FOUNDATION							HISTORIC		
526 LAGUARDIA PLACE NE	W YORK, NY 10012	13-3490010	501(C)(3)	18,000.				PRESERVATION		
(10) ROSENWALD CENTER								HISTORIC		
712 W HARPER STREET SN	OW HILL, NC 28580	01-0708553	501(C)(3)	17,600.				PRESERVATION		
(11) DRAYTON HALL PRESERVATION TRUST								HISTORIC		
3380 ASHLEY RIVER ROAD	3380 ASHLEY RIVER ROAD CHARLESTON, SC 29414 45-4938941 501(C)(3) 17,454.									
(12) SHEBOYGAN COUNTY H	12) SHEBOYGAN COUNTY HIST SOC									
	3110 ERLE AVENUE SHEBOYGAN, WI 53081 39-6076921 501(C)(3) 17,136. PRESERVATION									
	er of section 501(c)(3) and									
3 Enter total number	er of other organizations lis	sted in the line	1 table					ı		

Schedule I (Form 990) 2022

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions.		OMB No. 1545-0047			
(Form 990) G		2022								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.									
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION Employer ide										
IN THE UNITED STATES 53-0210807										
Part I General Information on Grants a	nd Assistanc	9								
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	nts or assistand edures for mor	e? hitoring the use	of grant funds in the	e United States.			Yes No			
Part II Grants and Other Assistance to Part IV, line 21, for any recipient							"Yes" on Form 990,			
					•					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) TOWN OF ATLANTIC BEACH							HISTORIC			
717 30TH AVENUE S ATLANTIC BEACH, SC 29582	57-0574873	501(C)(3)	16,544.				PRESERVATION			
(2) ARCH STREET MEETING HOUSE							HISTORIC			
1515 CHERRY STREET PHILADELPHIA, PA 19102	46-4125404	501(C)(3)	16,500.				PRESERVATION			
(3) ALLIANCE HIST HILLSBOROUGH							HISTORIC			
150 E. KING STREET HILLSBOROUGH, NC 27278	56-1818934	501(C)(3)	16,406.				PRESERVATION			
(4) LATINITAS							HISTORIC			
1023 SPRINGDALE RD UNIT 9E AUSTIN, TX 78721	77-0603754	501(C)(3)	16,332.				PRESERVATION			
(5) ST. PETER THE APOSTLE CHURCH							HISTORIC			
303 CHESTERFIELD AVE. CENTREVILLE, MD 21617	52-0887613	501(C)(3)	15,500.				PRESERVATION			
(6) TUCSON HISTORIC PRESERVATION FOUNDATION							HISTORIC			
P.O. BOX 40008 TUCSON, AZ 85717	86-0549490	501(C)(3)	15,500.				PRESERVATION			
(7) BEARS EARS PARTNERSHIP							HISTORIC			
567 W MAIN ST. P.O. BOX 338 BLUFF, UT 84512	35-2426283	501(C)(3)	15,000.				PRESERVATION			
(8) LYNCHING SITES PROJECT OF MEMPHIS							HISTORIC			
1960 NORTH PKWY APT. 504 MEMPHIS, TN 38112	81-5213596	501(C)(3)	15,000.				PRESERVATION			
(9) PRESERVATION BUFFALO NIAGARA							HISTORIC			
617 MAIN STREET, STE 201 BUFFALO, NY 14203	22-2986810	501(C)(3)	15,000.				PRESERVATION			
(10) ROCKEFELLER BROTHERS FUND							HISTORIC			
200 LAKE ROAD TARRYTOWN, NY 10591	13-1760106	501(C)(3)	15,000.				PRESERVATION			
(11) THE L'ENFANT TRUST							HISTORIC			
1307 NEW HAMPSHIRE AVE WASHINGTON, DC 20036	52-1154054	501(C)(3)	15,000.				PRESERVATION			
(12) THREATT FILLING STATION FOUNDATION							HISTORIC			
21765 NE 178TH STREET LUTHER, OK 73054	83-4091024		15,000.				PRESERVATION			
2 Enter total number of section 501(c)(3) an	-	-								
3 Enter total number of other organizations I	isted in the line	1 table			<u></u>	<u></u>	1			

(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2022		
	Attach to Form 990.									
Department of the Treasury Internal Revenue Service										
Department of the neasury Go to www.irs.gov/Form990 for the latest information. Ins Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Ins Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION Employer identification num										
IN THE UNITED STATES							53-0210807			
	nformation on Grants and	Assistance	6				55 6110007			
the selection crit 2 Describe in Part	zation maintain records to su eria used to award the grants IV the organization's proced	s or assistanc ures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No		
	nd Other Assistance to Denne 21, for any recipient th					additional space is r		"Yes" on Form 990,		
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) UPWARD BOUND CAMP								HISTORIC		
40151 GATES SCHOOL ROA	AD GATES, OR 97346	93-0749992	501(C)(3)	15,000.				PRESERVATION		
(2) CENTRAL DISTRICT	COMMUNITY							HISTORIC		
1143 MARTIN LUTHER KII	NG SEATTLE, WA 98122	85-2881355	501(C)(3)	14,982.				PRESERVATION		
(3) SAINT-GAUDENS MEMO	ORIAL							HISTORIC		
34 S HIGHLAND AVENUE (DSSING, NY 10562	02-0223438	501(C)(3)	14,500.				PRESERVATION		
(4) OLD CHURCH THEATER	R							HISTORIC		
P.O. BOX 304 BRADFORD	, VT 05033	45-3187491	501(C)(3)	14,000.				PRESERVATION		
(5) DONALDSONVILLE AR	EA FOUNDATION							HISTORIC		
P.O. BOX 220 PRAIRIEV	ILLE, LA 70769	81-1891472	501(C)(3)	13,750.				PRESERVATION		
(6) THOMAS COLE HISTO	RIC HOUSE							HISTORIC		
218 SPRING STREET CAT	SKILL, NY 12414	27-0599147	501(C)(3)	13,146.				PRESERVATION		
(7) GAY LESBIAN BISEX	JAL							HISTORIC		
1301 E. COLFAX AVENUE	DENVER, CO 80218	84-0738879	501(C)(3)	13,090.				PRESERVATION		
(8) HOLLYWOOD UNITED I	ME							HISTORIC		
6817 FRANKLIN AVENUE	HOLLYWOOD, CA 90028	95-1660355	501(C)(3)	13,000.				PRESERVATION		
(9) FT. ROSS CONSERVAL	NCY							HISTORIC		
19005 COAST HWY 1 JEN	NER, CA 95450	94-2370751	501(C)(3)	12,638.				PRESERVATION		
(10) HISTORIC NEW ENGL	AND							HISTORIC		
141 CAMBRIDGE STREET N	BOSTON, MA 02114	04-2104937	501(C)(3)	12,500.				PRESERVATION		
(11) TOWN OF SYKESVILL	E							HISTORIC		
7547 MAIN STREET SYKE:	SVILLE, MD 21784	52-6001575	501(C)(3)	12,500.				PRESERVATION		
(12) WHITE HOUSE HISTOR	RICAL ASSOCIATION							HISTORIC		
1610 H STREET NW WASH	INGTON, DC 20006	52-0749685	501(C)(3)	12,332.				PRESERVATION		
2 Enter total numb	er of section 501(c)(3) and g	government o	organizations lis	sted in the line 1 tak						
3 Enter total numb	er of other organizations list	ed in the line	1 table							
Can Damanusanle Daduati	an Aat Nation, and the Instructi	ana far Earm O	00					Cabadula I (Farm 000) 2022		

Grants and Other Assistance to Organizations,

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

OMB No. 1545-0047

(Form 990) Governments, and Individuals in the United States							2022	
	Con	nplete if the o	-	wered "Yes" on F tach to Form 990.	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury Internal Revenue Service			Open to Public Inspection					
	ATIONAL TRUST FOR HISTORIC		o wwws.gow	Form990 for the la			Employer identific	
IN THE UNITED STATES		PRESERVATION					53-0210807	
	nformation on Grants a	nd Assistanc	۵				55-0210807	
			-	a aranta ar againta	noo the graptees	l aligibility for the grap		
the selection crit	zation maintain records to s teria used to award the gran t IV the organization's proce	nts or assistand	æ?					Yes No
	nd Other Assistance to ne 21, for any recipient		-					"Yes" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VANPORT MOSAIC								HISTORIC
5131 NE 23RD AVENUE P	PORTLAND, OR 97212	47-5299448	501(C)(3)	12,100.				PRESERVATION
(2) EMPOWER DC								HISTORIC
1419 V STREET NW WASH	INGTON, DC 20009	27-2623232	501(C)(3)	12,072.				PRESERVATION
(3) SHAWNEE TRIBE								HISTORIC
29 HIGHWAY 69A MIAMI,	ок 74534	73-1611444	501(C)(3)	11,049.				PRESERVATION
(4) CHINA ALLEY PRES	SOCIETY							HISTORIC
12 CHINA ALLEY PO BOX	728 HANFORD, CA 93232	77-0026558	501(C)(3)	11,033.				PRESERVATION
(5) SHENANDOAH VALLEY	BLACK							HISTORIC
425 HILL STREET HARRI	SONBURG, VA 22802	81-1709430	501(C)(3)	10,787.				PRESERVATION
(6) ACCOKEEK FOUNDATI	ON							HISTORIC
3400 BRYAN POINT ROAD	ACCOKEEK, MD 20607	52-6037288	501(C)(3)	10,000.				PRESERVATION
(7) ARTSPACE PROJECTS	3							HISTORIC
250 3RD AVENUE MINNEA	POLIS, MN 55401	41-1350071	501(C)(3)	10,000.				PRESERVATION
(8) BUCKLAND HISTORIC	CAL SOCIETY							HISTORIC
P.O. BOX 88 BUCKLAND,	MA 01338	04-2743050	501(C)(3)	10,000.				PRESERVATION
(9) EARLY CONNECTIONS	LEARNING CENTERS							HISTORIC
104 E RIO GRANDE COLO	RADO SPRINGS, CO 80903	84-0632406	501(C)(3)	10,000.				PRESERVATION
(10) GEORGIA TRUST FOR	HISTORIC							HISTORIC
1516 PEACHTREE ST. NW	ATLANTA, GA 30309	23-7357226	501(C)(3)	10,000.				PRESERVATION
(11) GLOUCESTER MEETIN	IGHOUSE FOUNDATION							HISTORIC
10 CHURCH STREET GLOU	CESTER, MA 01930	47-4519160	501(C)(3)	10,000.				PRESERVATION
(12) HISTORIC DENVER,	INC.							HISTORIC
1420 OGDEN ST, SUITE	202 DENVER, CO 80218	84-0605731	501(C)(3)	10,000.				PRESERVATION
2 Enter total numb	per of section 501(c)(3) and	d government o	organizations lis	sted in the line 1 tal	ole			
3 Enter total numb	per of other organizations li	sted in the line	1 table					

Schedule I (Form 990) 2022

SCHEDULE I

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

SCHEDULE I		OMB No. 1545-0047								
(Form 990) 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 Open to Public										
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION Employer identification number										
IN THE UNITED STATES 53-0210807										
Part I General Information on Grants and Assistance										
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	ł			
the selection criteria used to award the gran			-	-			Yes No			
2 Describe in Part IV the organization's proce										
Part II Grants and Other Assistance to I	omestic Or	nanizations ar	nd Domestic Gov	ernments Com	plete if the organiz	ation answered "	Yes" on Form 990			
Part IV, line 21, for any recipient		-								
				•	•					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) HISTORIC SEATTLE							HISTORIC			
1117 MINOR AVENUE SEATTLE, WA 98101	91-1729777	501(C)(3)	10,000.				PRESERVATION			
(2) KENOSHA COUNTY							HISTORIC			
1010 56TH STREET KENOSHA, WI 53140	39-6005707	501(C)(3)	10,000.				PRESERVATION			
(3) LEWES HISTORICAL SOCIETY							HISTORIC			
110 SHIPCARPENTER STREET LEWES, DE 19958	51-6017951	501(C)(3)	10,000.				PRESERVATION			
(4) PRESERVATION SOC CHARLESTON							HISTORIC			
147 KING STREET CHARLESTON, SC 29401	57-0439524	501(C)(3)	10,000.				PRESERVATION			
(5) QUAPAW QUARTER ASSOCIATION							HISTORIC			
P.O. BOX 165023 LITTLE ROCK, AR 72216	52-2192406	501(C)(3)	10,000.				PRESERVATION			
(6) SCENIC AMERICA							HISTORIC			
727 15TH STREET NW. WASHINGTON, DC 20005	23-2188166	501(C)(3)	10,000.				PRESERVATION			
(7) TETON RAPTOR CENTER	_						HISTORIC			
5450 W HWY 22 PO BOX 1805 WILSON, WY 83014	83-0328068	501(C)(3)	10,000.				PRESERVATION			
(8) THE PANIDA THEATER							HISTORIC			
P.O. BOX 1981 SANDPOINT, ID 83864	82-0233559	501(C)(3)	10,000.				PRESERVATION			
(9) UNIVERSITY OF COLORADO DENVER							HISTORIC			
CAMPUS BOX 125 DENVER, CO 80217	84-6000555	501(C)(3)	10,000.				PRESERVATION			
(10) TOWN OF TILTON							HISTORIC			
257 MAIN STREET TILTON, NH 03276	02-6000916	501(C)(3)	9,863.				PRESERVATION			
(11) PHILADELPHIA FOLKLORE PROJECT							HISTORIC			
735 S. 50TH STREET PHILADELPHIA, PA 19143	23-2568080	501(C)(3)	9,500.				PRESERVATION			
(12) BOSCO-MILLIGAN FOUNDATION							HISTORIC			
701 SE GRAND AVENUE PORLAND, OR 97214		501(C)(3)	9,482.				PRESERVATION			
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble						
3 Enter total number of other organizations list	ted in the line	1 table	<u></u>		<u></u>					

SCHEDULE I Grants and Other Assistance to Organizations,								OMB No. 1545-0047		
(Form 990)	Go		2022							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.									
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION Employer identification number										
IN THE UNITED STATES							53-0210807			
Part I General In	formation on Grants and	d Assistanc	e							
	ation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce. the grantees	' eliaibility for the grant	s or assistance. and			
	eria used to award the grant							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. 										
	address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) OJAI VALLEY MUSEUM	I							HISTORIC		
130 W. OJAI AVENUE OJA	I, OR 93023	95-2478853	501(C)(3)	9,434.				PRESERVATION		
(2) GREATER PORTLAND L	ANDMARKS							HISTORIC		
93 HIGH STREET PORTLAN	D, CA 04102	01-0276272	501(C)(3)	9,037.				PRESERVATION		
(3) DENVER RAIL HERITA	GE							HISTORIC		
P.O. BOX 216 SEVERANCE	, ME 80546	74-2511800	501(C)(3)	9,000.				PRESERVATION		
(4) FRIENDS OF OXMOOR								HISTORIC		
200 S FIFTH STREET LOU	ISVILLE, CO 40202	81-3737766	501(C)(3)	8,996.				PRESERVATION		
(5) TABOR OPERA HOUSE								HISTORIC		
308 HARRISON AVENUE LE.	ADVILLE, KY 80461	06-1714846	501(C)(3)	8,750.				PRESERVATION		
(6) MONTANA DEPTARTMEN	T OF FISH							HISTORIC		
1420 E. 6TH AVENUE HEL	ENA, CO 59620	81-0302402	501(C)(3)	8,346.				PRESERVATION		
(7) THE ARCHAEOLOGICAL	CONSERVANCY							HISTORIC		
1717 GIRARD BLVD. NE A	LBUQUERQUE, MT 87106	95-2403273	501(C)(3)	8,000.				PRESERVATION		
(8) UTAH DIVISION OF S	TATE HISTORY							HISTORIC		
3760 S HIGHLAND DR SAL	T LAKE CITY, NM 84106	87-6000545	GOVERNMENT	8,000.				PRESERVATION		
(9) CARNEGIE CENTER OF	CORBIN, INC.	_						HISTORIC		
P.O. BOX 114 CORBIN, U	т 40702	47-5575198	501(C)(3)	7,750.				PRESERVATION		
(10) CENTRAL TERMINAL R	EST	_						HISTORIC		
495 PADEREWSKI DRIVE B	UFFALO, KY 14212	16-1536196	501(C)(3)	7,500.				PRESERVATION		
(11) CLEMSON UNIVERSITY		_						HISTORIC		
391 COLLEGE AVE. STE 3		57-6000254	501(C)(3)	7,500.				PRESERVATION		
(12) COLUMBIA UNIVERSIT	Ϋ́	4						HISTORIC		
615 W. 131ST 3RD FLOOR			501(C)(3)	7,500.				PRESERVATION		
	er of section 501(c)(3) and	-	-							
3 Enter total number	er of other organizations list	ted in the line	1 table							

Schedule I (Form 990) 2022

(Form 990)								2022	
	Con	nplete if the or	-	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		Open to Public	
Department of the Treasury	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for the latest information.								
Internal Revenue Service			o www.irs.gov/	Form990 for the la	test information.		Employer identifica	Inspection	
	TIONAL TRUST FOR HISTORIC	PRESERVATION							
IN THE UNITED STATES	formation on Cranta a	nd Accietone					53-0210807		
	formation on Grants a								
the selection crite	ation maintain records to a aria used to award the grad IV the organization's proce	nts or assistand	e?					Yes No	
Part II Grants an	d Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,	
	e 21, for any recipient		-						
1 (a) Name and	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) FRIENDS OF HARRIET	BEECH							HISTORIC	
2950 GILBERT AVENUE CI		20-3642161	501(C)(3)	7,500.				PRESERVATION	
(2) FRIENDS OF SELLERS				.,				HISTORIC	
9 PILGRIM LANE DREXEL		27-0233770	501(C)(3)	7,500.				PRESERVATION	
(3) GOUCHER COLLEGE								HISTORIC	
1021 DULANEY VALLEY RD	BALTIMORE, PA 21204	52-0591613	501(C)(3)	7,500.				PRESERVATION	
(4) PRATT INSTITUTE								HISTORIC	
200 WILLOUGHBY AVENUE	BROOKLYN, MD 11205	11-1630822	501(C)(3)	7,500.				PRESERVATION	
(5) STATE OF ARKANSAS								HISTORIC	
1100 NORTH STREET LITT	LE ROCK, NY 72201	71-0847443	GOVERNMENT	7,500.				PRESERVATION	
(6) TALBOT HISTORIC SO	CIETY							HISTORIC	
30 S WASHINGTON STREET	EASTON, AR 21301	52-6044645	501(C)(3)	7,500.				PRESERVATION	
(7) UNIVERSITY OF MARY	LAND							HISTORIC	
1109 LEE BUILDING COLL	EGE PARK, MD 20742	52-6002033	GOVERNMENT	7,500.				PRESERVATION	
(8) PRESERVATION ALLIA	NCE OF MINNESOTA							HISTORIC	
75 W 5TH STREET, #416	ST PAUL, MD 55102	41-1427970	501(C)(3)	7,464.				PRESERVATION	
(9) RIVER PIERCE FOUND	ATION							HISTORIC	
P.O. BOX 249 SAN YGNAC	IO, MN 78067	76-0281751	501(C)(3)	7,300.				PRESERVATION	
(10) HISTORIC BEVERLY P	RES							HISTORIC	
4 COURT STREET BEVERLY	, TX 26253	30-0004839	501(C)(3)	7,000.				PRESERVATION	
(11) WOODLAWN CONSERVAN	СҮ							HISTORIC	
4199 WEBSTER AVENUE BR	ONX, WV 10470	31-1695037	501(C)(3)	7,000.				PRESERVATION	
(12) CITY & BOROUGH OF	JUNEAU							HISTORIC	
155 S. SEWARD STREET J		92-0038816		6,673.				PRESERVATION	
	er of section 501(c)(3) and	-	-						
3 Enter total number	er of other organizations li	sted in the line	1 table						

Grants and Other Assistance to Organizations,

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OMB No. 1545-0047

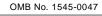
SCHEDULE I	
(Form 990)	

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.



2022 Open to Public Inspection

No

Departin	nent of th	e rreasur
Internal	Revenue	Service

Go to www.irs.gov/Form990 for the lat

Employer identification number

53-0210807

IN THE UNITED STATES

Part I General Information on Grants and Assistance

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	d	1
	the selection criteria used to award the grants or assistance?		Yes

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KOHALA CENTER							HISTORIC
P.O. BOX 437462 KAMUELA, AK 96743	99-0354676	501(C)(3)	6,210.				PRESERVATION
(2) DEMUTH FOUNDATION							HISTORIC
120 EAST KING STREET LANCASTER, HI 17602	23-2176299	501(C)(3)	6,186.				PRESERVATION
(3) APPALACHIAN BARN ALLIANCE							HISTORIC
P.O. BOX 1441 MARS HILL, PA 28754	46-0880358	501(C)(3)	6,000.				PRESERVATION
(4) THE PRIDE OF ATMORE							HISTORIC
5415 HIGHWAY 21 ATMORE, NC 36502	46-4416506	501(C)(3)	6,000.				PRESERVATION
(5) GENOA US INDIAN SCHOOL							HISTORIC
P.O BOX 382 GENOA, AL 68640	47-0739293	501(C)(3)	5,523.				PRESERVATION
(6) PRESERVE ARKANSAS							HISTORIC
201 W FOURTH ST NORTH LITTLE ROCK, NE 72114	71-0569359	501(C)(3)	5,500.				PRESERVATION
(7) OATLANDS INC.							HISTORIC
20850 OATLANDS PLATATN LEESBURG, AR 20175	54-1118635	501(C)(3)	5,433.				PRESERVATION
(8) KASHIA BAND OF POMO INDIANS							HISTORIC
1420 GUERNEVILLE ROAD SANTA ROSA, VA 95403	94-2193845	501(C)(3)	5,357.				PRESERVATION
(9) PAULI MURRAY CENTER							HISTORIC
P.O. BOX 541 DURHAM, CA 27702	45-4926223	501(C)(3)	5,249.				PRESERVATION
(10)							
(11)							
(12)	_						

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) 2022

NATIONAL TRUST FOR HISTORIC PRESERVATION

53-0210807

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
BACKING HISTORIC SMALL RESTAURANTS	4	160,000.			
BACKING INDICKTC SPALE RESTROKANTS		100,000.			
,					

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.

Page 2

(Form 990) Per certain Officers. Directors, Trustes, Key Employees, and Highest Comparated Employees. Complete 11 the organization answered "Yee" on Form 90, Part IV, Ine 23. Complete 11 the organization answered "Yee" on Form 90, Part IV, Ine 23. Complete 11 the organization answered "Yee" on Form 90, Part IV, Ine 23. Complete 11 the organization answered "Yee" on Form 90, Part IV, Ine 23. The organization answered "Yee" on Form 90, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Part A Complete Part III to provide any of the following to or for a person listed on Form 900, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yee Not The III to provide the organization provided any of the following to or for a person listed on Form 900, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yee Not The III to provide the organization provided any of the following to or for a personal residence Health or social club dues or initiation fores Travel for companions Part M in the Part III to provide any relevant information regarding parment or relations of the comparization follow a written policy regarding parment or reginations (Part III to Part III. Part III to Part IIII to Part III to Part IIII to Part III to Par	SCH	EDULE J	Compen	sation Information	01	MB No.	1545-0	047
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എന	9 9)
Department Attach to Form 990. Composition Operation Operation Name of the opanization NATIONAL TRUST FOR HISTORIC PRESERVATION Endework demilication number Name of the opanization NATIONAL TRUST FOR HISTORIC PRESERVATION Endework demilication number 10 The UNITED STATES Status of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part II to provide any relevant information regarding these items. Image the information regarding these items. 2 Taxe Information and gross-up payments Housing allowance or residence for personal use Payments or provision of all of the expense described dove? If No. Complete Part II to provide any of the boxes on line 1a are checked, idi the organization follow a written policy regarding payment or explain memery or provision of all of the expense described dove? If No. Complete Part II to provide any of the boxes on line 1a are checked, idi the organization follow a written policy regarding payment or explain in CEO/Executive Director, regarding the items checked on line 1a? 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, bar explain in Part III. 1b X 3 Indicate which, if any of the following the organization used to establish the compensation committee X X 4					3	ZU		<u> </u>
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compensation contingent on the revenues of: 5a x a The organization? 5b x b Any related organization? 5b x if "Yes" on line 5a or 5b, describe in Part III. 5b x 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: 6a x a The organization? 6a x b Any related organization? 6a x b Any related organization? 6b x if "Yes" on line 6a or 6b, describe in Part III. 6b x 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 x 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 x 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.				
a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	5	For persons	listed on Form 990, Part VII, Secti	on A, line 1a, did the organization pa	y or accrue any			
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		compensation	n contingent on the revenues of:					
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? c 6a x 6b x 6b x 6b x 6b x 7 x 8 were any amounts reported 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 x 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 y If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	The organizat	ion?			5a		Х
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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	b	-	-			5b		X
compensation contingent on the net earnings of: 6 a The organization? 6a b Any related organization? 6b if "Yes" on line 6a or 6b, describe in Part III. 6b 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		If "Yes" on lin	e 5a or 5b, describe in Part III.					
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	6	-		on A, line 1a, did the organization pa	y or accrue any			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9								
If "Yes" on line 6a or 6b, describe in Part III. Image: constraint of the second consecond consecond consecond constraint of the second constraint of								
 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	b	-	-			6b		X
payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9								
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	7					_		
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						7		X
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 9			-			-		
Regulations section 53.4958-6(c)? 9	~					8		X
	9					•		
	For Pr					-		0) 2022

Schedule J (Form 990) 2022

53-0210807

Page 2

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
PAUL EDMONDSON	(i)	466,344.	NONE	2,286.	14,500.	762.	483,892.	NONE
1 PRESIDENT & CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATHERINE MALONE-FRANC	(i)	288,821.	NONE	414.	12,255.	9,216.	310,706.	NONE
2 CHIEF PRESERVATION OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMPSON M. MAYES	(i)	250,725.	NONE	1,188.	11,784.	13,174.	276,871.	NONE
3 CHIEF LEGAL OFCR & SECRETARY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANN MCELWAIN	(i)	250,925.	15,072.	334.	NONE	6,940.	273,271.	NONE
4 CHIEF DEVELOPMENT OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LAURA BRACIS	(i)	251,235.	NONE	163.	11,784.	7,331.	270,513.	NONE
5 CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TABITHA ALMQUIST	(i)	236,043.	NONE	270.	10,606.	761.	247,680.	NONE
6 CHIEF ADMINISTRATIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW MONTGOMERY	(i)	232,950.	NONE	4,702.	NONE	8,313.	245,965.	NONE
7 CHIEF MARKETING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEMOND LEGGS	(i)	221,209.	NONE	413.	11,317.	8,999.	241,938.	NONE
8 EXEC DIR, AACHAF & SR VP, NTHP	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DENISE WISE	(i)	197,674.	NONE	774.	9,947.	12,265.	220,660.	NONE
9 VP OF FINANCE & CONTROLLER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARIANNA KNIGHT	(i)	197,541.	NONE	1,162.	9,365.	761.	208,829.	NONE
10 VP, HUMAN RESOURCES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN LATTANZI	(i)	185,125.	NONE	750.	9,250.	8,999.	204,124.	NONE
11 VP, IT & REAL ESTATE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HILARY BAAR	(i)	183,087.	NONE	708.	8,657.	9,204.	201,656.	NONE
12 VP, ANNUAL GIVING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROSS M. BRADFORD	(i)	160,875.	NONE	138.	7,460.	8,904.	177,377.	NONE
13 ASSISTANT CORPORATE SECRETARY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
14	(ii)							
	(i)							
_ 15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

IN FY2023, THE NATIONAL TRUST PROVIDED A GROSSED UP BONUS PAYMENT TO ONE

KEY EMPLOYEE. THE BONUS WAS TREATED AS TAXABLE COMPENSATION.

(8)
(9)
(10)
For Paper

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open To Public Inspection

Employer identification number

\$

. .

OMB No. 1545-0047

IN TH	E UNITED STATES			53-0210807	
Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and se	ection 501(c)(29) organizations only).	
	Complete if the organization ar	nswered "Yes" on Form 990, Part IV, line 2	5a or 25b, or F	orm 990-EZ, Part V, line 40b.	
4	(a) Nome of discussified parage	(b) Relationship between disqualified person and	(-) [(d) Co
I	(a) Name of disqualified person	organization	(C) L	Description of transaction	Yes
(1)					

1	(a) Name of diagualified person	Name of disgualified person (b) Relationship between disgualified person and (c) Description			
1	(a) Name of disqualitied person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year		
	under section 4958		\$		

	under section 4958	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	

NATIONAL TRUST FOR HISTORIC PRESERVATION

Part II Loans to and/or From Interested Persons.

SCHEDULE L (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In c					(i) W agreei	
			То	From			Yes	No	Yes	No	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

Schedule L (Form 990) 2022

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1)SUSAN CHAPMAN HUGHES	SEE PART V	110,111.	CONSULTING SERVICES		х
(2) JAY CLEMENS	SEE PART V	18,954.	SALARY		х
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information			·		·

art V Supplemental Information

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

SCHEDULE L, PART IV, COLUMN (B)

(1) SUSAN CHAPMAN HUGHES: FORMER TRUSTEE BECAME CONSULTANT TO THE ORGANIZATION STARTING IN FEBRUARY 2023.

(2) JAY CLEMENS: BOARD CHAIR BECAME INTERIM PRESIDENT AND CEO STARTING IN MARCH 2023 WHILE ORGANIZATION UNDERTOOK A SEARCH FOR A NEW PRESIDENT AND CEO

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047 2

Open to Public

2

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

Attach to Form 990.

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

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION

Inspection Employer identification number

THE UNITED STATES IN

53-0	0210	807

	0112100	0111110	
art l	Types of	Property	

Par	Types of Property			1			
		(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 c noncash contril	leterminin	
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		17	809,044.	FMV		
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						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►() Other ►()						
27	Otner ▶()						
28	Other ►()						
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for			
	which the organization completed Form 8283, Part V, Donee Acknowledgement						NONE
						Yes	No
30a	During the year, did the organizat				-		
	28, that it must hold for at least the	-					
	to be used for exempt purposes for		olding period?		3	0a	X
b	If "Yes," describe the arrangement in						
31	Does the organization have a	• ·		•			
	contributions?					31 X	<u> </u>
32a	Does the organization hire or use		•	•			
	contributions?				3	2a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an a describe in Part II	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,		

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

Schedule M (Form 990) 2022

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).

Department of the Treasury

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.



Internal Revenue Service							
Name of the organization		Employer identif	fication number				
NATIONAL TRUST FOF	R HISTORIC PRESERVATION	53-021	0807				

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 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, THE BACKING HISTORIC SMALL RESTAURANTS, AND THE NATIONAL FUND FOR SACRED PLACES GRANT PROGRAMS; 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.

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.



Department of the Treasury Internal Revenue Service

53-0210807

FORM 990, PART III, LINE 4B:

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 2022/2023, 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 931,000 VISITORS IN 2022/2023. 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.

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. PRODUCES AN ANNUAL CONFERENCE, WEBINARS AND IN-PERSON TRAININGS,

Department of the Treasury

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.



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir.	s.gov/form990. Inspection
Name of the organization		Employer identification number
NATIONAL TRUST FOR	HISTORIC PRESERVATION	53-0210807

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.SAVINGPLACES.ORG/PRESERVATION-LEADERSHIP-FORUM (PRESERVATION LEADERSHIP FORUM) OFFER ONLINE CONTENT AND EMAIL COMMUNICATIONS THAT INSPIRE AND EDUCATE THE PUBLIC AND PRESERVATIONISTS AT ALL LEVELS.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONSISTS OF THE CHAIR AND TWO VICE CHAIRS AND THE CHAIR OF EACH OF THE STANDING COMMITTEES, INCLUDING THE INVESTMENTS, FINANCE & MANAGEMENT, AUDIT, TRUSTEESHIP & GOVERNANCE, ADVANCEMENT, AND PRESERVATION & HISTORIC SITES COMMITTEES AND

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.



 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
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 NATIONAL TRUST FOR HISTORIC PRESERVATION
 53-0210807

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 6:

THE NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES IS A MEMBER ORGANIZATION WITH 83,297 MEMBERS.

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

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

FORM 990, PART VI, SECTION B, LINE 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 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

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.



 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspectio Inspectio

 Name of the organization
 Employer identification number

 NATIONAL TRUST FOR HISTORIC PRESERVATION
 53-0210807

MEMBERS ONCE A YEAR WITH A DISCLOSURE FORM THAT ASKS TRUSTEES TO DESCRIBE INTEREST IN OR RELATIONSHIPS WITH BOTH FOR-PROFIT AND NON-PROFIT ENTITIES AND TO DESCRIBE ANY TRANSACTIONS (DIRECT OR INDIRECT) WITH THE ORGANIZATION. TRUSTEES ARE ALSO REQUIRED TO DISCLOSE ANNUALLY ANY BUSINESS OR FAMILY RELATIONSHIPS WITH OTHER TRUSTEES AND WITH OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION (IDENTIFIED BY NAME), CONSISTENT WITH THE DISCLOSURE OBLIGATION OF PART VI, LINE 2. TRUSTEES ARE REGULARLY REMINDED OF THEIR OBLIGATION UNDER THE POLICY FOR POTENTIAL TRANSACTIONS. THE POLICY ALSO PROVIDES A PROCESS FOR REVIEW OF POTENTIAL CONFLICTS.

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

THE ORGANIZATION'S COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION OF THE PRESIDENT AND TOP MANAGEMENT STAFF (INCLUDING OFFICERS AND KEY EMPLOYEES). ALL MEMBERS OF THE COMPENSATION SUBCOMMITTEE ARE INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES. THE ORGANIZATION REGULARLY REVIEWS COMPENSATION STUDIES AND COMPARABILITY ANALYSES, AND SUCH INFORMATION FOR THE OFFICERS AND KEY EMPLOYEES IS MADE AVAILABLE TO THE COMPENSATION SUBCOMMITTEE. THE COMPENSATION SUBCOMMITTEE APPROVES COMPENSATION OF THE PRESIDENT IN ADVANCE AND IN WRITING. COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE COMPENSATION SUBCOMMITTEE, BUT IS SET BY THE PRESIDENT.

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

THE ORGANIZATION MAKES DIGITAL COPIES OF THE STATUTORY CHARTER, BYLAWS,

Department of the Treasury

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.



Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	s.gov/form990. Inspection
Name of the organization		Employer identification number
NATIONAL TRUST FOR	HISTORIC PRESERVATION	53-0210807

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, 2023, PLEDGE RECEIVABLE DECREASED BY

\$937,147 DUE TO A CHANGE IN THE DONOR'S INTENT.

Schedule O (Form 990 or 990-EZ) 2022	Page 2
Name of the organization	Employer identification number
NATIONAL TRUST FOR HISTORIC PRESERVATION	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,

Schedule O (Form 990 or 990-EZ) 2022		Page 2
Name of the organization	Employer	identification number
NATIONAL TRUST FOR HISTORIC PRESERV	/ATION 53-0	210807
FORM 990, PART VII-COMPENSATION OF THE 5 HIGH	EST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DATAPRISE, INC.		
P.O. BOX 22645		
NEW YORK, NY 10087	IT SERVICES	373,097.
EIDOLON COMMUNICATIONS, INC.		
15 MAIDEN LANE, SUITE 1401		
NEW YORK, NY 10038	FUNDRAISING SERVICES	289,550.
INTERACTIVE STRATEGIES		
1133 CONNECTICUT AVENUE, NW SUITE 600		
WASHINGTON, DC 20036	DIGITAL MARKETING	252,234.
BDO USA		
8401 GREENSBORO DRIVE, SUITE 800		
MCLEAN, VA 22102	AUDIT & TAX SERVICES	250,627.
CORBAN ONESOURCE, LLC		
235 3RD STREET SOUTH, SUITE 300		
ST. PETERSBURG, FL 33701	PAYROLL SERVICES	191,942.

SCHEDULE R (Form 990)

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.

OMB No. 1545-0047

Open to Public

Inspection

22

2

Department of the Treasury Internal Revenue Service

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

Name of the organization NATIONAL TRUST FOR HISTORIC PRESERVATION Employer identification number 53-0210807

IN THE UNITED STATES

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

(a) Name, address, and EIN (if applicable) o	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 WAS	SHINGTON, DC 20005	TRAVEL	DE	1,356,173.	916,876.	NTCIC
(2) NATIONAL TRUST INVESTMENT MGMNT.	., LLC 81-1853785					
1155 15TH STREET, NW SUITE 300 WAS	SHINGTON, DC 20005	COMMUNITY INV	DE	NONE	683.	NTCIC
(3) NATIONAL TRUST EQUITY, LLC	81-8121733					
1155 15TH STREET, NW SUITE 300 WAS	SHINGTON, DC 20005	COMMUNITY INV	DE	NONE	2,821,379.	NTCIC
(4) NT HISTORIC REAL ESTATE EQUITY E	FUND, LLC 81-1911360					
1155 15TH STREET, NW SUITE 300 WAS	SHINGTON, DC 20005	COMMUNITY INV	DE	NONE	2,821,257.	NTCIC
(5)						
(6)						
		1				

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	contr	g) 512(b)(13) rolled ity?
						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	х	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
	1						

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

Schedule R (Form 990) 2022

NATIONAL TRUST FOR HISTORIC PRESERVATION

53-0210807

Page 2

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	() Disprop alloca				(k) Percentage ownership	
		country)		,			Yes	No		Yes	No	
(1) NATIONAL TRUST INSURANCE SERVI												
24 COMMERCE STREET BALTIMORE,	INSURANCE AGENCY	MD	NTCIC	UNRELATED	878,449.	104,926.		х		х		99.0000
(2) COOPER-MOLERA PRESERVATION, LL												
1121 WHITE ROCK RD, #200 EL DO	HISTORIC SITE	CA	NTHP	RELATED	670,865.	8,293,452.		х			х	98.0000
(3) NT HISTORIC REAL ESTATE DEBT F												
1155 15TH STREET NW SUITE 300	COMMUNITY INV	DE	NTHP	UNRELATED	NONE	NONE		х		х		99.9900
_(4)	-											
(5)	-											
(6)	-											
(7)	-											

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	controlled entity?
							Yes No
(1) SEE SUPPLEMENTAL PAGE							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Not	e: 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 re-	elated organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х	
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f	Х	
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s).				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	L
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	I Performance of services or membership or fundraising solicitations for related organization(s)						
	m Performance of services of membership of fundraising solicitations by related organization(s)						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses.				1р		Х
	Reimbursement paid by related organization(s) for expenses				1q	Х	
•							
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s).				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	his line, including cove	red relationships and transa	ction three	shold	s.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of	(d)		
		type (a - s)	Amount involved		nt invo		ig
(1)	COOPER-MOLERA PRESERVATION, LLC	A(I)	101,330.	BOOK V	ALUI	2	
(2)	NATIONAL TRUST COMMUNITY INVESTMENT CORP	A(III)	368,324.	BOOK V	ALUI	2	
(3)	NT SOLAR INC.	A(III)	287,919.	BOOK V.	ALUI	£	
(4)	NATIONAL TRUST INSURANCE SERVICES, LLC	A(III)	53,241.	BOOK V	ALUI	2	
(-)							
(5)	COOPER-MOLERA PRESERVATION, LLC	D	5,083,915.	BOOK V	ALUI	3	

NATIONAL TRUST COMMUNITY INVESTMENT CORP

(6)

JSA

4,615,000. BOOK VALUE

Schedule R (Form 990) 2022

F

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

Not	e: 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 lis	sted in Parts II-IV?	_			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
	Gift, grant, or capital contribution to related organization(s)			⊢	1b		
	Gift, grant, or capital contribution from related organization(s).				1c		
d	Loans or loan guarantees to or for related organization(s)				1d		
е	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	_	
Ŀ	Lagan of facilities, equipment, or other exacts from related exaction(a)				1k		
ĸ	Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s)				11	_	
1	Performance of services or membership or fundraising solicitations for related organization(s)			⊢	1m	_	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			••••• +	1n		
	Sharing of paid employees with related organization(s)				10		
U				•••••			
n	Reimbursement paid to related organization(s) for expenses.				1p		
a a	Reimbursement paid by related organization(s) for expenses				1q		
ч							
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 the	his line, including cove	ered relationships and transa	action thres	holds	5.	
	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	Method of amoun			g
(1)	NATIONAL TRUST COMMUNITY INVESTMENT CORP	L	30,000.	BOOK VA	ALUE]	
(2)	COOPER-MOLERA PRESERVATION, LLC	L	34,032.	BOOK VA	LUE]	
(2)		_	40 500	D0077 7			
(3)	GREENROCK CORPORATION	L	40,500.	BOOK VA	₹T∩⋤	i	
(4)	NATIONAL MAIN STREET CENTER, INC.	М	900.	BOOK VA	⊾ा ग	1	
. ,						-	

Ν -24,000. BOOK VALUE

Ν

(6) JSA

(5)

NATIONAL MAIN STREET CENTER, INC.

COOPER-MOLERA PRESERVATION, LLC

48,353.

BOOK VALUE

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

			, , ,				
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_	Y	es N	0
1	During the tax year, did the organization engage in any of the following transactions with one or more						
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
	Gift, grant, or capital contribution to related organization(s)			· · · · · ⊢	1b	_	
	Gift, grant, or capital contribution from related organization(s)				1c	_	
d	Loans or loan guarantees to or for related organization(s)			· · · · · ⊢	1d	_	
е	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	_	
					41.		
	Lease of facilities, equipment, or other assets from related organization(s)			· · · · · ⊢	1k 1l		—
	Performance of services or membership or fundraising solicitations for related organization(s)			· · · · · ⊢	1m		—
	Performance of services or membership or fundraising solicitations by related organization(s).				1n	_	—
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10 10		—
0	Sharing of paid employees with related organization(s)	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • •	•••••			_
	Reimbursement paid to related organization(s) for expenses.				1p		
	Reimbursement paid by related organization(s) for expenses				1q		—
Ч				•••••	· 4		
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 t	this line, including cove	ered relationships and transa	action thresh	nolds.		_
	(a)	(b)	(c)		(d)		_
	Name of related organization	Transaction type (a - s)	Amount involved	Method of amount			
		51 - (
(1)	GREENROCK CORPORATION	N	6,860.	BOOK VA	LUE		
(\mathbf{n})				D007			
(2)	NATIONAL TRUST COMMUNITY INVESTMENT CORP	0	64,993.	BOOK VA	LUE		—
(2)			101 100		T TTP		
(3)	NATIONAL MAIN STREET CENTER, INC.	0	131,199.	BOOK VA	LUE		—
		1					

NATIONAL TRUST COMMUNITY INVESTMENT CORP

NATIONAL MAIN STREET CENTER, INC.

Schedule R (Form 990) 2022

BOOK VALUE

BOOK VALUE

183,334.

224,417.

8,325,628. BOOK VALUE

(5)

Q

Q

Q

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

Not	e: 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	elated organizations lis	ted in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
	Gift, grant, or capital contribution to related organization(s)				1b					
	Gift, grant, or capital contribution from related organization(s)				1c 1d					
d	Loans or loan guarantees to or for related organization(s)									
е	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)									
i	Exchange of assets with related organization(s). 1i Lease of facilities, equipment, or other assets to related organization(s). 1j									
j	Lease of facilities, equipment, or other assets to related organization(s).				1]					
					1k					
ĸ	Lease of facilities, equipment, or other assets from related organization(s)									
1 	Performance of services or membership or fundraising solicitations for related organization(s)									
	 n Performance of services or membership or fundraising solicitations by related organization(s). 1 m 1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 									
	Sharing of paid employees with related organization(s)				10					
0										
n	Reimbursement paid to related organization(s) for expenses.				1p					
-	Reimbursement paid by related organization(s) for expenses				1q					
4										
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 t	his line, including cove	ered relationships and transa	action thres	sholds	S.				
(a) (b) (c) Name of related organization Transaction Amount involved							a			
		type (a - s)	Amount involved	Method o amou			ig			
(4)			005 004	DOOK 1						
(1)	GREENROCK CORPORATION	S	205,834.	BOOK V	ALUE					
(2)	NATIONAL TRUST COMMUNITY INVESTMENT CORP	S	1,079,509.	BOOK V		,				
(2)	NATIONAL IRUSI COMMUNITY INVESIMENT CORP	5	1,079,509.	BOOK V	ALUE					
(3)	NATIONAL MAIN STREET CENTER, INC.	S	8,604,065.	BOOK V	ΔΤ.ΤΤΓ	1				
(0)	NATIONAL MAIN SINGET CONTER, INC.	5	0,001,005.	DOOK VI						
(4)										
. ,										
(5)										

(6) JSA

2E1309 1.000

Schedule R (Form 990) 2022

Page 3

53-0210807

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

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.

(b) Primary activity	(c) Legal domicile (state or foreign country)	from tax under	l organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership
		sections 512 - 514)	Yes	No			Yes	No		Yes	No	
												-
												+
												+
												+
							-					
	(b) Primary activity	(state or foreign	(state or foreign income (related, country) unrelated, excluded	(state or foreign income (related, sec country) unrelated, excluded 501(fore tax under organize	(state or foreign income (related, section country) unrelated, excluded 501(c)(3)	(state or foreign income (related, section total income country) unrelated, excluded 501(c)(3) from tax under organizations?	(state or foreign income (related, section total income end-of-year country) unrelated, excluded 501(c)(3) assets from tax under organizations?	(state or foreign income (related, section total income end-of-year country) unrelated, excluded 501(c)(3) assets alloc	(state or foreign income (related, section total income end-of-year country) unrelated, excluded 501(c)(3) assets allocations?	(state or foreign income (related, section total income end-of-year country) unrelated, excluded 501(c)(3) assets allocations? amount in box 20 of Schedule K-1	(state or foreign income (related, section total income end-of-year allocations? amount in box 20 man country) unrelated, excluded 501(c)(3) assets of Schedule K-1 part (related, section of Schedule K-1 part (related, section) assets of Schedule K-1 part (related, section) assets assets of Schedule K-1 part (related, section) assets assets of Schedule K-1 part (related, section) assets asset	(state or foreign income (related, section total income end-of-year country) unrelated, excluded 501(c)(3) assets assets assets of Schedule K-1 partner?

Schedule R (Form 990) 2022 NATIONAL TRUST FOR HISTORIC PRESERVATION	
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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, #200 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

2E1510 1.000

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 E CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (I) OWNERSHIP	SEC 512(B)(13) YES NO
NATIONAL TRUST COMMUNITY INVESTMENT CORP 52-226708 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	5 COMMUNITY INV	DE	NTHP	C CORP	6,138,741.	20,122,224.	100.0000	x
NT SOLAR INC. 47-127285 1155 15TH STREET, NW SUITE 300 WASHINGTON, DC 20005	5 COMMUNITY INV	DE	NTCIC	C CORP	4,798,649.	-73,364.	100.0000	x
GREENROCK CORPORATION 13-1929826 200 LAKE ROAD TARRYTOWN, NY 10591	5 MAINTENANCE	NY	NTHP	C CORP	4,844,444.	2,783,881.	100.0000	x
CHARITABLE REMAINDER UNITRUSTS FOR NTHP 53-0210807 600 14TH STREET NW, SUITE 500 WASHINGTON, DC 20005	7 CHARITABLE TR	DC	N/A	TRUST	NONE	NONE		х
PERMANENT UNITRUST 53-0210807 600 14TH STREET NW, SUITE 500 WASHINGTON, DC 20005	7 CHARITABLE TR	DC	N/A	TRUST	NONE	NONE		х
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	Х
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	х
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	х
NTCIC FUND MANAGER I, INC. 82-3791474 1155 15TH STREET, NW STE 300 WASHINGTON, DC 20005	4 COMMUNITY INV	DE	NTCIC	C CORP	NONE	89,814.	100.0000	X