

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

2017
Open to Public Inspection

A For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATUREBRIDGE		D Employer identification number 94-2145930	
	Doing business as		E Telephone number (415)992-4700	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	28 GEARY STREET		650	
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94108		G Gross receipts \$ 25,027,097.	
F Name and address of principal officer: PHILLIP KILBRIDGE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.NATUREBRIDGE.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1971	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: NATUREBRIDGE PROVIDES ENVIRONMENTAL EDUCATION PROGRAMS AT SIX NATIONAL PARKS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	310
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	272,375.
b Net unrelated business taxable income from Form 990-T, line 34	7b	8,238.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	12,183,615.	6,409,965.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,063,511.	14,578,397.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	231,627.	551,436.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-199,268.	-205,468.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,279,485.	21,334,330.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,340,286.	1,997,349.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,230,797.	10,814,773.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,261,146.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,000,368.	6,261,081.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,571,451.	19,073,203.
19 Revenue less expenses. Subtract line 18 from line 12	7,708,034.	2,261,127.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	40,785,424.	43,818,504.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,874,294.	7,115,920.
		34,911,130.	36,702,584.

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		
	GALEN QUARING, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MAGA E. KISRIV				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		

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	NATUREBRIDGE	94-2145930
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	28 GEARY STREET, NO. 650	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN FRANCISCO, CA 94108	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

GALEN QUARING

• The books are in the care of ▶ 28 GEARY STREET, NO. 650 - SAN FRANCISCO, CA 94108
Telephone No. ▶ (415) 992-4700 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning JUL 1, 2017, and ending JUN 30, 2018 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

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 [X] No

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

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 \$ 15,872,135. including grants of \$ 1,997,349.) (Revenue \$ 14,579,131.) 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 DIVERSE YOUNG PEOPLE OUT OF THE CLASSROOM AND INTO THE OUTDOORS FOR THREE- TO FIVE-DAY OVERNIGHT EXPERIENCES. WITH CHILDREN IMMERSSED IN THE

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 15,872,135.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O response

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:
GALEN QUARING - (415) 992-4700
28 GEARY STREET, NO. 650, SAN FRANCISCO, CA 94108

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IAN YOLLES CHAIR OF THE BOARD	2.00	X		X				0.	0.	0.
(2) CARROLL C. YANDELL VICE-CHAIR	2.00	X		X				0.	0.	0.
(3) VERA MICHALCHIK VICE-CHAIR (ELECTED OCT 2017)	2.00	X		X				0.	0.	0.
(4) RANDALL E. REYNOSO TREASURER	2.00	X		X				0.	0.	0.
(5) TRACY THOMPSON SECRETARY	2.00	X		X				0.	0.	0.
(6) DAN ABRAMS DIRECTOR	2.00	X						0.	0.	0.
(7) MATTHEW A. BAXTER, JR. DIRECTOR	2.00	X						0.	0.	0.
(8) SUSAN S. BOREN DIRECTOR	2.00	X						0.	0.	0.
(9) ANGELA CHEN DIRECTOR	2.00	X						0.	0.	0.
(10) RAOUL GOFF DIRECTOR	2.00	X						0.	0.	0.
(11) ROBERT J. HOLMES DIRECTOR	2.00	X						0.	0.	0.
(12) TOM KIERNAN DIRECTOR	2.00	X						0.	0.	0.
(13) BRAD O'BRIEN DIRECTOR	2.00	X						0.	0.	0.
(14) DAVID PLACEK DIRECTOR	2.00	X						0.	0.	0.
(15) ALLAN J. PRAGER DIRECTOR	2.00	X						0.	0.	0.
(16) BARBARA SEMEDO DIRECTOR	2.00	X						0.	0.	0.
(17) WALTER SIVE DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) IVY ARCHER WINTERS DIRECTOR (THRU 5/31/18)	2.00	X						0.	0.	0.
(19) ANANDA BARON DIRECTOR	2.00	X						0.	0.	0.
(20) NICOLE SHEEHAN DIRECTOR	2.00	X						0.	0.	0.
(21) BEN STEELE DIRECTOR (ELECTED AUG 2017)	2.00	X						0.	0.	0.
(22) JENNY KOEHLER DIRECTOR (ELECTED AUG 2017)	2.00	X						0.	0.	0.
(23) KEVIN T. NEWMAN DIRECTOR (ELECTED OCT 2017)	2.00	X						0.	0.	0.
(24) LIZ VALENTINE DIRECTOR (ELECTED AUG 2017)	2.00	X						0.	0.	0.
(25) PHILLIP KILBRIDGE PRESIDENT & CEO	40.00			X				255,960.	0.	24,488.
(26) GALEN QUARING CFO	40.00			X				129,053.	0.	16,323.
1b Sub-total								385,013.	0.	40,811.
c Total from continuation sheets to Part VII, Section A								530,603.	0.	34,346.
d Total (add lines 1b and 1c)								915,616.	0.	75,157.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FORTUNE-RATLIFF GENERAL CONTRACTORS INC P.O. BOX 26944, FRESNO, CA 93729	CONSTRUCTION	1,539,223.
CONNOR & MCLAUGHLIN, 27 MAIDEN LANE, SUITE 250, SAN FRANCISCO, CA 94108	OFFICE LEASE	170,292.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	829,174.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	277,630.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,303,161.				
	g Noncash contributions included in lines 1a-1f: \$		629,423.				
	h Total. Add lines 1a-1f		6,409,965.				
Program Service Revenue	2 a FIELD SCIENCE PROGRAMS	Business Code 611710	12,448,395.	12,448,395.			
	b CONFERENCES AND OTHER	611710	1,370,223.	1,097,848.	272,375.		
	c SUMMER YOUTH PROGRAMS	611710	590,870.	590,870.			
	d SCHOLARSHIP FEES	611710	88,246.	88,246.			
	e BILLED SERVICES	611710	79,107.	79,107.			
	f All other program service revenue	611710	1,556.	1,556.			
	g Total. Add lines 2a-2f		14,578,397.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		93,239.			93,239.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	55,307.				
		(ii) Personal					
		b Less: rental expenses	39,548.				
		c Rental income or (loss)	15,759.				
d Net rental income or (loss)			15,759.			15,759.	
7 a Gross amount from sales of assets other than inventory		(i) Securities	3,743,761.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	3,285,564.				
		c Gain or (loss)	458,197.				
d Net gain or (loss)			458,197.			458,197.	
8 a Gross income from fundraising events (not including \$ 829,174. of contributions reported on line 1c). See Part IV, line 18		a	117,583.				
		b Less: direct expenses	355,337.				
	c Net income or (loss) from fundraising events		-237,754.			-237,754.	
9 a Gross income from gaming activities. See Part IV, line 19	a	5,200.					
	b Less: direct expenses	0.					
	c Net income or (loss) from gaming activities		5,200.			5,200.	
10 a Gross sales of inventory, less returns and allowances	a	22,911.					
	b Less: cost of goods sold	12,318.					
	c Net income or (loss) from sales of inventory		10,593.			10,593.	
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME		900099	734.	734.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			734.				
12 Total revenue. See instructions.			21,334,330.	14,306,756.	272,375.	345,234.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	1,997,349.	1,997,349.		
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, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	604,208.	30,277.	305,670.	268,261.
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	7,859,649.	6,477,930.	850,571.	531,148.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	152,863.	123,613.	16,967.	12,283.
9 Other employee benefits	1,501,405.	1,244,537.	149,001.	107,867.
10 Payroll taxes	696,648.	563,345.	77,325.	55,978.
11 Fees for services (non-employees):				
a Management				
b Legal	4,825.	1,100.	740.	2,985.
c Accounting	36,500.		36,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	31,475.		31,475.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	388,884.	193,859.	163,775.	31,250.
12 Advertising and promotion	51,161.	50,188.	463.	510.
13 Office expenses	853,007.	711,201.	74,568.	67,238.
14 Information technology	41,802.	7,651.	33,856.	295.
15 Royalties				
16 Occupancy	1,531,672.	1,415,320.	44,946.	71,406.
17 Travel	269,858.	197,859.	45,454.	26,545.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,398.	20,360.	2,436.	10,602.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	534,157.	397,969.	78,633.	57,555.
23 Insurance	203,048.	182,143.	11,750.	9,155.
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	1,965,634.	1,960,338.	4,816.	480.
b CONTRACT TRANSPORTATION	160,584.	160,584.		
c STAFF DEV AND TRAINING	50,334.	46,794.	1,498.	2,042.
d OTHER CONTRACT SERVICES	40,996.	40,996.		
e All other expenses	63,746.	48,722.	9,478.	5,546.
25 Total functional expenses. Add lines 1 through 24e	19,073,203.	15,872,135.	1,939,922.	1,261,146.
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 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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,583,584.	1	1,709,919.
	2 Savings and temporary cash investments	2,345,064.	2	3,843,591.
	3 Pledges and grants receivable, net	8,312,733.	3	5,740,360.
	4 Accounts receivable, net	260,166.	4	437,048.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	54,612.	8	49,788.
	9 Prepaid expenses and deferred charges	133,276.	9	144,225.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,995,010.		
	b Less: accumulated depreciation	10b 7,062,321.	25,245,888.	10c 28,932,689.
	11 Investments - publicly traded securities	2,827,802.	11	2,934,135.
	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	22,299.	15	26,749.
16 Total assets. Add lines 1 through 15 (must equal line 34)	40,785,424.	16	43,818,504.	
Liabilities	17 Accounts payable and accrued expenses	1,790,734.	17	1,898,069.
	18 Grants payable		18	
	19 Deferred revenue	1,983,495.	19	2,126,300.
	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	2,064,864.	23	3,053,768.
	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	35,201.	25	37,783.
	26 Total liabilities. Add lines 17 through 25	5,874,294.	26	7,115,920.
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	3,814,142.	27	4,016,378.
	28 Temporarily restricted net assets	30,459,990.	28	32,049,208.
	29 Permanently restricted net assets	636,998.	29	636,998.
	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	34,911,130.	33	36,702,584.	
34 Total liabilities and net assets/fund balances	40,785,424.	34	43,818,504.	

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	21,334,330.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,073,203.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,261,127.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,911,130.
5	Net unrealized gains (losses) on investments	5	-391,635.
6	Donated services and use of facilities	6	22,153.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-100,191.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,702,584.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

Form **990** (2017)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,747,988.	8,198,756.	6,795,254.	12,108,165.	6,409,965.	38,260,128.
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	10,959,745.	12,242,043.	12,849,742.	12,864,992.	14,306,756.	63,223,278.
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	15,707,733.	20,440,799.	19,644,996.	24,973,157.	20,716,721.	101,483,406.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	355,280.	3,378,999.	796,330.	1,780,468.	1,236,298.	7,547,375.
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	355,280.	3,378,999.	796,330.	1,780,468.	1,236,298.	7,547,375.
8 Public support. (Subtract line 7c from line 6.)						93,936,031.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	15,707,733.	20,440,799.	19,644,996.	24,973,157.	20,716,721.	101,483,406.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	87,149.	70,942.	94,826.	116,808.	148,546.	518,271.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	87,149.	70,942.	94,826.	116,808.	148,546.	518,271.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			0.	0.	0.	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	94,279.	120,197.	133,165.	121,617.	145,694.	614,952.
13 Total support. (Add lines 9, 10c, 11, and 12.)	15,889,161.	20,631,938.	19,872,987.	25,211,582.	21,010,961.	102,616,629.

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	91.54 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	91.83 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.51 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.48 %

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 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? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING EVENTS

2013 AMOUNT: \$ 62,428.

2014 AMOUNT: \$ 98,097.

2015 AMOUNT: \$ 116,113.

2016 AMOUNT: \$ 95,512.

2017 AMOUNT: \$ 117,583.

GROSS SALES OF INVENTORY

2013 AMOUNT: \$ 31,851.

2014 AMOUNT: \$ 22,100.

2015 AMOUNT: \$ 17,052.

2016 AMOUNT: \$ 19,795.

2017 AMOUNT: \$ 22,911.

GROSS INCOME FROM GAMING ACTIVITIES

2016 AMOUNT: \$ 6,310.

2017 AMOUNT: \$ 5,200.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

NATUREBRIDGE

Employer identification number

94-2145930

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 6,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 9,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 32,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 5,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 25,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 28,673.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 14,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 205,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 44,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 9,442.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 20,442.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 96,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 24,497.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 5,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 44,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 13,730.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 18,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 7,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 8,042.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 24,396.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 6,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 7,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 966,627.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 103,396.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 19,828.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 19,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 47,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 57,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____ _____ _____	\$ 6,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____ _____ _____	\$ 6,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	 <hr/> <hr/> <hr/>	\$ 7,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	 <hr/> <hr/> <hr/>	\$ 53,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	 <hr/> <hr/> <hr/>	\$ 12,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	 <hr/> <hr/> <hr/>	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	 <hr/> <hr/> <hr/>	\$ 25,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
84	 <hr/> <hr/> <hr/>	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 17,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 9,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 27,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ 630,961.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ 5,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ 82,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	<hr/> <hr/> <hr/>	\$ 13,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ 590,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ 6,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ 29,150.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ 11,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	<hr/> <hr/> <hr/>	\$ 18,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ 5,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ _____	\$ 23,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	_____ _____ _____	\$ 25,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	_____ _____ _____	\$ 39,642.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	_____ _____ _____	\$ 161,462.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	<hr/> <hr/> <hr/>	\$ 11,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	<hr/> <hr/> <hr/>	\$ 10,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	<hr/> <hr/> <hr/>	\$ 144,957.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	<hr/> <hr/> <hr/>	\$ 26,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	<hr/> <hr/> <hr/>	\$ 345,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	_____ _____ _____	\$ 92,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	_____ _____ _____	\$ 101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	_____ _____ _____	\$ 73,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	_____ _____ _____	\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	10 SHARES AMAZON.COM INC (AMZN), 70 SHARES MASTERCARD INC CLA (MA), 64 SHARES VISA INC CLA (V), AND 11 SHARES BOEING CO (BA)	\$ 28,673.	08/29/17
43	75 BOOKS BY PHOTOGRAPHER ART WOLFE AND 1,000 BOXED NOTECARD SETS	\$ 13,730.	03/22/18
54	4 VIP TICKETS - COLLEGE BASKETBALL GAME	\$ 342.	08/31/17
55	212 40OZ CUPS, 90 10OZ CUPS	\$ 3,946.	12/04/17
57	54 SHARES PEPSICO INC (PEP)	\$ 5,743.	08/24/17
59	5,139 SHARES GENPACT LTD (G) AND 1,030 SHARES BERKSHIRE HATHAWAY (BRK B)	\$ 531,057.	07/14/17

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
83	4 TENTS _____ _____ _____	\$ _____ 262.	06/27/18
119	10 CASES OF 2006 BARN BURNER CABERNET SAUVIGNON, TOUR AND VERTICAL TASTING FOR SIX INCLUDING LUNCH AND 6 BOTTLES OF BARN BURNE 2013 AND TOUR FOR 20 PEOPLE INCLUDING WINE FOR DINNER _____ _____ _____	\$ _____ 29,150.	02/12/18
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization NATUREBRIDGE	Employer identification number 94-2145930
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a 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 Tax 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?

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)?

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,021,578.	983,132.	974,483.	982,638.	868,888.
b Contributions		2,000.	2,500.	500.	2,000.
c Net investment earnings, gains, and losses	36,274.	84,832.	16,456.	8,605.	118,309.
d Grants or scholarships					
e Other expenditures for facilities and programs	42,556.	48,386.	10,307.	17,260.	6,559.
f Administrative expenses					
g End of year balance	1,015,296.	1,021,578.	983,132.	974,483.	982,638.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 62.74 %
- c Temporarily restricted endowment 37.26 %

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

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

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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		4,141,513.	2,364,279.	1,777,234.
c Leasehold improvements		2,981,517.	2,133,300.	848,217.
d Equipment		2,591,084.	2,185,176.	405,908.
e Other		26,280,896.	379,566.	25,901,330.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				28,932,689.

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. (Col. (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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS PAYABLE	37,783.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	37,783.

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	20,017,734.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-391,635.
b	Donated services and use of facilities	2b	189,903.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,509,749.
e	Add lines 2a through 2d	2e	-1,711,481.
3	Subtract line 2e from line 1	3	21,729,215.
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	-394,885.
c	Add lines 4a and 4b	4c	-394,885.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,334,330.

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	18,226,280.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	167,750.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	399,385.
e	Add lines 2a through 2d	2e	567,135.
3	Subtract line 2e from line 1	3	17,659,145.
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	1,414,058.
c	Add lines 4a and 4b	4c	1,414,058.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,073,203.

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.

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.

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

Part XIII Supplemental Information (continued)

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHOLARSHIP EXPENSES NETTED AGAINST REVENUE	-1,414,058.
LOSS ON UNCOLLECTIBLE PLEDGE	-95,691.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,509,749.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASSIFIED TO REVENUE	-355,337.
RENTAL EXPENSES RECLASSIFIED TO REVENUE	-39,548.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-394,885.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASSIFIED TO REVENUE	355,337.
RENTAL EXPENSES RECLASSIFIED TO REVENUE	39,548.
LOSS ON UNCOLLECTIBLE PLEDGE	4,500.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	399,385.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIP EXPENSES NETTED AGAINST REVENUE	1,414,058.
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	EVENING ON THE LAKE (event type)	2 (total number)	
Revenue	1 Gross receipts	659,825.	198,331.	88,601.	946,757.
	2 Less: Contributions	581,960.	169,920.	77,294.	829,174.
	3 Gross income (line 1 minus line 2)	77,865.	28,411.	11,307.	117,583.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	70,583.		2,416.	72,999.
	7 Food and beverages	95,984.	33,742.	19,529.	149,255.
	8 Entertainment				
	9 Other direct expenses	88,711.	31,299.	13,073.	133,083.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				355,337.
11 Net income summary. Subtract line 10 from line 3, column (d)				-237,754.	

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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TRUST FOR CONSERVATION INNOVATION 405 14TH STREET, SUITE 164 OAKLAND, CA 94612	91-2166435	501(C)(3)	25,085.	4,944.	FAIR MARKET VALUE	4 COMPUTERS	RE-GRANT OF FUNDS TO CHANGESCALE
STANFORD UNIVERSITY 485 LASUEN MALL STANFORD, CA 94305	94-1156365	TRUST WITH CORPORATE	10,000.	0.			SUPPORT FOR ONGOING RESEARCH ON THE CONNECTIONS OF SOCIO-EMOTIONAL LEARNING
ACHIEVEMENT PREP 908 WAHLER PL SE WASHINGTON, DC 20032	20-8156566	DC PUB CHARTER SCH B	12,815.	0.			STUDENT SCHOLARSHIP
ALIANZA SCHOOL 115 CASSERLY ROAD WATSONVILLE, CA 95076-6645	77-0375541	PAJARO VALLEY USD	17,890.	0.			STUDENT SCHOLARSHIP
ALLIANCE COLLEGE-READY MIDDLE ACADEMY #5 - 211 S AVE 20 - LOS ANGELES, CA 90031	94-3477005	LA USD	5,981.	0.			STUDENT SCHOLARSHIP
ALLIANCE JACK H. SKIRBALL MIDDLE 603 E. 115TH ST. LOS ANGELES, CA 90059	51-0581154	LA USD	7,264.	0.			STUDENT SCHOLARSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 100.

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

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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	LA USD	5,627.	0.			STUDENT SCHOLARSHIP
ANNA KIRCHGATER ELEMENTARY 8141 STEVENSON AVE. SACRAMENTO, CA 95828	94-6002501	ELK GROVE USD	10,976.	0.			STUDENT SCHOLARSHIP
APTITUD COMMUNITY ACADEMY AT GOSS 2475 VAN WINKLE LN SAN JOSE, CA 95116	77-0016360	ALUM ROCK UNION	5,691.	0.			STUDENT SCHOLARSHIP
ARCADE FUNDAMENTAL M.S. 3500 EDISON AVENUE SACRAMENTO, CA 95821	94-6002533	SAN JUAN UNIFIED	9,258.	0.			STUDENT SCHOLARSHIP
ASPIRE GOLDEN STATE COLLEGE PREPARATORY ACADEMY - 1009 66TH AVENUE - OAKLAND, CA 94621	94-3311088	OAKLAND UNIFIED	8,078.	0.			STUDENT SCHOLARSHIP
BASIS DC PUBLIC CHARTER SCHOOL 410 8TH ST NW WASHINGTON, DC 20004	45-3369822	DC PUB CHARTER S	28,690.	0.			STUDENT SCHOLARSHIP
BREMERTON HIGH SCHOOL - LESUEUR 1500 13TH STREET BREMERTON, WA 98337-1370	91-6001656	BREMERTON SCH DI	6,200.	0.			STUDENT SCHOLARSHIP
BRIGHTWOOD EDUCATION CAMPUS 1300 NICHOLSON ST NW WASHINGTON, DC 20011	53-6001131	DC PUBLIC SCHOOL	9,160.	0.			STUDENT SCHOLARSHIP
BRUCE-MONROE ELEMENTARY SCHOOL 3560 WARDER ST. NW WASHINGTON, DC 20010	53-6001131	DC PUBLIC SCHOOL	12,235.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BUENA VISTA HORACE MANN K-8 COMMUNITY SCHOOL - 3351 23RD ST - SAN FRANCISCO, CA 94110	90-9064919	SAN FRANCISCO US	9,528.	0.			STUDENT SCHOLARSHIP
CAMBRIA GRAMMAR SCHOOL 3223 MAIN STREET CAMBRIA, CA 93428	80-0052972	COAST UNION SCH	7,906.	0.			STUDENT SCHOLARSHIP
CITY OF PATTERSON 1033 W. LAS PALMAS PATTERSON, CA 95363	94-6000391	CITY OF PATTERSO	5,522.	0.			STUDENT SCHOLARSHIP
COMMUNITY COLLABORATIVE CHARTER SCHOOL - 5715 SKVARLA AVE. - MCCLELLAN PARK, CA 95652	20-0231006	501(C)(3)	7,106.	0.			STUDENT SCHOLARSHIP
CONNECT COMMUNITY CHARTER 635 OAKSIDE STREET REDWOOD CITY, CA 94063	45-5252714	REDWOOD CITY SCH	6,421.	0.			STUDENT SCHOLARSHIP
CRITTENDEN MIDDLE SCHOOL 1701 ROCK ST MOUNTAIN VIEW, CA 94043	93-0991812	MOUNTAIN VIEW WH	19,476.	0.			STUDENT SCHOLARSHIP
DAVID LUBIN ELEMENTARY SCHOOL 3535 M STREET SACRAMENTO, CA 95816	94-6002491	SACRAMENTO CITY	6,440.	0.			STUDENT SCHOLARSHIP
DC BILINGUAL PUBLIC CHARTER SCHOOL 33 RIGGS RD NE WASHINGTON, DC 20011	20-0412800	DC PUB CHARTER S	9,375.	0.			STUDENT SCHOLARSHIP
DEMOCRACY PREP CONGRESS HEIGHTS 3100 MARTIN LUTHER KING JR AVE WASHINGTON, DC 20032	46-3584994	DC PUB CHARTER S	11,740.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DOROTHY HEIGHT ES 1300 ALLISON ST NW WASHINGTON, DC 20011	53-6001131	DC PUBLIC SCHOOL	6,845.	0.			STUDENT SCHOLARSHIP
DOWNEY HIGH SCHOOL 11040 BROOKSHIRE AVE DOWNEY, CA 90241-3889	94-1170350	DOWNEY USD	7,273.	0.			STUDENT SCHOLARSHIP
DRY CREEK ELEMENTARY SCHOOL 25 RIFE RD PORT ANGELES, WA 98363-8433	91-6001549	PORT ANGELES SCH	6,156.	0.			STUDENT SCHOLARSHIP
EAST PALO ALTO FAMILY YMCA 550 BELL ST. EAST PALO ALTO, CA 94303	94-1156318	501(C)(3)	5,180.	0.			STUDENT SCHOLARSHIP
EL CENTRO ELEMENTARY 1480 EL CENTRO AVE. NAPA, CA 94588	68-0072362	NAPA VALLEY USD	5,232.	0.			STUDENT SCHOLARSHIP
ENDEAVOR COLLEGE PREPARATORY CHARTER - 1263 S. SOTO STREET - LOS ANGELES, CA 90023	82-3480043	LA USD	11,283.	0.			STUDENT SCHOLARSHIP
ENVIRONMENTAL CHARTER HIGH SCHOOL 16315 GREVILLEA AVENUE LAWNDALE, CA 90260	33-0920934	LAWNDALE ELEMENT	17,309.	0.			STUDENT SCHOLARSHIP
ENVIRONMENTAL CHARTER MIDDLE SCHOOL - GARDENA - 812 WEST 165TH PLACE - GARDENA, CA 90247	33-0920934	LOS ANGELES USD	14,789.	0.			STUDENT SCHOLARSHIP
ENVIRONMENTAL CHARTER MIDDLE SCHOOL - INGLEWOOD - 3600 WEST IMPERIAL HWY - INGLEWOOD, CA 90303	33-0920934	LOS ANGELES USD	15,076.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
EVERETT ALVAREZ HIGH SCHOOL 1900 INDEPENDENCE BLVD SALINAS, CA 93906	77-0320722	SALINAS UNION HI	10,584.	0.			STUDENT SCHOLARSHIP
EXCEL ACADEMY 2501 MARTIN LUTHER KING, JR. AVENU WASHINGTON, DC 20020	20-4394596	DC PUBLIC SCHOOL	11,855.	0.			STUDENT SCHOLARSHIP
EXTERA PUBLIC SCHOOLS 3626 E. 5TH STREET LOS ANGELES, CA 90063	27-3095854	LOS ANGELES USD	13,540.	0.			STUDENT SCHOLARSHIP
FORKS COMMUNITY ENVIRONMENTAL SCIENCE PROGRAM - 301 S. ELDERBERRY - FORKS, WA 98331	91-1012362	QUILLAYUTE VALLE	6,375.	0.			STUDENT SCHOLARSHIP
FRANCIS SCOTT KEY ELEMENTARY 5001 DANA PL, NW WASHINGTON, DC 20016	53-6001131	DC PUBLIC SCHOOL	9,690.	0.			STUDENT SCHOLARSHIP
FRANKLIN ELEMENTARY - PORT ANGELES 2505 S. WASHINGTON STREET PORT ANGELES, WA 98362	91-6001549	PORT ANGELES SCH	5,076.	0.			STUDENT SCHOLARSHIP
GATEWAY MIDDLE SCHOOL 1512 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94115	94-3278357	SF USD	6,080.	0.			STUDENT SCHOLARSHIP
GRAHAM MIDDLE SCHOOL 1175 CASTRO STREET MOUNTAIN VIEW, CA 94040	93-0991812	MOUNTAIN VIEW WH	18,118.	0.			STUDENT SCHOLARSHIP
GUSTINE HIGH SCHOOL 1500 MEREDITH AVE. GUSTINE, CA 95322	77-0572125	GUSTINE USD	8,455.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HAWTHORNE ELEMENTARY - SEATTLE 4100 39TH AVE S SEATTLE, WA 98118	91-1508191	SEATTLE PUB SCH	8,100.	0.			STUDENT SCHOLARSHIP
HOOD CANAL SCHOOL DISTRICT 111 N. STATE ROUTE 106 SHELTON, WA 98584	91-0998717	HOOD CANAL SCH D	6,600.	0.			STUDENT SCHOLARSHIP
HOOVER SCHOOL - REDWOOD CITY 701 CHARTER STREET REDWOOD CITY, CA 94063	94-3084018	REDWOOD CITY SCH	7,564.	0.			STUDENT SCHOLARSHIP
HOWARD UNIVERSITY MIDDLE SCHOOL 405 HOWARD PLACE WASHINGTON, DC 20059	58-2677214	501(C)(3)	6,480.	0.			STUDENT SCHOLARSHIP
IMAGINE HOPE COMMUNITY CHARTER SCHOOL - TOLSON CAMPUS - 2917 8TH ST NE - WASHINGTON, DC 20017	33-1101817	DC PUB CHARTER S	5,605.	0.			STUDENT SCHOLARSHIP
JACKSON ELEMENTARY SCHOOL SELMA UNIFIED DISTRICT OFFICE: 303 SELMA, CA 93662	77-0559753	SELMA USD	13,281.	0.			STUDENT SCHOLARSHIP
JOHN F. KENNEDY MIDDLE SCHOOL EXPEDITIONARY EDUCATION FOUNDATION - 2521 GOODWIN AVENUE - REDWOOD CITY, CA 94061	81-3401596	REDWOOD CITY USD	13,914.	0.			STUDENT SCHOLARSHIP
KIPP DC AIM ACADEMY 2600 DOUGLASS RD WASHINGTON, DC 20020	74-2974642	DC PUB CHARTER S	16,270.	0.			STUDENT SCHOLARSHIP
KIPP PRIZE PREPARATORY ACADEMY 1250 S. KING ROAD SAN JOSE, CA 95122	20-5010766	ALUM ROCK DISTRI	23,805.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
KIPP SAN FRANCISCO BAY ACADEMY 1430 SCOTT ST. SAN FRANCISCO, CA 94115	20-5010766	SF USD	6,721.	0.			STUDENT SCHOLARSHIP
LAFAYETTE ELEMENTARY SCHOOL 5701 BROAD BRANCH ROAD, NW WASHINGTON, DC 20015	53-6001131	DC PUBLIC SCHOOL	23,265.	0.			STUDENT SCHOLARSHIP
LOMA VERDE ELEMENTARY SCHOOL 399 ALAMEDA DE LA LOMA NOVATO, CA 94949	68-0112169	NOVATO USD	5,225.	0.			STUDENT SCHOLARSHIP
LONGFELLOW MIDDLE SCHOOL 1500 DERBY STREET BERKELEY, CA 94703	94-6002113	BERKELEY UNIFIED	15,452.	0.			STUDENT SCHOLARSHIP
LOS ANGELES VALLEY COLLEGE 5800 FULTON AVENUE VALLEY GLEN, CA 91401-4096	95-2587353	LOS ANGELES COMM	7,898.	0.			STUDENT SCHOLARSHIP
MAIN AVENUE ELEMENTARY 1400 MAIN AVE. SACRAMENTO, CA 95838-2406	94-6002528	ROBLA ELEMENTARY	5,244.	0.			STUDENT SCHOLARSHIP
MARIPOSA AND EL PORTAL ELEMENTARY SCHOOLS - PO BOX 5002 - MARIPOSA, CA 95338	94-1706704	MARIPOSA COUNTY	12,593.	0.			STUDENT SCHOLARSHIP
MARK TWAIN MIDDLE SCHOOL 2224 WALGROVE AVE. LOS ANGELES, CA 90066	95-6001908	LOS ANGELES USD	5,176.	0.			STUDENT SCHOLARSHIP
MARTIN LUTHER KING ELEMENTARY 3200 6TH ST SE WASHINGTON, DC 20032	53-6001131	DC PUBLIC SCHOOL	7,275.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MARY MCLEOD BETHUNE DAY ACADEMY PUBLIC CHARTER SCHOOL - 1404 JACKSON STREET NE - WASHINGTON, DC 20017	77-0601491	501(C)(3)	5,505.	0.			STUDENT SCHOLARSHIP
MCKINLEY INSTITUTE OF TECHNOLOGY 400 DUANE STREET REDWOOD CITY, CA 94062	94-3084018	REDWOOD CITY SCH	5,270.	0.			STUDENT SCHOLARSHIP
MESA MIDDLE SCHOOL 2555 HALCYON ROAD ARROYO GRANDE, CA 93420	71-0929358	LUCIA MAR USD	22,549.	0.			STUDENT SCHOLARSHIP
MISSION DOLORES 3371 16TH STREET SAN FRANCISCO, CA 94114	20-2849575	ARCHDIOCESE OF S	5,997.	0.			STUDENT SCHOLARSHIP
MULTNOMAH ENVIR. STUDIES MAGNET 2101 NORTH INDIANA AVENUE LOS ANGELES, CA 90032	95-6001908	LOS ANGELES USD	5,905.	0.			STUDENT SCHOLARSHIP
MURCH ELEMENTARY SCHOOL 3373 VAN NESS ST WASHINGTON, DC 20008	53-6001131	DC PUBLIC SCHOOL	20,090.	0.			STUDENT SCHOLARSHIP
NICHOLAS ELEMENTARY SCHOOL 6601 STEINER DRIVE SACRAMENTO, CA 95823	94-6002491	SACRAMENTO CITY	10,736.	0.			STUDENT SCHOLARSHIP
NORTH BEND ELEMENTARY 400 EAST THIRD STREET NORTH BEND, WA 98045	91-6001642	SNOQUALMIE VALLE	9,526.	0.			STUDENT SCHOLARSHIP
NORTH HOLLYWOOD HIGH SCHOOL - ZOO MAGNET - 5231 COLFAX AVENUE - NORTH HOLLYWOOD, CA 91601	95-4093971	LA USD	8,198.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PACIFIC ELEMENTARY 6201 41ST STREET SACRAMENTO, CA 95824	94-6002491	SACRAMENTO CITY	6,775.	0.			STUDENT SCHOLARSHIP
PHILLIPS ELEMENTARY SCHOOL 1012 SHETLER AVENUE NAPA, CA 94995	52-1550087	NAPA VALLEY USD	5,309.	0.			STUDENT SCHOLARSHIP
PRESIDIO MIDDLE SCHOOL 450 30TH AVENUE SAN FRANCISCO, CA 94121	94-6000416	SAN FRANCISCO US	18,102.	0.			STUDENT SCHOLARSHIP
QUILCENE SCHOOL DISTRICT PO BOX 40 QUILCENE, WA 98376	91-0928083	QUILCENE SCH DIS	6,885.	0.			STUDENT SCHOLARSHIP
RACHEL CARSON ENVIRONMENTAL M. S. 1600 NW 173RD AVENUE BEAVERTON, OR 97006	93-6001065	BEAVERTON SCH DI	9,000.	0.			STUDENT SCHOLARSHIP
RAINIER BEACH HIGH SCHOOL 8815 SEWARD PARK AV S SEATTLE, WA 98118-4743	91-6001541	SEATTLE PUB SCH	6,800.	0.			STUDENT SCHOLARSHIP
RANDLE HIGHLANDS ES 1650 30TH ST SE WASHINGTON, DC 20020	53-6001131	DC PUBLIC SCHOOL	5,820.	0.			STUDENT SCHOLARSHIP
ROOSEVELT ELEMENTARY SCHOOL 106 MONROE ROAD PORT ANGELES, WA 98362	91-6001549	PORT ANGELES SCH	10,044.	0.			STUDENT SCHOLARSHIP
SANTA MONICA SCIENCE MAGNET 2425 16TH STREET SANTA MONICA, CA 90405	95-6002855	SANTA MONICA-MAL	15,000.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SAVOY ELEMENTARY 2400 SHANNON PL. SE WASHINGTON, DC 20020	53-6001131	DC PUBLIC SCHOOL	5,605.	0.			STUDENT SCHOLARSHIP
SCHURR HIGH SCHOOL 820 WILCOX AVENUE MONTEBELLO, CA 90640	95-6002104	MONTEBELLO UNIFI	6,505.	0.			STUDENT SCHOLARSHIP
SHERMAN OAKS COMMUNITY CHARTER 1800 C-FRUITDALE AVENUE SAN JOSE, CA 95128	77-0226428	CAMPBELL UNION S	5,310.	0.			STUDENT SCHOLARSHIP
SIERRA HOUSE ELEMENTARY SCHOOL 1709 REMINGTON TRAIL SOUTH LAKE TAHOE, CA 96150	30-0167022	LAKE TAHOE USD	5,229.	0.			STUDENT SCHOLARSHIP
SIERRA OAKS 171 MILLS RD. SACRAMENTO, CA 95864	94-6174473	SAN JUAN USD	5,291.	0.			STUDENT SCHOLARSHIP
SIMON ELEMENTARY SCHOOL 401 MISSISSIPPI AVE SE WASHINGTON, DC 20032	53-6001131	DC PUBLIC SCHOOL	9,260.	0.			STUDENT SCHOLARSHIP
SIR FRANCIS DRAKE HIGH SCHOOL - TLC - 1327 SIR FRANCIS DRAKE BOULEVARD - SAN ANSELMO, CA 94960	68-0194361	TAMALPAIS UNION	5,840.	0.			STUDENT SCHOLARSHIP
SPOKANE INTERNATIONAL ACADEMY 2706 E QUEEN AVE. SPOKANE, WA 99217	47-1091821	SPOKANE PUB SCH	8,225.	0.			STUDENT SCHOLARSHIP
ST. CHARLES BORROMEIO CATHOLIC SCHOOL - 7112 S 12TH ST. - TACOMA, WA 98465	91-0684772	501(C)(3)	6,000.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
STANLEY MOSK ELEMENTARY SCHOOL 7335 NORTH LUBAO AVENUE WINNETKA, CA 91306	95-6001908	LOS ANGELES USD	5,090.	0.			STUDENT SCHOLARSHIP
STONEGATE ELEMENTARY 2605 GASSMANN DRIVE SAN JOSE, CA 95121	77-0059025	FRANKLIN-MCKINLE	8,000.	0.			STUDENT SCHOLARSHIP
THE WOODS PROJECT 2700 S.W. FREEWAY HOUSTON, TX 77098	26-2959996	501(C)(3)	14,000.	0.			STUDENT SCHOLARSHIP
THINK COLLEGE NOW 2825 INTERNATIONAL BLVD. OAKLAND, CA 94601	43-2014630	OAKLAND USD	5,921.	0.			STUDENT SCHOLARSHIP
TWO RIVERS PUBLIC CHARTER SCHOOL 1227 4TH ST NE WASHINGTON, DC 20002	41-2089357	DC PUB CHARTER S	11,640.	0.			STUDENT SCHOLARSHIP
WALTER REED ENVIRONMENTAL ACADEMY 4525 IRVINE AVENUE NORTH HOLLYWOOD, CA 91602	80-0293171	LA USD	11,296.	0.			STUDENT SCHOLARSHIP
WASHINGTON ELEMENTARY - RICHMOND 1108 BISSELL AVENUE RICHMOND, CA 94801	68-0000495	WEST CONTRA COST	7,100.	0.			STUDENT SCHOLARSHIP
WASHINGTON YU YING PUBLIC CHARTER SCHOOL - 220 TAYLOR ST NE - WASHINGTON, DC 20017	20-4464054	DC PUB CHARTER S	21,445.	0.			STUDENT SCHOLARSHIP
WESTMINSTER ELEMENTARY 1010 ABBOT KINNEY BLVD. VENICE, CA 90291	95-6001908	LOS ANGELES USD	9,521.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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	9,681.	0.			STUDENT SCHOLARSHIP
WOODLAND ELEMENTARY 3394 WOODLAND DRIVE MARIPOSA, CA 95338	94-1706704	MARIPOSA COUNTY	8,980.	0.			STUDENT SCHOLARSHIP
WOODROW WILSON ELEMENTARY 1300 WILLIAMS STREET SAN LEANDRO, CA 94577	94-6002608	SAN LEANDRO USD	8,460.	0.			STUDENT SCHOLARSHIP
NATIONAL PARK SERVICE BUILDING 201 FORT MASON SAN FRANCISCO, CA 94123	53-0197094	U.S. DEPT OF THE	517,235.	0.			GOLDEN GATE CAMPUS EXPANSION PROJECT

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

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

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

PART I, LINE 2:

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.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: STANFORD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ONGOING RESEARCH ON THE CONNECTIONS OF SOCIO-EMOTIONAL LEARNING AND ENVIRONMENTAL EDUCATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

NATUREBRIDGE

Employer identification number

94-2145930

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PHILLIP KILBRIDGE PRESIDENT & CEO	(i)	220,960.	35,000.	0.	8,238.	16,250.	280,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ZACHARY MACDONALD CHIEF DEVELOPMENT OFFICER	(i)	168,857.	0.	0.	0.	478.	169,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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	3	565,473	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 (WINE/DINING P)	X	81	45,670	FAIR MARKET VALUE
26 Other (BOOKS/CARDS)	X	1	13,730	FAIR MARKET VALUE
27 Other (CUPS)	X	1	3,946	FAIR MARKET VALUE
28 Other (TICKETS)	X	1	342	FAIR MARKET VALUE

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

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

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

Schedule M (Form 990) 2017

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

PART I, OTHER TYPES OF PROPERTY:

TENTS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 262.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REFLECTS THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

NATUREBRIDGE

Employer identification number

94-2145930

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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 VI, SECTION B, LINE 11B:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization NATUREBRIDGE	Employer identification number 94-2145930
--	--

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.

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.

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. INPUT FOR THE PERFORMANCE REVIEWS INCLUDES FEEDBACK FROM THE BOTH 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 BOTH THE CEO AND CFO ARE MEMORIALIZED THROUGH A CHANGE STATUS FORM SIGNED BY THE BOARD CHAIR (FOR THE CEO), CEO (FOR THE CFO) AND THE HUMAN RESOURCES DIRECTOR. ALL OTHER SALARIES ARE APPROVED BY THE BOARD THROUGH ITS APPROVAL OF THE ANNUAL BUDGET.

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

Name of the organization NATUREBRIDGE	Employer identification number 94-2145930
--	--

THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON UNCOLLECTIBLE PLEDGE	-100,191.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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
PRESIDIO ENVIRONMENTAL INSTITUTE - 91-1818653, GGNRA BUILDING 1033, SAUSALITO, CA 94965	FIELD SCIENCE	CALIFORNIA	501(C)(3)	LINE 10	NATUREBRIDGE	X	

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

Schedule R (Form 990) 2017

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

