** PUBLIC DISCLOSURE COPY **

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. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. JUL 1. 2020 and ending JUN 30, 2021 A For the 2020 calendar year, or tax year beginning C Name of organization Check if applicable: D Employer identification number Address change NATUREBRIDGE Name change 94-2145930 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 1033 FORT CRONKHITE (415)992-4700 8,039,422. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAUSALITO, CA 94965 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PHILLIP KILBRIDGE Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.NATUREBRIDGE.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1971 M State of legal domicile: CA Part I Summary PROVIDE ENVIRONMENTAL EDUCATION Briefly describe the organization's mission or most significant activities: Activities & Governance PROGRAMS AT FOUR NATIONAL PARKS AND ONE NATURE PRESERVE if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 23 4 4 217 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary) 100 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 6,717,078. 7,340,557. Contributions and grants (Part VIII, line 1h) 8 Revenue 9,022,600. 337,184. 9 Program service revenue (Part VIII, line 2g) -107,466, 81,575. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,043 20,753. 11 15,639,255 7 780 069. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 782,115. 137,933. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 9,152,353. 3,836,401. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 160,604. 12 000. **b** Total fundraising expenses (Part IX, column (D), line 25) 5,058,653, 1,816,566. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,153,725. 5,802,900. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,977,169. 485,530. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 45,206,184. 43,943,887. Total assets (Part X, line 16) 7,249,993, 3,643,134. 21 Total liabilities (Part X, line 26) 三年 37,956,191. 40,300,753. Net assets or fund balances. Subtract line 21 from line 20 ... 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		Signature of	officer			Date	
Here		мітсн но	LMER, CFO				
		Type or print	t name and title				
	Print	t/Type prepare	er's name	Preparer's signature flage ton.	Date	Check PTIN	
Paid	MAGA	A E. KISRI	IEV	Maje Wik.	05/10/2	2022 self-employed P01008919	ı
Preparer	Firm	ı's name 🕨	HOOD & STRONG LLP			Firm's EIN ▶ 94-1254756	
Use Only	Firm	ı's address 🛌	275 BATTERY STREET, STE	900			
			SAN FRANCISCO, CA 94111			Phone no.415.781.0793	
May the II	RS dis	scuss this re	turn with the preparer shown abo	ve? See instructions		X Yes	No

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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 https://www.irs.gov/e-file-providers/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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print NATUREBRIDGE 94-2145930 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1033 FORT CRONKHITE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAUSALITO, CA 94965 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 Return Application **Application** Return Code Is For Is For 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 Ω4 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 MITCH HOLMER The books are in the care of ► 1033 FORT CRONKHITE - SAUSALITO, CA 94965 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 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 16, 2022 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ▶ X tax year beginning JUL 1, 2020 JUN 30, 2021 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: 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. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

3b

0.

Form 990 (2020) NATUREBRIDGE 94-2145930 Page **2**

Pa	rt 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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X Yes No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured largest program services.	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 \$3,719,566. including grants of \$137,933.) (Revenue \$	337,184.
	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, PRINCE WILLIAM FOREST	
	PARK, AND THE NATURE CONSERVANCY'S JACK AND LAURA DANGERMOND PRESERVE.	
	NATUREBRIDGE'S SCHOOL & GROUP ENVIRONMENTAL SCIENCE PROGRAMS TAKE YOUNG	
	PEOPLE FROM ALL BACKGROUNDS OUT OF THE CLASSROOM AND INTO THE OUTDOORS	
	FOR THREE- TO FIVE-DAY OVERNIGHT EXPERIENCES. WITH CHILDREN IMMERSED IN	
	THE OUTDOORS, SCIENTIFIC PRINCIPLES ARE BROUGHT TO LIFE AND INSPIRE	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other measure and income (Departite and Calendaria CA)	
40	Other program services (Describe on Schedule O.)	,
4.	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 3,719,566.)
<u>4e</u>	Total program service expenses 3,719,566.	Garage 990 (2000)

SEE SCHEDULE O FOR CONTINUATION(S)

Form **990** (2020)

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Form 990 (2020) NATUREBRIDGE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	<u> </u>		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	·	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

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Form 990 (2	2020) NATUREBRIDGE	94-2145930	Page 4
Part IV	Checklist of Required Schedules (continued)		
			Yes No

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	1		
	"Yes," complete Schedule L, Part IV	28c	77	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ ^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
		35a		
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		x
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37		37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		 '
38	N 1 AUG 200 (I) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30	-1	L
	Check if Schedule O contains a response or note to any line in this Part V			
	Since the Contraction of Contraction of Florid to duty fill of the V		Vec	No
_		,	162	140

	Check if Schedule O contains a response of note to any line in this Part v						
					Yes	No	
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c	Х		

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Form 990 (2020) NATUREBRIDGE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	217								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2 b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)									
				3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			Х					
L	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)'?	4a							
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions 114.	ccoun	+c (EDAD)								
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		is (FBAN).	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		Х					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			5c							
	any contributions that were not tax deductible as charitable contributions?			6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	gifts								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х					
				7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired								
_	to file Form 8282?	1	 İ	7c		Х					
d	,	7d	1	_		Х					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		ť?	7e 7f							
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo		00 as required?	7g							
9 h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of the or			79 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained										
	on an artist to the second of	-		8							
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:		1								
	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:	مم ا	I								
a	Gross income from members or shareholders	11a									
a	Gross income from other sources (Do not net amounts due or paid to other sources against	111									
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	1	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u>.</u> 	12.0							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1								
	In the constitution is a second to increase and if and health along to constitution and add to			13a							
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
	Enter the amount of reserves on hand	13c									
				14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					17					
	excess parachute payment(s) during the year?			15		X					
40	If "Yes," see instructions and file Form 4720, Schedule N.	L :	0	40		Y					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	LINCOR	ne?	16		Х					
	If "Yes," complete Form 4720, Schedule O.										

Form 990 (2020) NATUREBRIDGE 94-2145930 Page **6**

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

	10 mile 44, 65, 61 152 201011, 40001101 4110 411014110001, p. 000000001, 01 0114110001, 02 0114110001			
0	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	. O. 11y)	arana	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	rial	
19	statements available to the public during the tax year.	man	nai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	MITCH HOLMER - (415) 992-4700			
	1033 FORT CRONKHITE, SAUSALITO, CA 94965			

Form 990 (2020) NATUREBRIDGE 94-2145930 Page **7**

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.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s botl	h an	compensation	compensation	amount of
	week		cer ar	nd a d	irecto	r/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	Suedu		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PHILLIP KILBRIDGE	40.00		 -			1 0				
PRESIDENT & CEO	0.00			х				190,729.	0.	21,522.
(2) JUDY LIN	40.00									
C00	0.00					х		144,727.	0.	14,422.
(3) STEPHEN STREUFERT	40.00									
VP OF EDUCATION	0.00					Х		128,276.	0.	11,458.
(4) AARON CRAIG RICH	40.00									
CHIEF DEVELOPMENT OFFICER	0.00					Х		123,736.	0.	13,874.
(5) MITCHELL HOLMER	40.00									
CFO	0.00			Х				115,224.	0.	8,226.
(6) IAN YOLLES	2.00									
CHAIR OF THE BOARD	0.00	Х		Х				0.	0.	0.
(7) CARROLL YANDELL	2.00]								
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(8) BRAD O'BRIEN	2.00]								
TREASURER	0.00	Х		Х				0.	0.	0.
(9) SUSAN BOREN	2.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(10) VERA MICHALCHIK	2.00									
VICE-CHAIR	0.00	Х		Х				0.	0.	0.
(11) ALLAN J. PRAGER	2.00									
DIRECTOR (THRU 5/14/21)	0.00	Х						0.	0.	0.
(12) ANANDA BARON	2.00	1								
DIRECTOR	0.00	Х						0.	0.	0.
(13) ANGELA CHEN	2.00	1								
DIRECTOR	0.00	Х	_					0.	0.	0.
(14) AUTUMN SAXTON-ROSS	2.00	1								
DIRECTOR (ELECTED 2/12/21)	0.00	Х						0.	0.	0.
(15) BEN STEELE	2.00									
DIRECTOR	0.00	Х	_					0.	0.	0.
(16) COLIN LE DUC	2.00	1								
DIRECTOR	0.00	Х	_			_	<u> </u>	0.	0.	0.
(17) DAN ABRAMS	2.00	1_								
DIRECTOR	0.00	Х						0.	0.	0.
032007 12-23-20										Form 990 (2020)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c	Posi heck r ss per nd a di	ition more rson i	than dis both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	า		(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa rom th anizat d relat anizati	e ion ed
(18) JAMES HAMILL	2.00		_		<u>x</u>	1	_						
DIRECTOR (THRU 5/14/21)	0.00	Х						0.		0.			0
(19) JENNY KOEHLER	2.00	1											
DIRECTOR	0.00	Х		Ш		_		0.		0.	<u> </u>		0
(20) KEVIN T. NEWMAN	2.00	١,,								^			0
DIRECTOR (21) KIMBERLY MCMORROW	2.00	Х		$\vdash\vdash$				0.		0.	-		0
DIRECTOR	0.00	x						0.		0.			0
(22) LINDA FISHER	2.00	^		H				0.		٠.	-		
DIRECTOR	0.00	x						0.		0.			0
(23) LISA HOLMES	2.00	 											
DIRECTOR	0.00	х						0.		0.			0
(24) LIZ VALENTINE	2.00												
DIRECTOR	0.00	х						0.		0.			0
(25) NICOLE SHEEHAN	2.00												
DIRECTOR	0.00	Х						0.		0.			0
(26) RAOUL GOFF	2.00]											
DIRECTOR	0.00	Х						0.		0.	<u> </u>		0
1b Subtotal								702,692.		0.		69,	502
c Total from continuation sheets to Part VI								702 602		0.		6.0	0.
d Total (add lines 1b and 1c)							<u> </u>	702,692.	000 of war and also			69,	502
Total number of individuals (including but no compensation from the organization	ot illflited to th	1056	IISLE	u ab	oove	;) WII	o re	ceived more than \$100,	ooo or reportable				!
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	J fo	or such individual			4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om :	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedul	e J f	or su	ıch r	oers	on					5		Х
Section B. Independent Contractors								t i d th (2100 000 of some		1: f		
1 Complete this table for your five highest countries the organization. Report compensation for the organization.										ensa	tion ire	om	
(A)	ine calendar y	eai e	iluli	ig w	iui c	JI WI	<u> </u>	(B)	ear.		((2)	
Name and business	address	NO:	NE					Description of s	services	C	Compe		n
							\dashv						
2 Total number of independent contractors (in	ncluding but n	ot lin	nited	l to i	thos	se lis	ted	above) who received me	ore than				

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 NATUREBRIDGE	94-2145930									
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	Average Pos						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ROBERT J. HOLMES	2.00									
DIRECTOR	0.00	Х						0.	0.	0
(28) SOPHIA DANENBERG	2.00	.,						_	0	0
DIRECTOR (29) THOMAS C. KIERNAN	0.00 2.00	Х						0.	0.	0
DIRECTOR	0.00	х						0.	0.	0
(30) WALTER SIVE	2.00							•	0.	0
DIRECTOR	0.00	х						0.	0.	0

16240509 758661 60350

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Form 990 (2020) NATUREBRIDG Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a r	response o	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1	a	Federated campaigns			1a					
ant	•		Membership dues			1b					
جَ ۾			Fundraising events			1c					
ifts						1d					
nig G			Government grants (contri			1e	2,187,156.				
Sig			All other contributions, gifts,								
he E			similar amounts not included			1f	5,153,401.				
풀턴		g	Noncash contributions included in I			1g \$	58,220.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					7,340,557.			
							Business Code				
ø	2	а	SUMMER YOUTH PROGRA	MS			611710	193,458.	193,458.		
Z e		b	CONFERENCES AND OTH	ER			611710	112,526.	112,526.		
Se		С	FIELD SCIENCE PROGR.	AMS			611710	27,064.	27,064.		
am eve		d	OTHER PROGRAM REVEN	UE			611710	4,136.	4,136.		
Program Service Revenue		е									
<u>-</u>		f	All other program service	rever	าue						
		g	Total. Add lines 2a-2f				>	337,184.			
	3		Investment income (includ	•		•					
			other similar amounts)				▶	78,673.			78,673.
	4		Income from investment o	-exem	pt bond pi	roceeds					
	5		Royalties								
	_		_			Real	(ii) Personal				
	6		Gross rents	6a	_	38,458.					
			Less: rental expenses	6b	_	17,705. 20,753.					
			Rental income or (loss)	6c		20,733.		20,753.			20,753.
	7		Net rental income or (loss) Gross amount from sales of	<u>'</u>	(i) Se	ecurities	(ii) Other	20,733.			20,733.
	′	а	assets other than inventory	7a	- ``-	43,400.	1,150.				
		h	Less: cost or other basis	1 a		10,100.	1,100.				
<u>a</u>		~	and sales expenses	7b	2	41,648.	0.				
eun		С	Gain or (loss)	7c		1,752.	1,150.				
Şe.			Net gain or (loss)					2,902.			2,902.
ther Revenue	8		Gross income from fundraisir				,				
퉏			including \$	•	•	of					
			contributions reported on	line '	1c). Se	ee					
			Part IV, line 18			8a					
		b	Less: direct expenses								
		С	Net income or (loss) from	fundı	raising	events					
	9	а	Gross income from gamin	g act	tivities	. See					
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from								
	10	а	Gross sales of inventory, le								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	saies	ot inv	rentory	Business Code				
ns	44	_					Busiliess Code				
Miscellaneous Revenue	11	a b									
ella		C									
isce			All other revenue								
Σ			Total. Add lines 11a-11d				_				
	12		Total revenue. See instruction					7,780,069.	337,184.	0.	102,328.

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Form 990 (2020) NATUREBRIDGE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)) organizations must complet	te all columns. All other org	ganizations must complete column (A).	
				_

	Check if Schedule O contains a responsion include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to domestic organizations		САРСПОСО	general expenses	САРСПЗСЗ
	nd domestic governments. See Part IV, line 21	137,933.	137,933.		
	rants and other assistance to domestic		·		
in	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
10	rganizations, foreign governments, and foreign				
in	dividuals. See Part IV, lines 15 and 16				
4 B	enefits paid to or for members				
5 C	ompensation of current officers, directors,				
tr	ustees, and key employees	313,289.		266,126.	47,163
	ompensation not included above to disqualified				
ре	ersons (as defined under section 4958(f)(1)) and				
ре	ersons described in section 4958(c)(3)(B)				
7 0	ther salaries and wages	2,575,247.	1,606,047.	521,457.	447,743
	ension plan accruals and contributions (include				
se	ection 401(k) and 403(b) employer contributions)				
9 0	ther employee benefits	432,954.	296,453.	83,437.	53,064
10 Pa	ayroll taxes	514,911.	328,410.	114,000.	72,501
	ees for services (nonemployees):				
a M	lanagement				
b Le	egal				
c A	ccounting	38,500.		38,500.	
d Lo	obbying				
e Pr	rofessional fundraising services. See Part IV, line 17	12,000.			12,000
f In	vestment management fees				
g 0	ther. (If line 11g amount exceeds 10% of line 25,				
CC	olumn (A) amount, list line 11g expenses on Sch O.)	186,131.	94,532.	87,392.	4,207
12 A	dvertising and promotion	17,712.	8,204.	855.	8,653
13 0	ffice expenses	500,862.	342,361.	89,867.	68,634
	formation technology	71,638.	20,731.	50,907.	
15 R	oyalties				
16 0	ccupancy	241,436.	209,670.	15,657.	16,109
17 Tr	ravel	9,552.	1,941.	4,571.	3,040
18 Pa	ayments of travel or entertainment expenses				
fo	or any federal, state, or local public officials				
19 C	onferences, conventions, and meetings	923.	389.	534.	
20 In	iterest				
21 Pa	ayments to affiliates				
22 D	epreciation, depletion, and amortization	424,499.	381,320.	26,393.	16,786
	surance	291,073.	262,905.	17,218.	10,950
ab Iir	ther expenses. Itemize expenses not covered pove (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	AXES & LICENSES	18,405.	15,970.	2,435.	
b F	OOD	7,217.	7,217.		
c S	TAFF DEVELOPMENT	3,651.	2,596.	114.	941
d S	TAFF TRAINING	2,361.	2,085.	276.	
e A	Il other expenses	2,606.	802.	1,604.	200
	otal functional expenses. Add lines 1 through 24e	5,802,900.	3,719,566.	1,321,343.	761,991
26 Jo	oint costs. Complete this line only if the organization				
re	ported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	neck here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2020)
Part X Balance Sheet

Part A	•	Check if Schedule O contains a response or	note to an	v line in this Part X			
				,	(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			1,051,602.	1	1,547,798.
2	2	Savings and temporary cash investments			8,066,949.	2	6,594,623.
3		Pledges and grants receivable, net			2,475,366.	3	1,708,990.
4		Accounts receivable, net			344,805.	4	559,212.
5		Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
6	6	Loans and other receivables from other disqu	ualified per	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
ဖ္ 7	7	Notes and loans receivable, net				7	
Assets		Inventories for sale or use		1	22,751.	8	25,401.
9 گ		Donate del como con con el el efermio el els como el			125,837.	9	150,495.
10	0a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	38,574,928.			
	b	Less: accumulated depreciation	10b	7,633,970.	31,138,240.	10c	30,940,958.
11	1	Investments - publicly traded securities			1,960,337.	11	2,413,982.
12	2	Investments - other securities. See Part IV, lir	ne 11			12	
13	3	Investments - program-related. See Part IV, li	ne 11			13	
14	4	Intangible assets				14	
15		Other assets. See Part IV, line 11	20,297.	15	2,428.		
16		Total assets. Add lines 1 through 15 (must e			45,206,184.	16	43,943,887.
17	7	Accounts payable and accrued expenses	1,195,419.	17	813,480.		
18	8	Grants payable				18	
19		Deferred revenue			2,855,003.	19	829,030.
20		Tax-exempt bond liabilities		20			
21		Escrow or custodial account liability. Comple				21	
ဖွ 22	2	Loans and other payables to any current or for	ormer offic	er, director,			
<u>i</u>		trustee, key employee, creator or founder, su	ıbstantial d	contributor, or 35%			
Liabilities		controlled entity or family member of any of t		22			
ב ב	3	Secured mortgages and notes payable to un	1,169,696.	23	0.		
24	4	Unsecured notes and loans payable to unrela	ated third	oarties	1,997,750.	24	1,985,175.
25	5	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D		32,125.	25	15,449.	
26	6	Total liabilities. Add lines 17 through 25			7,249,993.	26	3,643,134.
		Organizations that follow FASB ASC 958, o	check her	e ▶ X			
Sec		and complete lines 27, 28, 32, and 33.					
<u>k</u> 27	7	Net assets without donor restrictions			3,069,974.	27	4,286,279.
<u>සි</u> 28	8	Net assets with donor restrictions			34,886,217.	28	36,014,474.
밀		Organizations that do not follow FASB AS6	C 958, che	eck here 🕨 🗌			
년		and complete lines 29 through 33.					
້ 29	9	Capital stock or trust principal, or current fun	ıds			29	
ğ 30		Paid-in or capital surplus, or land, building, o				30	
Š 31	1	Retained earnings, endowment, accumulated	d income,	or other funds		31	
Net Assets or Fund Balances 25 28 30 31 32	2	Total net assets or fund balances			37,956,191.	32	40,300,753.
_ 33		Total liabilities and net assets/fund balances			45,206,184.	33	43,943,887.

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Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	780,	069.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5 ,	802,	900.		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37	956,	191.		
5	Net unrealized gains (losses) on investments	5		377,	425.		
6	Donated services and use of facilities	6		45,	000.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-55,	032.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	40	300,	753.		
Pai	rt 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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2020)		

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name	of t	he organization	BRIDGE					Employer	identification number 94-2145930		
Par	t I	Reason for Public ((All organizations must c	omnlete th	nis nart \ S	ee instruction	e	J4 2143530		
							iee iristi uction	J.			
г	rgani	ization is not a private found	•	,	•	•	4\/ A\/:\				
1 [=	A church, convention of ch					I)(A)(I).				
2 [_	A school described in sect					•••				
3 [_	A hospital or a cooperative					•	V:::\	the beenitel's name		
4 [A medical research organiz	ation operated in co	njunction with a nospital	described	in section	A)(1)(a)(1)(A)(III). Enter	the nospital's name,		
- [\neg	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
5 [illege or university owned	or operat	eu by a go	veriinentai u	iii describe	eu III		
٦ [\neg	section 170(b)(1)(A)(iv). (C		والمعالم والمعام والمعارب المعارب	4 4.	70/1-1/41/41	()				
6 L		A federal, state, or local go	-						aublia dagaribad in		
7 [An organization that norma	-	initial part of its support if	om a gove	emmentai	uriit or irom tr	ie gerierai į	public described in		
。 「		section 170(b)(1)(A)(vi). (C		(1)(A)(vi) (Complete Bord	· II \						
8 [9 [=	A community trust describe An agricultural research org			•	nd in conju	inction with a	land grant	collogo		
J [or university or a non-land-	-			-		_	*		
		university:	grant conege or agric	diture (see mistractions).	Litter the	name, eny	, and state of	tric conege	, 01		
10	Х	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membersh	in fees, and	d gross receipts from		
		activities related to its exen									
		income and unrelated busin		•					-		
		See section 509(a)(2). (Co		(,,,,				,	,		
11 [An organization organized a	•	ively to test for public sat	ety. See	section 50	09(a)(4).				
12		An organization organized a	· ·	•	•			rry out the	purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section !	509(a)(3). (Check the box in		
		lines 12a through 12d that	describes the type o	of supporting organization	and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	d or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving		
		control or management o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,		
		its supported organization	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.				
d			/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	zation generally must sati	sfy a distr	ibution red	quirement and	an attentiv	veness		
		requirement (see instruct	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga					Type I, Type	II, Type III			
		functionally integrated, or		nally integrated supporting	ng organiz	ation.					
		er the number of supported o	•								
g		ride the following information i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monotoni	(vi) Amount of other		
	(1	organization	(II) EIN	(described on lines 1-10	in your govern	ing document?	support (see ir	-	support (see instructions)		
				above (see instructions))	Yes	No					
					1						

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.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
_	tion B. Total Support					•	
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	<u>%</u>
	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization quali	•	• •				
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts					VI how the organiz	ation
	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	nstances test, chec	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instructions	

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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.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,091,920.	6,366,364.	5,711,134.	6,693,928.	7,340,557.	38,203,903.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,864,992.	14,306,756.	13,418,311.	8,741,712.	337.184.	49,668,955.
3	Gross receipts from activities that	, , ,	, , ,	, , ,	, , ,	, .	, , ,
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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	24,956,912.	20,673,120.	19,129,445.	15,435,640.	7,677,741.	87,872,858.
78	A Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1,775,323.	1,215,197.	684,922.	284,608.	537,805.	4,497,855.
k	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 12 for the user.						0.
,	amount on line 13 for the year C Add lines 7a and 7b	1,775,323.	1,215,197.	684,922.	284,608.	537,805.	4,497,855.
	Public support. (Subtract line 7c from line 6.)		_,,	,		,	83,375,003.
Se	ction B. Total Support						,,
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	24,956,912.	20,673,120.	19,129,445.	15,435,640.	7,677,741.	87,872,858.
	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	116,808.	148,546.	169,047.	158,665.	117,131.	710,197.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			11,782.			11,782.
(Add lines 10a and 10b	116,808.	148,546.	180,829.	158,665.	117,131.	721,979.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	121,617.	145,694.	143,911.	19,381.		430,603.
	Total support. (Add lines 9, 10c, 11, and 12.)	25,195,337.	20,967,360.	19,454,185.	15,613,686.	7,794,872.	89,025,440.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,
0-		- O D					>
	ction C. Computation of Publi				ı	T	
	Public support percentage for 2020 (li	, (,,	,	olumn (f))		15	93.65 %
<u>16</u>			•			16	94.05 %
	ction D. Computation of Inves				ı	T	
	Investment income percentage for 20				i i	17	.81 %
	Investment income percentage from 2					18	.69 %
198	a 33 1/3% support tests - 2020. If the						
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						▶ X
•	line 18 is not more than 33 1/3%, che	•				•	▶ □
20				•		•	>

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
_		
За		
3b		
3c		
4a		
4h		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
00		
9a		
9b		
5.5		
9с		
10a		
10b		

Pai	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
_	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
		·		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	suppo	orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	l ' l	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
		nese activities constituted substantially all of its activities.	2a		
b		re activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		11 the reasons for the organization's position that its supported organization(s) would have engaged in	OL		
2		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
h		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. e organization exercise a substantial degree of direction over the policies, programs, and activities of each	od		
b		supported organizations? If "Voc " describe in Part VI the role placed by the experimetion in this record	3h		

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	r age o
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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		
Sect	ion 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	s 3		
4	Amounts paid to acquire exempt-use assets	., .	4	
	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.	, criac actano n	6	
	Total annual distributions. Add lines 1 through 6.		7	
	Distributions to attentive supported organizations to which to	the organization is responsive		
	(provide details in Part VI). See instructions.	J	8	
9	Distributable amount for 2020 from Section C, line 6		9	
	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020 NATUREBRIDGE	94-2145930	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi (See instructions.)	s 1 and 2; Part IV, Sectior rt V, Section B, line 1e; Pa	
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:		
GROSS INCOME FROM FUNDRAISING EVENTS		
2016 AMOUNT: \$ 95,512.		
2017 AMOUNT: \$ 117,583.		
2018 AMOUNT: \$ 109,129.		
2019 AMOUNT: \$ 6,305.		
GROSS SALES OF INVENTORY		
2016 AMOUNT: \$ 19,795.		
2017 AMOUNT: \$ 22,911.		
2018 AMOUNT: \$ 23,262.		
2019 AMOUNT: \$ 13,076.		
GROSS INCOME FROM GAMING ACTIVITIES		
2016 AMOUNT: \$ 6,310.		
2017 AMOUNT: \$ 5,200.		
2018 AMOUNT: \$ 11,520.		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2020

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

NATUREBRIDGE		94-2145930		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.		
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				
sections 509(a	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
year, contribu is checked, er purpose. Don	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.

	9 1
Name of organization	Employer identification number
NATUREBRIDGE	94-2145930

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
4	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Tunio, audi 655, una Eli TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

94-2145930

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and ZIF + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Humo, audi 655, and £if T T	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	- Nume, address, and En 1 1	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 15	Name, address, and ZIP + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, address, and ZIP + 4	\$\$ 8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Name, audi 655, and £IF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

94-2145930

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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 21	Name, address, and ZIP + 4	Total contributions \$15,488.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and ZIP + 4	\$ \$ 5,163.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	Name, avuless, and ZIF + +	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$	Person X Payroll

Name of organization

Employer identification number

94-2145930

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 32	Name, address, and ZIP + 4	\$\$ 13,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$ 9,241.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	Total contributions \$\$ 15,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	Name, audress, and ZIF + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	Tullio, and coo, and all TT	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37			Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 38	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
40	Name, address, and ZIP + 4		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	Hame, audi 655, and £if + 4	\$5,163.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

	<u> </u>
Name of organization	Employer identification number
NATUREBRIDGE	94-2145930

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$,421.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions \$ 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		- \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	- Trume, dudicos, und En 1 1	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 51	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	Name, address, and ZIP + 4	\$ 988,793.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$5,163.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	Hame, audi 655, and £IF + 4	\$ \$ 95,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
56		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
57		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 58	Name, address, and ZIP + 4	* 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No. 59	ivalile, auul ess, aliu ZIP + 4	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	* 1,997,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	Training and body drid Ell 1 1	\$\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	\$ \$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	raine, audi 655, and £IF + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	idditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$\$ 5,213.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	Name, audiess, and Zir + 4	\$ \$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 69	Name, address, and ZIP + 4	* 125,516.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
70	Name, address, and ZIP + 4	Total contributions \$\$ 101,083.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	Name, addiess, and ZiF + 4	\$\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	Name, audress, and Zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 75	Name, address, and ZIP + 4	Total contributions \$\$ 10,710.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4	### Total contributions \$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 78	Name, audress, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NATUREBRIDGE

94-2145930

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	Name, address, and Zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 81	Name, address, and ZIP + 4	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 82	Name, address, and ZIP + 4	# Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	Name, audiess, and Zif + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NATUREBRIDGE

94-2145930

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		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
86	Name, address, and zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
87		\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
88 88	Name, address, and ZIP + 4	Total contributions \$\$ \$ 28,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
89	numo, uudi ees, unu EIF T T	\$ 93,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
90		\$\$6,500.	Person X Payroll	

Name of organization

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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			Person X Payroll	
(a)	(b)	(c) Total contributions	(d)	
92	Name, address, and ZIP + 4	\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
93		\$\$ (C	Person X Payroll	
(a)	(b)	(c)	(d)	
94	Name, address, and ZIP + 4		Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
95	Humo, and ess, and air T	\$	Person X Payroll Noncash Complete Part II for concash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
96		\$\$ (C	Person X Payroll Noncash Complete Part II for concash contributions.)	

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Name of organization	Employer identification number
NATUREBRIDGE	94-2145930

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$36,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
98	Name, address, and ZIP + 4	\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	Tame, dudi 000, dire ell TT	- \$ \$ 5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 100	Name, address, and ZIP + 4	Total contributions - \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 101	Name, address, and ZIP + 4	S	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102	Nume, audi 655, and Air T T	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	91
Name of organization	Employer identification number
NATUREBRIDGE	94-2145930

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		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
104		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

94-2145930

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	
33	41 SHARES OF MICROSOFT CORP (MSFT)	_		
		\$	12/30/20	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
38	125 SHARES OF APPLE INC (APPL)	_		
		\$	11/12/20	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
42	50 SHARES OF HONEYWELL INTERNATIONAL INC (HON)	_		
			12/31/20	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
44	3 SHARES OF AMAZON.COM INC (AMZN)	_		
			06/28/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
45	OFFICE SUPPLIES - 108 CAPS, 200 THERMAL KANTEENS	_		
			06/10/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	

Employer identification number

Name of organization

art III a) No. from Part I	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional (b) Purpose of gift) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the try. For organizations less for the year. (Enter this info. once.) (d) Description of how gift is held		
a) No. from Part I	Use duplicate copies of Part III if additional	space is needed.			
a) No. irom Part I			(d) Description of how gift is held		
ay No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(a) i ai posse oi giit	(6) 300 0. g			
$-\Big\lfloor$		 	(a) 2 ccc. ip non et nen gire io nota		
$-\lfloor$					
L					
		(e) Transfer of gift	t		
L	Transferee's name, address, a	nd 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	t		
		(5) 112.112.11 11 3.11			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
F			The state of the s		
	-				
	-				
a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
arti					
		-			
		(a) Transfer of giff			
		(e) Transfer of gift	L		
	Transferee's name, address, a	ad 7 ID + 4	Relationship of transferor to transferee		
F	Transieree s flame, address, a	III ZIF + 4	nelationship of transferor to transferee		
	-				
	-				
a) No.					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
art I					
——					
l l					
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
	Transferee's name, address, a	nd 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 Open to Public Inspection

Name of the organization

NATUREBRIDGE

Employer identification number 94-2145930

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advise	d funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	ised only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.		
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area		
	Protection of natural habitat	Preservation of a	a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o			
	day of the tax year.		Held at the End of the Tax Year		
	Total number of conservation easements		I I		
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired		I I		
_	listed in the National Register				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax		
	year -				
4	Number of states where property subject to conservation ear				
5	Does the organization have a written policy regarding the per		□ Vaa □ Na		
6	violations, and enforcement of the conservation easements it holds?				
U	Starr and volunteer riours devoted to monitoring, inspecting,	Thandling of violations, and emorcing conse	ervation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year		
•	\$ \$ \$	ding of violations, and emoreing conservati	on easements during the year		
8	Does each conservation easement reported on line 2(d) above	ve 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 conservati				
	balance sheet, and include, if applicable, the text of the footi	•			
	organization's accounting for conservation easements.	Ç			
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Similar Assets.		
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	d balance sheet works		
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fur	therance of public		
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items	3.		
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	erance 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 tre	easures, or other similar assets for financial	gain, provide		
	the following amounts required to be reported under FASB $\!$	ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		> \$		
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020		

NATUREBRIDGE <u> Page</u> **2** Schedule D (Form 990) 2020 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? 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 If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 Additions during the year 1d 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 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 1,065,805, 1,072,866, 1,015,296. 1,021,578 983,132. **1a** Beginning of year balance 2,000 4,000 2,000. Contributions 84,832. 246,990. 42,862. 98,382. 36,274. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 42,556. 48,386. 49,923. 44,812 and programs Administrative expenses 1,314,795. 1,065,805. 1,072,866. 1,015,296, End of year balance 1,021,578. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment 51.1000 % Term endowment 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 Yes Nο Х 3a(i) (i) Unrelated organizations Х (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

> 30,940,958. Schedule D (Form 990) 2020

(d) Book value

1,440,703.

28,541,843.

719,598.

238,814.

(c) Accumulated

depreciation

2,727,045.

2,205,051

2,285,046

416,828,

e Other

(a) Cost or other

basis (investment)

Description of property

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)

d Equipment

(b) Cost or other

basis (other)

4,167,748.

2,924,649.

2,523,860.

28,958,671.

Schedule D (Form 990) 2020 NATUREBRIDGE 94-2145930 Page **3**

Part VII Investments - Other Securities.			1 age 5
Complete if the organization answered "Yes"			
(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.	To France 2000 Post IV line	11. O. Francisco Part V. Franto	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line	(c) Method of valuation: Cost or end	of-year market value
1, 1	(b) DOOR Value	(c) Wellied of Valuation. Cost of end	or your 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" of the organization and the organ	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	•	>	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25. T	(h) Daglersker
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEPOSITS PAYABLE			15,449
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	15,449
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's financial statements th	
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	nere if the text of the footnote has been pro	vided in Part XIII X

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 NATUREBRIDGE			94-2145930	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With F	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	T. I			1	8,493,079.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				•
a	Net unrealized gains (losses) on investments	2a	377,425.		
b	Donated services and use of facilities		377,642.		
c	Recoveries of prior year grants		,		
d	Other (Describe in Part XIII.)		-59,762.		
	Add lines 2a through 2d			2e	695,305.
3	Subtract line 2e from line 1				7,797,774.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
' a		4a			
b	Other (Describe in Part XIII.)		-17,705.		
				4c	-17,705.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				7,780,069.
	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per R		.,,
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		_xpoicc po		
	T. 1			1	6,148,517.
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				0,140,317.
2	, , ,	ا مما	332,642.		
a	Donated services and use of facilities		332,042.		
b	Prior year adjustments				
C	Other losses		17,705.		
d	Other (Describe in Part XIII.)		,	0-	350 347
_	Add lines 2a through 2d			2e	350,347. 5,798,170.
3	Subtract line 2e from line 1			3	3,730,170.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45			
a	Investment expenses not included on Form 990, Part VIII, line 7b		4,730.		
	Other (Describe in Part XIII.)		,	40	4,730.
5	Add lines 4a and 4b			4c 5	5,802,900.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	3.)		3	3,002,300.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	· Dart IV lines 1h s	and 2h: Part V line 4:	· Part Y line 2· D	art YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	•		, Fait A, III le 2, F	ait Ai,
111103	zu and 45, and 1 art An, lines zu and 45. Also complete this part to provide an	iy additional imomi	ation.		
PART	V, LINE 4:				
THE	ORGANIZATION'S PERMANENTLY RESTRICTED NET ASSETS CONSIST	OF ELEVEN			
ENDO	WMENT FUNDS, WHICH HAVE BEEN ESTABLISHED FOR A VARIETY OF	PURPOSES.			
	,				_
THES	E FUNDS ARE INVESTED IN PERPETUITY, THE INCOME FROM WHICH	IS			
	•				
EXPE	NDABLE FOR OPERATIONS. CERTAIN OF THE ENDOWMENT FUNDS OF	THE			
ORGA	NIZATION ARE SUBJECT TO DONOR RESTRICTIONS REQUIRING THAT	THE INCOME			
BE U	SED ONLY FOR SPECIFIED PURPOSES, WHILE INCOME FROM THE RE	MAINING			
	,				
ENDO	WMENTS MAY BE USED FOR THE GENERAL PURPOSES OF THE ORGANI	ZATION.			
-					
PART	X, LINE 2:				
THE	ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE TAXES UNDER	SECTION			
E 0.4 /	a)/3) on myn Tymnyy, nawny con ar				
501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF	THE			

Schedule D (Form 990) 2020 NATUREBRIDGE		94-2145930	Page 5
Part XIII Supplemental Information (continued)			
CALIFORNIA REVENUE AND TAXATION CODE, AND IS NOT CONSIDERED BY THE			
INTERNAL REVENUE SERVICE TO BE A PRIVATE FOUNDATION.			
MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED	THAT		
IT HAS MAINTAINED ITS TAX-EXEMPT STATUS AND THAT THE ORGANIZATION H	AS		
TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENTS IN	THE		
FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDANCE.			
FINANCIAL STATEMENTS TO COMPHI WITH PROVISIONS OF THIS GUIDANCE.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
SCHOLARSHIP EXPENSES NETTED AGAINST REVENUE	-4,533.		
LOSS ON UNCOLLECTIBLE PLEDGE	-55,032.		
COST OF GOODS SOLD RECLASSIFIED TO EXPENSES	-197.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-59,762.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
RENTAL EXPENSES RECLASSIFIED TO REVENUE	-17,705.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
RENTAL EXPENSES RECLASSIFIED TO REVENUE	17 705		
RENTAL EAFENDES RECLASSIFIED TO REVENUE	17,705.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
SCHOLARSHIP EXPENSES NETTED AGAINST REVENUE	4,533.		
COST OF GOODS SOLD RECLASSIFIED TO EXPENSES	197.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	4,730.		

Schedule D (Form 990) 2020

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

2020 Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization NATUREBRIDGE 94-2145930 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) GOLDEN GATE NATIONAL RECREATION AREA - BUILDING 201, FORT MASON -US DEPT OF SUPPORT OF THE PROPOSED CONSTRUCTION SAN FRANCISCO, CA 94123-0022 DOCUMENTS CAMPUS EXPANSION PROJECT 53-0197094 INTERIOR 0 127,400, FMV Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0. Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

NATUREBRIDGE 94-2145930 Schedule I (Form 990) 2020 Page 2 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. (b) Number of (c) Amount of (a) Type of grant or assistance (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash 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

FUNDS AND REQUESTS REPORT ON USE OF FUNDS PROVIDED.

ENVIRONMENTAL EDUCATION ORGANIZATIONS IN FURTHERANCE OF THE ORGANIZATION'S

MISSION. NATUREBRIDGE EVALUATES THE ORGANIZATION'S ELIGIBILITY TO RECEIVE

SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number NATUREBRIDGE 94-2145930 Part I Questions Regarding Compensation

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) PHILLIP KILBRIDGE	(i)	190,729.	0.	0.	4,348.	17,174.	212,251.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JUDY LIN	(i)	144,727.	0.	0.	2,728.	11,694.	159,149.	0.	
C00	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

Open to Public Inspection

Employer identification number

	NATUREBRIDGE					94	-214593	0	
Par	t 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 1		Method of noncash contr		•	s
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	Х	7	51,633	.FAIF	R MARKET VA	LUE		
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 $_{\dots}$								
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 (OFFICE SUPPLI)	Х	1	· · · · · · · · · · · · · · · · · · ·		NARKET VA			
26	Other (BEANIES, PATC)	Х	1	899	. FAIF	R MARKET VA	LUE		
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organi	-	•					0	
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29				0	
				=				Yes	No
30a	During the year, did the organization receive b	•	, , , , ,	·	•				
	must hold for at least three years from the date								v
	exempt purposes for the entire holding period	?					. 30a		Х
	If "Yes," describe the arrangement in Part II.			-f	.4: 0	,	0.4	v	
31	Does the organization have a gift acceptance	•	•	•		·	31	Х	
32a	Does the organization hire or use third parties contributions?						32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is ch	ecked,				
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990).		Schedule	e M (Forn	n 990)	2020

032141 11-23-20

032142 11-23-20 Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number

NATUREBRIDGE	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 3, CHANGES IN PROGRAM SERVICES:	
THE ORGANIZATION CONTINUED TO FACE CHALLENGES IN 2021 RELATED TO THE	
COVID-19 PANDEMIC WHICH BEGAN IN EARLY 2020. PUBLIC HEALTH OFFICE	
GUIDELINES, SCHOOL AND SCHOOL DISTRICT RESTRICTIONS ON FIELD TRIPS AND	
OVERNIGHT PROGRAMS, SCHOOL TRANSITIONS TO VIRTUAL LEARNING AND VACCINE	
AVAILABILITY AND UTILIZATION FOR/BY YOUTH, FORCED THE ORGANIZATION TO	
CANCEL ALL IN-PERSON OVERNIGHT SCHOOL PROGRAMMING FOR THE FISCAL YEAR	
ENDED JUNE 30, 2021.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
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	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) 2020

Name of the organization NATUREBRIDGE	Employer identification number 94-2145930
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 35,000 INDIVIDUALS IN A TYPICAL YEAR AND HELPS GROW THE NEXT	
GENERATION OF ENVIRONMENTAL STEWARDS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE AUDIT COMMITTEE REVIEWED THE FEDERAL FORM 990 WHEN DRAFTED AND THE	
FINAL VERSION WAS PROVIDED TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO	
FILING.	
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, COO AND CDO. INPUT FOR THE	
PERFORMANCE REVIEWS INCLUDES FEEDBACK FROM THE BOARD AND STAFF OF THE	
ORGANIZATION. ONCE THE REVIEWS ARE COMPLETED, THE BOARD REVIEWS COMPARABLE	
SALARY DATA FOR BOTH POSITIONS AND DOCUMENTS THEIR DECISION FOR SALARY	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

NATUREBRIDGE

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

94-2145930

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea	I .	s Direct controlling entity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more re	lated tax-exen	npt	
(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	Direct	(f) controlling entity	Section 5 contr	rolled
		, , , , , , , , , , , , , , , , , , ,		501(c)(3))			Yes	No
PRESIDIO ENVIRONMENTAL INSTITUTE - 91-1818653, GGNRA BUILDING 1033, SAUSALITO,	_							
CA 94965	FIELD SCIENCE	CALIFORNIA	501(C)(3)	LINE 10	NATUREBR	RIDGE	х	
	_							
For Paperwork Reduction Act Notice, see the Instruction	on for Form 000					Schedule R (Farm 00	00000

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Per	rcentage
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	tions?	amount in box	partn	er? OW	rcentage wnership
		country)		sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										\vdash		
-												
										\vdash		

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

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

Page 2

Schedule R (Form 990) 2020 NATUREBRIDGE 94-2145930 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Yes No

1a

Х

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

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?

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

					1b	X		
					1c	X		
					1d	Х		
е	Loans or loan guarantees by related organization(s)				1e	Х		
f	Dividends from related organization(s)				1f	X		
g	Sale of assets to related organization(s)				1g	Х		
h	Purchase of assets from related organization(s)				1h	Х		
i	Exchange of assets with related organization(s)				1i	Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X		
Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)							
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)				10	Х		
						х		
р	p Reimbursement paid to related organization(s) for expenses							
q	Reimbursement paid by related organization(s) for expenses				1q	Х		
					-			
	Other transfer of cash or property to related organization(s)				1r	X		
	Other transfer of cash or property from related organization(s)				1s	Х		
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	ils line, including covered relat I	onships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d)	roly od			
	Name of related organization	type (a-s)	Amount involved	Method of determining amount inv	/oiveu			
		71 ()						
(4)								
<u>(1)</u>								
(2)								
(2)								
<u>(2)</u> <u>(3)</u>								
<u>(3)</u>								
(3) (4)								
<u>(3)</u>								
(3) (4)								
(3) (4) (5) (6)	10-28-20			Schedule	R (Form 9	90) 2020		

 Schedule R (Form 990) 2020
 NATUREBRIDGE
 94-2145930
 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									