

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
NATUREBRIDGE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
28 GEARY STREET NO 650

City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 94108

D Employer identification number
94-2145930

E Telephone number
(415) 992-4700

G Gross receipts \$ 21,399,670

F Name and address of principal officer:
PHILLIP KILBRIDGE
28 GEARY STREET NO 650
SAN FRANCISCO, CA 94108

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.NATUREBRIDGE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1971 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
NATUREBRIDGE PROVIDES ENVIRONMENTAL EDUCATION PROGRAMS AT SIX NATIONAL PARKS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	325
6 Total number of volunteers (estimate if necessary)	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	348,166
7b Net unrelated business taxable income from Form 990-T, line 34	14,914

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,409,965	5,754,136
9 Program service revenue (Part VIII, line 2g)	14,578,397	13,766,497
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	551,436	141,310
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-205,468	-222,502
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,334,330	19,439,441
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,997,349	1,544,103
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,814,773	10,825,028
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	289,888
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,580,724		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,261,081	6,207,108
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,073,203	18,866,127
19 Revenue less expenses. Subtract line 18 from line 12	2,261,127	573,314
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	43,818,504	43,335,252
21 Total liabilities (Part X, line 26)	7,115,920	5,910,835
22 Net assets or fund balances. Subtract line 21 from line 20	36,702,584	37,424,417

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2020-06-02

MITCH HOLMER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN: P01008919

Firm's name ▶ HOOD & STRONG LLP Firm's EIN ▶ 94-1254756

Firm's address ▶ 275 BATTERY ST STE 900 SAN FRANCISCO, CA 94111 Phone no. (415) 781-0793

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO CONNECT YOUNG PEOPLE TO THE WONDER AND SCIENCE OF THE NATURAL WORLD, IGNITING SELF-DISCOVERY AND INSPIRING STEWARDSHIP OF OUR PLANET.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 15,384,317 including grants of \$ 1,544,103) (Revenue \$ 13,766,497)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 15,384,317

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying activities, financial reporting, and asset management.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MITCH HOLMER 28 GEARY STREET NO 650 SAN FRANCISCO, CA 94108 (415) 992-4700

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	985,157		
	d Related organizations	1d			
	e Government grants (contributions)	1e	140,273		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,628,706		
	g Noncash contributions included in lines 1a - 1f: \$ _____		524,738		
	h Total. Add lines 1a-1f		5,754,136		

Program Service Revenue			Business Code			
	2a FIELD SCIENCE PROGRAMS		611710	11,343,910	11,343,910	
b CONFERENCES AND OTHER		611710	1,454,936	1,106,770	348,166	
c SUMMER YOUTH PROGRAMS		611710	605,254	605,254		
d SCHOLARSHIP FEES		611710	79,199	79,199		
e BILLED SERVICES		611710	76,075	76,075		
f All other program service revenue.			207,123	207,123		
g Total. Add lines 2a-2f			13,766,497			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			126,404			126,404	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
			42,643					
		b Less: rental expenses		38,654				
		c Rental income or (loss)		3,989				
	d Net rental income or (loss)				3,989		3,989	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			1,549,464	16,615				
		b Less: cost or other basis and sales expenses		1,546,550	4,623			
		c Gain or (loss)		2,914	11,992			
	d Net gain or (loss)				14,906		14,906	
	8a Gross income from fundraising events (not including \$ 985,157 of contributions reported on line 1c). See Part IV, line 18	a		109,129				
		b Less: direct expenses	b	357,857				
c Net income or (loss) from fundraising events					-248,728		-248,728	
9a Gross income from gaming activities. See Part IV, line 19	a		11,520					
	b Less: direct expenses	b	0					
	c Net income or (loss) from gaming activities				11,520		11,520	
10a Gross sales of inventory, less returns and allowances	a		23,262					
	b Less: cost of goods sold	b	12,545					
	c Net income or (loss) from sales of inventory				10,717		10,717	
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d All other revenue								
e Total. Add lines 11a-11d								
12 Total revenue. See Instructions.				19,439,441	13,418,331	348,166	-81,192	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,544,103	1,544,103		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	485,851		340,138	145,713
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,015,065	6,607,770	757,958	649,337
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	150,793	122,536	15,996	12,261
9 Other employee benefits	1,454,340	1,206,833	140,109	107,398
10 Payroll taxes	718,979	584,249	76,268	58,462
11 Fees for services (non-employees):				
a Management				
b Legal	3,378	3,078	300	
c Accounting	38,000		38,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	289,888			289,888
f Investment management fees	12,044		12,044	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	406,347	156,861	248,441	1,045
12 Advertising and promotion	42,205	41,943	193	69
13 Office expenses	870,901	709,178	68,901	92,822
14 Information technology	52,228	9,217	43,011	
15 Royalties				
16 Occupancy	1,426,571	1,318,552	31,631	76,388
17 Travel	407,825	315,581	53,902	38,342
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,659	27,678	1,654	3,327
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	457,425	384,099	41,340	31,986
23 Insurance	220,938	196,550	13,481	10,907
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	1,940,780	1,883,012		57,768
b CONTRACT TRANSPORTATION	123,265	123,265		
c STAFF DEVELOPMENT	41,726	39,699	993	1,034
d UBI TAXES	10,347		10,347	
e All other expenses	120,469	110,113	6,379	3,977
25 Total functional expenses. Add lines 1 through 24e	18,866,127	15,384,317	1,901,086	1,580,724
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,709,919	1	817,027
	2 Savings and temporary cash investments	3,843,591	2	3,338,293
	3 Pledges and grants receivable, net	5,740,360	3	4,467,334
	4 Accounts receivable, net	437,048	4	781,914
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	49,788	8	54,791
	9 Prepaid expenses and deferred charges	144,225	9	147,364
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	37,985,800		
	b Less: accumulated depreciation	7,421,246		
		28,932,689	10c	30,564,554
	11 Investments—publicly traded securities	2,934,135	11	3,141,176
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	26,749	15	22,799	
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,818,504	16	43,335,252	
Liabilities	17 Accounts payable and accrued expenses	1,898,069	17	1,624,382
	18 Grants payable		18	
	19 Deferred revenue	2,126,300	19	2,159,284
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,053,768	23	2,086,482
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	37,783	25	40,687
	26 Total liabilities. Add lines 17 through 25	7,115,920	26	5,910,835
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,016,378	27	3,908,536
	28 Temporarily restricted net assets	32,049,208	28	32,874,883
	29 Permanently restricted net assets	636,998	29	640,998
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	36,702,584	33	37,424,417	
34 Total liabilities and net assets/fund balances	43,818,504	34	43,335,252	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,439,441
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,866,127
3	Revenue less expenses. Subtract line 2 from line 1	3	573,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,702,584
5	Net unrealized gains (losses) on investments	5	137,594
6	Donated services and use of facilities	6	22,925
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,424,417

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 94-2145930

Name: NATUREBRIDGE

Form 990 (2018)

Form 990, Part III, Line 4a:

NATUREBRIDGE CONNECTS YOUNG PEOPLE TO THE WONDER AND SCIENCE OF THE NATURAL WORLD, IGNITING SELF-DISCOVERY AND INSPIRING STEWARDSHIP OF OUR PLANET. WE DELIVER HANDS-ON ENVIRONMENTAL SCIENCE PROGRAMS IN SOME OF THE WORLD'S MOST BEAUTIFUL CLASSROOMS-OUR NATIONAL PARKS. FOUNDED IN 1971, OUR CAMPUSES ARE LOCATED IN YOSEMITE NATIONAL PARK, GOLDEN GATE NATIONAL RECREATION AREA, OLYMPIC NATIONAL PARK, SANTA MONICA MOUNTAINS NATIONAL RECREATION AREA, CHANNEL ISLANDS NATIONAL PARK AND PRINCE WILLIAM FOREST PARK. NATUREBRIDGE'S SCHOOL & GROUP ENVIRONMENTAL SCIENCE PROGRAMS TAKE YOUNG PEOPLE FROM ALL BACKGROUNDS OUT OF THE CLASSROOM AND INTO THE OUTDOORS FOR THREE- TO FIVE-DAY OVERNIGHT EXPERIENCES. WITH CHILDREN IMMERSSED IN THE OUTDOORS, SCIENTIFIC PRINCIPLES ARE BROUGHT TO LIFE AND INSPIRE BOTH IN-DEPTH LEARNING AND A LIFELONG CONNECTION TO NATURE. EACH PROGRAM IS CUSTOMIZED TO MEET INDIVIDUAL SCHOOL GROUPS' ACADEMIC NEEDS AND ALIGN WITH STATE/NATIONAL SCIENCE STANDARDS. OPTIONAL PRE- AND POST-PROGRAM CLASSROOM VISITS FROM NATUREBRIDGE EDUCATORS ENABLE TEACHERS TO DEEPEN THE IMPACT OF THE NATUREBRIDGE EXPERIENCE THROUGHOUT AND BEYOND THE ACADEMIC SCHOOL YEAR. NATUREBRIDGE PROVIDES ENVIRONMENTAL EDUCATION PROGRAMS TO A DIVERSE AUDIENCE INCLUDING K-12 TEACHERS, TEENS AND FAMILIES. WE ALSO WORK WITH LEADERS IN THE FIELD OF ENVIRONMENTAL EDUCATION TO ADVANCE SCIENTIFIC AND SOCIAL EMOTIONAL LEARNING NATIONWIDE. AT THE HEART OF OUR WORK IS OUR EVIDENCE-BASED CORE EDUCATIONAL FRAMEWORK, WHICH COMPRISES THREE THEMES: SENSE OF PLACE, INTERCONNECTIONS AND STEWARDSHIP. USING THIS ONE-OF-A-KIND FRAMEWORK IN OUR RANGE OF PROGRAMS, NATUREBRIDGE REACHES OVER 40,000 INDIVIDUALS EACH YEAR AND HELPS GROW THE NEXT GENERATION OF ENVIRONMENTAL STEWARDS.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
IAN YOLLES CHAIR OF THE BOARD	2.00 0.00	X		X				0	0	0
CARROLL C YANDELL VICE CHAIR	2.00 0.00	X		X				0	0	0
BRAD O'BRIEN TREASURER	2.00 0.00	X		X				0	0	0
SUSAN S BOREN SECRETARY (ELECTED 5/10/19)	2.00 0.00	X		X				0	0	0
TRACY THOMPSON SECRETARY (THRU 2/8/19)	2.00 0.00	X		X				0	0	0
VERA MICHALCHIK VICE CHAIR	2.00 0.00	X		X				0	0	0
ALLAN J PRAGER DIRECTOR	2.00 0.00	X						0	0	0
ANANDA BARON DIRECTOR	2.00 0.00	X						0	0	0
ANGELA CHEN DIRECTOR	2.00 0.00	X						0	0	0
BARBARA SEMEDO DIRECTOR	2.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BEN STEELE DIRECTOR	2.00 0.00	X						0	0	0
DAN ABRAMS DIRECTOR	2.00 0.00	X						0	0	0
DAVID PLACEK DIRECTOR (THRU 10/12/18)	2.00 0.00	X						0	0	0
JENNY KOEHLER DIRECTOR	2.00 0.00	X						0	0	0
KEVIN T NEWMAN DIRECTOR	2.00 0.00	X						0	0	0
LINDA FISHER DIRECTOR (ELECTED 5/10/19)	2.00 0.00	X						0	0	0
LISA HOLMES DIRECTOR (ELECTED 5/10/19)	2.00 0.00	X						0	0	0
LIZ VALENTINE DIRECTOR	2.00 0.00	X						0	0	0
MATTHEW A BAXTER JR DIRECTOR (THRU 5/10/19)	2.00 0.00	X						0	0	0
NICOLE SHEEHAN DIRECTOR	2.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAOUL GOFF DIRECTOR	2.00 0.00	X						0	0	0
ROBERT J HOLMES DIRECTOR	2.00 0.00	X						0	0	0
THOMAS C KIERNAN DIRECTOR	2.00 0.00	X						0	0	0
WALTER SIVE DIRECTOR	2.00 0.00	X						0	0	0
PHILLIP KILBRIDGE PRESIDENT & CEO	40.00 0.00			X				266,655	0	22,167
GALEN QUARING CFO (THRU 4/15/19)	40.00 0.00			X				141,594	0	17,442
MELISSA JOHNSON REGIONAL DIRECTOR	40.00 0.00					X		110,886	0	15,264
AARON CRAIG RICH CHIEF DEVELOPMENT OFFICER	40.00 0.00					X		124,959	0	16,217
STEPHEN STREUFFERT VP OF EDUCATION	40.00 0.00					X		102,951	0	16,738

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
NATUREBRIDGE

Employer identification number
94-2145930

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
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). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,198,756	6,790,254	12,108,065	6,403,065	5,754,136	39,254,276
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	12,242,043	12,849,742	12,864,992	14,306,756	13,418,311	65,681,844
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	20,440,799	19,639,996	24,973,057	20,709,821	19,172,447	104,936,120
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3,378,999	791,330	1,780,468	1,231,198	718,274	7,900,269
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.						0
c Add lines 7a and 7b.	3,378,999	791,330	1,780,468	1,231,198	718,274	7,900,269
8 Public support. (Subtract line 7c from line 6.)						97,035,851

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	20,440,799	19,639,996	24,973,057	20,709,821	19,172,447	104,936,120
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,942	94,826	116,808	148,546	169,047	600,169
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.		0	0	0	11,782	11,782
c Add lines 10a and 10b.	70,942	94,826	116,808	148,546	180,829	611,951
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	120,197	133,165	121,617	145,694	143,911	664,584
13 Total support. (Add lines 9, 10c, 11, and 12.)	20,631,938	19,867,987	25,211,482	21,004,061	19,497,187	106,212,655
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	91.360 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	91.540 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.580 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.510 %

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	GROSS INCOME FROM FUNDRAISING EVENTS - 2014 AMOUNT: \$ 98,097. 2015 AMOUNT: \$ 116,113. 2016 AMOUNT: \$ 95,512. 2017 AMOUNT: \$ 117,583. 2018 AMOUNT: \$ 109,129. GROSS SALES OF INVENTOR Y - 2014 AMOUNT: \$ 22,100. 2015 AMOUNT: \$ 17,052. 2016 AMOUNT: \$ 19,795. 2017 AMOUNT: \$ 22,911. 2018 AMOUNT: \$ 23,262. GROSS INCOME FROM GAMING ACTIVITIES - 2016 AMOUNT: \$ 6,310. 2017 AMOUNT: \$ 5,200. 2018 AMOUNT: \$ 11,520.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
NATUREBRIDGE

Employer identification number
94-2145930

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,015,296	1,021,578	983,132	974,483	982,638
b Contributions	4,000		2,000	2,500	500
c Net investment earnings, gains, and losses	98,382	36,274	84,832	16,456	8,605
d Grants or scholarships					
e Other expenditures for facilities and programs	44,812	42,556	48,386	10,307	17,260
f Administrative expenses					
g End of year balance	1,072,866	1,015,296	1,021,578	983,132	974,483

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 59.750 %
 - c** Temporarily restricted endowment ▶ 40.250 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,464,596	2,611,381	1,853,215
c Leasehold improvements		2,699,554	2,080,114	619,440
d Equipment		2,837,394	2,357,115	480,279
e Other		27,984,256	372,636	27,611,620
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				30,564,554

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEPOSITS PAYABLE	40,687
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 40,687

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	19,124,072
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	137,594
b	Donated services and use of facilities	2b	424,477
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,273,951
e	Add lines 2a through 2d	2e	-711,880
3	Subtract line 2e from line 1	3	19,835,952
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-396,511
c	Add lines 4a and 4b	4c	-396,511
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	19,439,441

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

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

1	Total expenses and losses per audited financial statements	1	18,402,239
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	401,552
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	403,511
e	Add lines 2a through 2d	2e	805,063
3	Subtract line 2e from line 1	3	17,597,176
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,268,951
c	Add lines 4a and 4b	4c	1,268,951
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,866,127

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-2145930

Name: NATUREBRIDGE

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ORGANIZATION'S PERMANENTLY RESTRICTED NET ASSETS CONSIST OF ELEVEN ENDOWMENT FUNDS, WHICH HAVE BEEN ESTABLISHED FOR A VARIETY OF PURPOSES. THESE FUNDS ARE INVESTED IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE FOR OPERATIONS. CERTAIN OF THE ENDOWMENT FUNDS OF THE ORGANIZATION ARE SUBJECT TO DONOR RESTRICTIONS REQUIRING THAT THE INCOME BE USED ONLY FOR SPECIFIED PURPOSES, WHILE INCOME FROM THE REMAINING ENDOWMENTS MAY BE USED FOR THE GENERAL PURPOSES OF THE ORGANIZATION.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE, AND IS NOT CONSIDERED BY THE INTERNAL REVENUE SERVICE TO BE AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT IT HAS MAINTAINED ITS TAX-EXEMPT STATUS AND THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENTS IN THE FINANCIALS STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDANCE.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SCHOLARSHIP EXPENSES NETTED AGAINST REVENUE -1,268,951. LOSS ON UNCOLLECTIBLE PLEDGE -5,000.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES RECLASSIFIED TO REVENUE -357,857. RENTAL EXPENSES RECLASSIFIED TO REVENUE -38,654.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES RECLASSIFIED TO REVENUE 357,857. RENTAL EXPENSES RECLASSIFIED TO REVENUE 38,654. LOSS ON UNCOLLECTIBLE PLEDGE 7,000.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIP EXPENSES NETTED AGAINST REVENUE 1,268,951.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
NATUREBRIDGE

Employer identification number
94-2145930

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
COMMUNITY COUNSELLING SERVICE CO LLC 527 MADISON AVENUE 5TH FLOOR NEW YORK CITY, NY 10022	FUNDRAISING CAMPAIGN CONSULTING		No	1,050,000	289,888	760,112
Total				1,050,000	289,888	760,112

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

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

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		GALA (event type)	EVENING ON THE LAKE (event type)	2 (total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	720,839	262,877	110,570	1,094,286
	2 Less: Contributions	653,556	231,627	99,974	985,157
	3 Gross income (line 1 minus line 2)	67,283	31,250	10,596	109,129
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	69,360	13,115	8,800	91,275
	7 Food and beverages	89,634	24,770	9,660	124,064
	8 Entertainment				
	9 Other direct expenses	84,786	35,088	22,644	142,518
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				357,857
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-248,728	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service
Name of the organization
NATUREBRIDGE

Employer identification number
94-2145930

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 89

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	NATUREBRIDGE IS ABLE TO MAKE ENVIRONMENTAL EDUCATION PROGRAMS ACCESSIBLE TO SCHOOLS AND COMMUNITY GROUPS, REGARDLESS OF ECONOMIC MEANS. FOR SCHOOLS THAT REQUIRE FINANCIAL ASSISTANCE, THE FUNDING IS DETERMINED BY THE PERCENTAGE OF STUDENTS WHO QUALIFY FOR THE FEDERAL FREE AND REDUCED-PRICE LUNCH PROGRAM. NATUREBRIDGE OCCASIONALLY MAKES GRANTS TO OTHER ENVIRONMENTAL EDUCATION ORGANIZATIONS IN FURTHERANCE OF THE ORGANIZATION'S MISSION. NATUREBRIDGE EVALUATES THE ORGANIZATION'S ELIGIBILITY TO RECEIVE FUNDS AND REQUESTS REPORT ON USE OF FUNDS PROVIDED.

Additional Data

Software ID:
Software Version:
EIN: 94-2145930
Name: NATUREBRIDGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT PREP 908 WAHLER PL SE WASHINGTON, DC 20032	20-8156566	DCPCSB	8,500				STUDENT SCHOLARSHIP
ALIANZA SCHOOL 115 CASSERLY ROAD WATSONVILLE, CA 950766645	77-0375541	PAJARO VALLEY USD	9,000				STUDENT SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE JUDY IVIE BURTON TECHNOLOGY ACADEMY HIGH SCHOOL 10101 S BROADWAY AVE LOS ANGELES, CA 90003	01-0833578	LAUSD	14,791				STUDENT SCHOLARSHIP
ALLIANCE SUSAN AND ERIC SMIDT TECHNOLOGY HIGH 211 S AVENUE 20 LOS ANGELES, CA 90031	84-3100099	LAUSD	12,664				STUDENT SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMO VENICE CHARTER SCHOOL 820 BROADWAY ST VENICE, CA 90291	95-4679811	LAUSD	6,717				STUDENT SCHOLARSHIP
ANNA KIRCHGATER ELEMENTARY 8141 STEVENSON AVE SACRAMENTO, CA 95828	94-6002501	ELK GROVE USD	10,440				STUDENT SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APTITUD COMMUNITY ACADEMY AT GOSS 2475 VAN WINKLE LN SAN JOSE, CA 95116	77-0016360	ALUM ROCK UNION ELEM	6,160				STUDENT SCHOLARSHIP
ARCADE FUNDAMENTAL MS 3500 EDISON AVENUE SACRAMENTO, CA 95821	94-6002533	SAN JUAN USD	5,419				STUDENT SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPIRE GOLDEN STATE COLLEGE PREPARATORY ACADEMY 1009 66TH AVENUE OAKLAND, CA 94621	94-3311088	OAKLAND UNIFIED	7,294				STUDENT SCHOLARSHIP
BASIS DC PUBLIC CHARTER SCHOOL 2 410 8TH ST NW WASHINGTON, DC 20004	45-3369822	DCPCSB	34,770				STUDENT SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREMERTON HIGH SCHOOL - LESUEUR 1500 13TH STREET BREMERTON, WA 983371370	91-6001656	BREMERTON SCH DISTRI	8,000				STUDENT SCHOLARSHIP
BRIDGES PUBLIC CHARTER SCHOOL 100 GALLATIN STREET NE WASHINGTON, DC 20011	73-1681983	DCPCSB	6,080				STUDENT SCHOLARSHIP

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BRUCE-MONROE ELEMENTARY SCHOOL 3560 WARDER ST NW WASHINGTON, DC 20010	53-6001131	DCPS	10,330				STUDENT SCHOLARSHIP
CAMBRIA GRAMMAR SCHOOL 3223 MAIN STREET CAMBRIA, CA 93428	80-0052972	COAST UNION SCH DIST	5,163				STUDENT SCHOLARSHIP

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CREATIVE MINDS INTERNATIONAL PUBLIC CHARTER SCHOOL SHERMAN BUILDING 3700 NORTH CAPITOL STREET NW WASHINGTON, DC 20011	27-5208674	501(C)(3)	5,420				STUDENT SCHOLARSHIP
CRITTENDEN MIDDLE SCHOOL 1701 ROCK ST MOUNTAIN VIEW, CA 94043	93-0991812	MOUNTAIN VIEW WHISMA	19,524				STUDENT SCHOLARSHIP

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CUPERTINO MIDDLE SCHOOL 10301 VISTA DR CUPERTINO, CA 95014	77-0025265	CUSD	7,319				STUDENT SCHOLARSHIP
CUTLER-OROSI 12623 AVE 416 OROSI, CA 93647	77-0565326	CUTLER-OROSI JOINT U	5,460				STUDENT SCHOLARSHIP

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DAVID WOLFLE ELEMENTARY SCHOOL 27089 HIGHLAND RD NE KINGSTON, WA 98346	91-0754974	NORTH KITSAP SCH DIS	5,510				STUDENT SCHOLARSHIP
DC BILINGUAL PUBLIC CHARTER SCHOOL 33 RIGGS RD NE WASHINGTON, DC 20011	20-0412800	DCPCSB	8,770				STUDENT SCHOLARSHIP

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DEMOCRACY PREP CONGRESS HEIGHTS 3100 MARTIN LUTHER KING JR AVE WASHINGTON, DC 20032	46-3584994	DCPCSB	6,740				STUDENT SCHOLARSHIP
DOROTHY HEIGHT ES 1300 ALLISON ST NW WASHINGTON, DC 20011	53-6001131	DCPS	8,670				STUDENT SCHOLARSHIP

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

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DOWNEY HIGH SCHOOL 11040 BROOKSHIRE AVE DOWNEY, CA 902413889	94-1170350	DOWNEY USD	9,000				STUDENT SCHOLARSHIP
DRY CREEK ELEMENTARY SCHOOL 25 RIFE RD PORT ANGELES, WA 983638433	91-6001549	PORT ANGELES SCH DIS	8,660				STUDENT SCHOLARSHIP

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

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ENDEAVOR COLLEGE PREPARATORY CHARTER 1263 S SOTO STREET LOS ANGELES, CA 90023	26-2438136	LAUSD	8,837				STUDENT SCHOLARSHIP
ENVIRONMENTAL CHARTER HIGH SCHOOL 16315 GREVILLEA AVENUE LAWNDALE, CA 90260	33-0920934	LAWNDALE ELEMENTARY	17,583				STUDENT SCHOLARSHIP

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EXTERA PUBLIC SCHOOLS 3626 E 5TH STREET LOS ANGELES, CA 90063	27-3095854	LOS ANGELES USD	8,151				STUDENT SCHOLARSHIP
FORKS ELEMENTARY SCHOOL 301 S ELDERBERRY FORKS, WA 98331	91-1012362	QUILLAYUTE VALLEY SC	6,975				STUDENT SCHOLARSHIP

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FRANCIS SCOTT KEY ELEMENTARY 5001 DANA PL NW WASHINGTON, DC 20016	53-6001131	DCPS	10,750				STUDENT SCHOLARSHIP
FRANKLIN ELEMENTARY - PORT ANGELES 2505 S WASHINGTON STREET PORT ANGELES, WA 98362	91-6001549	PORT ANGELES SCH DIS	12,990				STUDENT SCHOLARSHIP

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GRAHAM MIDDLE SCHOOL 1175 CASTRO STREET MOUNTAIN VIEW, CA 94040	93-0991812	MOUNTAIN VIEW WHISMA	19,291				STUDENT SCHOLARSHIP
HAMILTON ELEMENTARY SCHOOL 1822 W 7TH ST PORT ANGELES, WA 983635206	91-1351922	PORT ANGELES SCH DIS	10,852				STUDENT SCHOLARSHIP

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

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HAWTHORNE ELEMENTARY - SEATTLE 4100 39TH AVE S SEATTLE, WA 98118	91-1508191	SEATTLE PUBLIC SCHS	6,287				STUDENT SCHOLARSHIP
HOOD CANAL SCHOOL DISTRICT 111 N STATE ROUTE 106 SHELTON, WA 98584	91-0998717	HOOD CANAL SCH DISTR	7,626				STUDENT SCHOLARSHIP

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HOOVER SCHOOL - REDWOOD CITY 701 CHARTER STREET REDWOOD CITY, CA 94063	94-3084018	REDWOOD CITY SCH DIS	10,946				STUDENT SCHOLARSHIP
HYDE MIDDLE SCHOOL 10301 VISTA DR CUPERTINO, CA 95014	77-0025265	CUSD	6,583				STUDENT SCHOLARSHIP

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INGENUITY PREP 4600 LIVINGSTON RD SE WASHINGTON, DC 20032	47-0882463	DCPCSB	12,500				STUDENT SCHOLARSHIP
JACKSON ELEMENTARY SCHOOL SELMA UNIFIED DISTRICT OFFICE 3036 THOMPSON SELMA, CA 93662	77-0559753	SELMA USD	10,209				STUDENT SCHOLARSHIP

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JAMES MCKEE ELEMENTARY SCHOOL 8701 HALVERSON DRIVE ELK GROVE, CA 95624	94-6002501	ELK GROVE USD	5,440				STUDENT SCHOLARSHIP
JEFFERSON ELEMENTARY SCHOOL 14300 BANCROFT AVE SAN LEANDRO, CA 94578	94-6002608	SAN LEANDRO USD	6,462				STUDENT SCHOLARSHIP

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JEFFERSON ELEMENTARY SCHOOL 218 E 12TH STREET PORT ANGELES, WA 98632	91-6001549	PORT ANGELES SCH DIS	10,176				STUDENT SCHOLARSHIP
JFK MIDDLE SCHOOL EXPEDITIONARY EDUCATION FOUNDATION 2521 GOODWIN AVENUE REDWOOD CITY, CA 94061	81-3401596	501(C)(3)	9,801				STUDENT SCHOLARSHIP

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KIPP DC AIM ACADEMY 2600 DOUGLASS RD WASHINGTON, DC 20020	74-2974642	DCPCSB	15,660				STUDENT SCHOLARSHIP
KIPP PRIZE PREPARATORY ACADEMY 1250 S KING ROAD SAN JOSE, CA 95122	20-5010766	ALUM ROCK DISTRICT	19,318				STUDENT SCHOLARSHIP

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LACES MAGNET SCHOOL 5931 W 18TH ST LOS ANGELES, CA 90035	93-1090541	LOS ANGELES USD	7,151				STUDENT SCHOLARSHIP
LAFAYETTE ELEMENTARY SCHOOL 5701 BROAD BRANCH ROAD NW WASHINGTON, DC 20015	53-6001131	DCPS	20,230				STUDENT SCHOLARSHIP

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LONGFELLOW MIDDLE SCHOOL 1500 DERBY STREET BERKELEY, CA 94703	94-6002113	BERKELEY UNIFIED	12,467				STUDENT SCHOLARSHIP
MAIN AVENUE ELEMENTARY 1400 MAIN AVE SACRAMENTO, CA 958382406	94-6002528	ROBLA ELEMENTARY SCH	6,240				STUDENT SCHOLARSHIP

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MARIPOSA AND EL PORTAL ELEMENTARY SCHOOLS PO BOX 5002 MARIPOSA, CA 95338	94-1706704	MARIPOSA	10,265				STUDENT SCHOLARSHIP
MESA MIDDLE SCHOOL 2555 HALCYON ROAD ARROYO GRANDE, CA 93420	71-0929358	LUCIA MAR USD	16,446				STUDENT SCHOLARSHIP

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MISSION DOLORES 3371 16TH STREET SAN FRANCISCO, CA 94114	20-2849575	501(C)(3)	6,618				STUDENT SCHOLARSHIP
MURCH ELEMENTARY SCHOOL 4810 36TH STREET NW WASHINGTON, DC 20008	53-6001131	DCPS	21,230				STUDENT SCHOLARSHIP

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NICHOLAS ELEMENTARY SCHOOL 6601 STEINER DRIVE SACRAMENTO, CA 95823	94-6002491	SCUSD	5,976				STUDENT SCHOLARSHIP
NORTH BEND ELEMENTARY 400 EAST THIRD STREET NORTH BEND, WA 98045	91-6001642	SNOQUALMIE VALLEY SC	8,954				STUDENT SCHOLARSHIP

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OLIVE VISTA MIDDLE SCHOOL 14600 TYLER STREET SYLMAR, CA 91342	95-6001908	LAUSD	6,163				STUDENT SCHOLARSHIP
ORANGEVALE OPEN SCHOOL 5630 ILLINOIS AVENUE FAIR OAKS, CA 95628	94-6002533	SAN JUAN USD	5,019				STUDENT SCHOLARSHIP

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PACIFIC ELEMENTARY 6201 41ST STREET SACRAMENTO, CA 95824	94-6002491	SCUSD	6,440				STUDENT SCHOLARSHIP
PHILLIPS ELEMENTARY SCHOOL 1012 SHETLER AVENUE NAPA, CA 94995	52-1550087	NAPA VALLEY USD	5,720				STUDENT SCHOLARSHIP

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PONY EXPRESS ELEMENTARY SCHOOL 1250 56TH AVENUE SACRAMENTO, CA 95831	94-6002491	SCUSD	7,837				STUDENT SCHOLARSHIP
PRESIDIO MIDDLE SCHOOL 450 30TH AVENUE SAN FRANCISCO, CA 94121	94-6000416	SFUSD	20,600				STUDENT SCHOLARSHIP

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QUILCENE SCHOOL DISTRICT PO BOX 40 QUILCENE, WA 98376	91-0928083	QUILCENE SCH DISTRIC	7,071				STUDENT SCHOLARSHIP
RACHEL CARSON ENVIRONMENTAL MS 1600 NW 173RD AVENUE BEAVERTON, OR 97006	93-6001065	BEAVERTON SCH DISTRIC	9,310				STUDENT SCHOLARSHIP

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RAINIER BEACH HIGH SCHOOL 8815 SEWARD PARK AV S SEATTLE, WA 981184743	91-6001541	SEATTLE PUBLIC SCHS	8,300				STUDENT SCHOLARSHIP
ROBERT LOUIS STEVENSON MS 1316 HILLVIEW PLACE ST HELENA, CA 94574	68-0314470	ST. HELENA UNIFIED	8,070				STUDENT SCHOLARSHIP

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ROOSEVELT ELEMENTARY SCHOOL 106 MONROE ROAD PORT ANGELES, WA 98362	91-6001549	PORT ANGELES SCH DIS	18,919				STUDENT SCHOLARSHIP
ROSIE'S GIRLS PO BOX 71126 RICHMOND, CA 94807	94-3335350	501(C)(3)	6,270				STUDENT SCHOLARSHIP

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SANTA MONICA SCIENCE MAGNET 2425 16TH STREET SANTA MONICA, CA 90405	95-6002855	SANTA MONICA-MALIBU	15,000				STUDENT SCHOLARSHIP
SAVOY ELEMENTARY 2400 SHANNON PL SE WASHINGTON, DC 20020	53-6001131	DCPS	5,350				STUDENT SCHOLARSHIP

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SCHURR HIGH SCHOOL 820 WILCOX AVENUE MONTEBELLO, CA 90640	95-6002104	MONTEBELLO UNIFIED	6,939				STUDENT SCHOLARSHIP
SHERMAN OAKS COMMUNITY CHARTER 1800 C-FRUITDALE AVENUE SAN JOSE, CA 95128	77-0226428	CAMPBELL UNION SCH D	6,701				STUDENT SCHOLARSHIP

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SIERRA ENTERPRISE ELEMENTARY 9115 FRUITRIDGE ROAD SACRAMENTO, CA 95826	94-6002501	ELK GROVE USD	5,280				STUDENT SCHOLARSHIP
SIERRA HOUSE ELEMENTARY SCHOOL 1709 REMINGTON TRAIL SOUTH LAKE TAHOE, CA 96150	30-0167022	LAKE TAHOE USD	5,850				STUDENT SCHOLARSHIP

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SIERRA OAKS 171 MILLS RD SACRAMENTO, CA 95864	94-6174473	SAN JUAN USD	7,980				STUDENT SCHOLARSHIP
SPOKANE INTERNATIONAL ACADEMY 2706 E QUEEN AVE SPOKANE, WA 99217	47-1091821	SPOKANE PUBLIC SCHS	12,558				STUDENT SCHOLARSHIP

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ST CHARLES BORROMEO CATHOLIC SCHOOL 7112 S 12TH ST TACOMA, WA 98465	91-0684772	501(C)(3)	6,900				STUDENT SCHOLARSHIP
ST PATRICK ACADEMY 5945 FRANKLIN BLVD SACRAMENTO, CA 95824	68-0447766	DIOCESE OF SACRAMENT	5,115				STUDENT SCHOLARSHIP

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STANFORD UNIVERSITY 485 LASUEN MALL STANFORD, CA 94305	94-1156365	501(C)(3)	153,083				SUPPORT FOR ONGOING RESEARCH ON THE CONNECTIONS OF SOCIO-EMOTIONAL LEARNING AND ENVIRONMENTAL EDUCATION.
STEAM ACADEMY AT BURKE MIDDLE SCHOOL 8101 ORANGE AVENUE PICO RIVERA, CA 90660	95-2162543	EL RANCHO UNIFIED	5,192				STUDENT SCHOLARSHIP

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STONEGATE ELEMENTARY 2605 GASSMANN DRIVE SAN JOSE, CA 95121	77-0059025	FRANKLIN-MCKINLEY SC	6,773				STUDENT SCHOLARSHIP
THE WOODS PROJECT 2700 SW FREEWAY HOUSTON, TX 77098	26-2959996	501(C)(3)	12,800				STUDENT SCHOLARSHIP

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THINK COLLEGE NOW 2825 INTERNATIONAL BLVD OAKLAND, CA 94601	43-2014630	OAKLAND USD	6,480				STUDENT SCHOLARSHIP
THURGOOD MARSHALL MIDDLE SCHOOL 3939 20TH AVE NW OLYMPIA, WA 985028542	91-6001626	OLYMPIA SCH DISTRICT	6,774				STUDENT SCHOLARSHIP

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TWO RIVERS PUBLIC CHARTER SCHOOL 1227 4TH ST NE WASHINGTON, DC 20002	41-2089357	DCPCSB	11,700				STUDENT SCHOLARSHIP
VALOR ACADEMY MIDDLE SCHOOL 9034 BURNET AVE NORTH HILLS, CA 91343	55-0806673	LOS ANGELES USD	8,210				STUDENT SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALTER REED MS IHP 4525 IRVINE AVENUE NORTH HOLLYWOOD, CA 91602	95-4390665	LAUSD	5,400				STUDENT SCHOLARSHIP
WASHINGTON YU YING PUBLIC CHARTER SCHOOL 220 TAYLOR ST NE WASHINGTON, DC 20017	20-4464054	DCPCSB	14,950				STUDENT SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINSTON CHURCHILL MIDDLE SCHOOL 4900 WHITNEY AVE CARMICHAEL, CA 95608	94-6002533	SAN JUAN USD	9,779				STUDENT SCHOLARSHIP
WOODLAND ELEMENTARY 3394 WOODLAND DRIVE MARIPOSA, CA 95338	94-1706704	MARIPOSA UNIFIED	10,013				STUDENT SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODROW WILSON ELEMENTARY 1300 WILLIAMS STREET SAN LEANDRO, CA 94577	94-6002608	SAN LEANDRO USD	7,800				STUDENT SCHOLARSHIP
NATIONAL PARK SERVICE 1849 C STREET NW WASHINGTON, DC 20240	53-0197094	GOVERNMENT	85,969				CENTENNIAL CHALLENGE FUND - TO SUPPORT PROJECTS AND PROGRAMS THAT ENHANCE THE NATIONAL PARK SYSTEM

Schedule J
(Form 990)

Compensation Information

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

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

OMB No. 1545-0047

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Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATUREBRIDGE

Employer identification number
94-2145930

Part I Questions Regarding Compensation

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

Part III **Supplemental Information**

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATUREBRIDGE

Employer identification number
94-2145930

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	443,909	FAIR MARKET VALUE
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 ▶ See Additional Data				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER OF CONTRIBUTIONS REFLECTS THE NUMBER OF ITEMS CONTRIBUTED.

Additional Data

Software ID:

Software Version:

EIN: 94-2145930

Name: NATUREBRIDGE

Part I, Lines 25-28

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (WINE/DINING PACKAGES/OTHER)	X	17	51,038	FAIR MARKET VALUE
Other ▶ (BOOKS/CARDS)	X	1	16,190	FAIR MARKET VALUE
Other ▶ (CUPS)	X	1	7,792	FAIR MARKET VALUE
Other ▶ (WATER BOTTLES)	X	1	3,285	FAIR MARKET VALUE
Other ▶ (GLOVE BOXES)	X	1	1,837	FAIR MARKET VALUE
Other ▶ (SLEEPING BAGS AND PADS)	X	1	687	FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization
NATUREBRIDGE

Employer identification number

94-2145930

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6:	NATUREBRIDGE MAINTAINS A VOLUNTEER TRACKING SPREADSHEET. VOLUNTEERS PRIMARILY INCLUDE MEMBERS OF THE NATIONAL BOARD AND EACH LOCAL BOARD. OTHER INDIVIDUALS WHO PARTICIPATE IN THE ORGANIZATION'S FUNDRAISING EVENTS ARE ALSO INCLUDED IN THE LIST OF VOLUNTEERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE REVIEWED THE FEDERAL FORM 990 WHEN DRAFTED AND THE FINAL VERSION WAS PROVIDED TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	NATUREBRIDGE HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT ALL BOARD MEMBERS AND EMPLOYEES MUST READ WHEN THEY JOIN THE ORGANIZATION. THE POLICY IS REVIEWED BY THE BOARD AND MANAGEMENT ON A REGULAR BASIS. WHEN MANAGEMENT GAINS KNOWLEDGE ABOUT A POTENTIAL CONFLICT OF INTEREST, THE ISSUE IS INVESTIGATED AND ADDRESSED AT THE APPROPRIATE LEVEL. IF THERE IS A POTENTIAL CONFLICT OF INTEREST AT THE BOARD LEVEL, THE AFFECTED MEMBER OR MEMBERS EXCUSE THEMSELVES FROM VOTING OR OTHERWISE INFLUENCING THE DECISION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD PERFORMS AN ANNUAL ASSESSMENT OF THE CEO'S PERFORMANCE AND THE CEO PERFORMS AN ANNUAL ASSESSMENT OF THE CFO, COO AND CDO. INPUT FOR THE PERFORMANCE REVIEWS INCLUDES FEEDBACK FROM THE BOARD AND STAFF OF THE ORGANIZATION. ONCE THE REVIEWS ARE COMPLETED, THE BOARD REVIEWS COMPARABLE SALARY DATA FOR BOTH POSITIONS AND DOCUMENTS THEIR DECISION FOR SALARY INCREASES. SALARY INCREASES FOR CEO, CFO, COO AND CDO ARE MEMORIALIZED THROUGH A CHANGE STATUS FORM SIGNED BY THE BOARD CHAIR (FOR THE CEO), CEO (FOR THE CFO, COO AND CDO) AND THE HUMAN RESOURCES DIRECTOR. ALL OTHER SALARIES ARE APPROVED BY THE BOARD THROUGH ITS APPROVAL OF THE ANNUAL BUDGET.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	LOSS ON UNCOLLECTIBLE PLEDGE -12,000.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATUREBRIDGE

Employer identification number

94-2145930

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PRESIDIO ENVIRONMENTAL INSTITUTE GGNRA BUILDING 1033 SAUSALITO, CA 94965 91-1818653	FIELD SCIENCE	CA	501(C)(3)	LINE 10	NATUREBRIDGE	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation