

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATUREBRIDGE		D Employer identification number 94-2145930
	Doing business as		E Telephone number (415)992-4700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1033 FORT CRONKHITE		G Gross receipts \$ 25,180,583.
City or town, state or province, country, and ZIP or foreign postal code SAUSALITO, CA 94965		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: PHILLIP KILBRIDGE SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.NATUREBRIDGE.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1971	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CONNECTING YOUTH TO THE WONDER OF NATURE THROUGH OUTDOOR EDUCATION AT NATIONAL PARKS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	276
	6 Total number of volunteers (estimate if necessary)	6	100
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	711,523.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	111,508.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,390,160.	4,266,346.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,944,595.	17,765,452.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	381,281.	553,298.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-521,837.	-238,640.
		20,194,199.	22,346,456.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	959,410.	1,181,680.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,922,838.	12,306,721.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,144,628.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,554,549.	7,481,139.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,436,797.	20,969,540.	
19 Revenue less expenses. Subtract line 18 from line 12	1,757,402.	1,376,916.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	19,497,755.	20,990,532.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,710,756.	4,693,253.
	14,786,999.	16,297,279.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LESLIE SMITH, CFO				
Type or print name and title					
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MAGA E. KISRIV	<i>Maga K</i>	5/08/2026		P01008919
Firm's name HOOD & STRONG LLP			Firm's EIN 94-1254756		
Firm's address 2580 N 1ST ST, STE 460 SAN JOSE, CA 95131			Phone no. 408.998.8400		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. NATUREBRIDGE	Taxpayer identification number (TIN) 94-2145930
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1033 FORT CRONKHITE	
	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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of LESLIE SMITH
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 box . 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.

1 I request an automatic 6-month extension of time until MAY 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning JUL 1, 20 24, and ending JUN 30, 20 25

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO CONNECT YOUNG PEOPLE TO THE WONDER AND SCIENCE OF THE NATURAL WORLD, IGNITING SELF-DISCOVERY AND INSPIRING STEWARDSHIP OF OUR PLANET.

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

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

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

4a (Code:) (Expenses \$ 17,365,832. including grants of \$ 1,181,680.) (Revenue \$ 17,978,178.) 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 OUTDOOR EDUCATION 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, AND PRINCE WILLIAM FOREST PARK.

NATUREBRIDGE'S SCHOOL & GROUP EDUCATION PROGRAMS TAKE YOUNG PEOPLE OUT OF THE CLASSROOM AND INTO THE OUTDOORS FOR MULTI-DAY IMMERSIVE EXPERIENCES, HELPING STUDENTS CREATE LASTING CONNECTIONS WITH THEMSELVES, THEIR PEERS, AND THE NATURAL WORLD.

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

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

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

4e Total program service expenses 17,365,832.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through I).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included on line 1a, above, who are independent (24); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

- 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)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
LESLIE SMITH - (415) 992-4700
1033 FORT CRONKHITE, SAUSALITO, CA 94965

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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILLIP KILBRIDGE PRESIDENT & CEO	40.00			X				293,469.	0.	24,817.
(2) JUDY LIN COO	40.00				X			184,245.	0.	25,403.
(3) LESLIE SMITH CFO	40.00			X				162,783.	0.	11,787.
(4) AARON CRAIG RICH CHIEF DEVELOPMENT OFFICER	40.00				X			154,451.	0.	19,711.
(5) JONATHAN MUTLOW SENIOR PROJECTS DIRECTOR	40.00					X		108,923.	0.	17,684.
(6) JULIE KREBS CONTROLLER	40.00					X		120,466.	0.	4,246.
(7) PA HOUA LEE CAMPUS DIRECTOR	40.00					X		103,316.	0.	12,421.
(8) LESLEY DAVIDSON HR DIRECTOR	40.00					X		103,505.	0.	10,793.
(9) JENNIFER KIDDER CAMPUS DIRECTOR	40.00					X		105,670.	0.	3,170.
(10) LIZ VALENTINE CHAIR OF THE BOARD	2.00	X		X				0.	0.	0.
(11) SUSAN BOREN KING CHAIR OF THE BOARD (THRU 5/10/25)	2.00	X		X				0.	0.	0.
(12) ANANDA BARON VICE CHAIR	2.00	X		X				0.	0.	0.
(13) SHANE TACKETT TREASURER	2.00	X		X				0.	0.	0.
(14) LINDA FISHER SECRETARY	2.00	X		X				0.	0.	0.
(15) VERA MICHALCHIK VICE CHAIR FOR EDUCATION	2.00	X		X				0.	0.	0.
(16) ANNE W. BAXTER DIRECTOR	2.00	X						0.	0.	0.
(17) AUNY ABEGGLEN DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AUTUMN SAXTON-ROSS DIRECTOR (THRU 5/9/25)	2.00	X						0.	0.	0.
(19) BRAD O'BRIEN DIRECTOR	2.00	X						0.	0.	0.
(20) CARROLL C. YANDELL DIRECTOR	2.00	X						0.	0.	0.
(21) CHRIS JOSEPH DIRECTOR (THRU 5/9/25)	2.00	X						0.	0.	0.
(22) DAN CUMMINGS DIRECTOR	2.00	X						0.	0.	0.
(23) GARRETT KEPHART DIRECTOR	2.00	X						0.	0.	0.
(24) GEOFF GIVEN DIRECTOR	2.00	X						0.	0.	0.
(25) GHESSYCKA BENNETT DIRECTOR	2.00	X						0.	0.	0.
(26) GLYNNIS BREEN DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								1,336,828.	0.	130,032.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,336,828.	0.	130,032.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KL WATER & LAND LLC 1230 HILL STREET, SANTA MONICA, CA 90405	WATER RIGHTS	475,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,622,555.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	25,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,618,791.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 165,439.				
	h Total. Add lines 1a-1f		4,266,346.				
Program Service Revenue	2 a FIELD SCIENCE PROGRAMS	Business Code					
		611710	14,923,982.	14,923,982.			
	b CONFERENCES AND OTHER	611710	1,681,084.	969,561.	711,523.		
	c SUMMER YOUTH PROGRAMS	611710	1,026,475.	1,026,475.			
	d SCHOLARSHIP FEES	611710	68,244.	68,244.			
	e OTHER PROGRAM REVENUE	611710	58,367.	58,367.			
	f All other program service revenue	611710	7,300.	7,300.			
g Total. Add lines 2a-2f		17,765,452.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		447,870.			447,870.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				81,294.			
	b Less: rental expenses ...	6b	61,936.				
	c Rental income or (loss)	6c	19,358.				
	d Net rental income or (loss)		19,358.			19,358.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				2,331,771.	835.		
	b Less: cost or other basis and sales expenses	7b	2,223,258.	3,920.			
	c Gain or (loss)	7c	108,513.	-3,085.			
	d Net gain or (loss)		105,428.			105,428.	
8 a Gross income from fundraising events (not including \$ 1,622,555. of contributions reported on line 1c). See Part IV, line 18	8a						
			68,489.				
			541,507.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events		-473,018.			-473,018.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
			5,800.				
			3,506.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory		2,294.			2,294.		
Miscellaneous Revenue	11 a INSURANCE PROCEEDS	Business Code					
		900099	212,726.	212,726.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		212,726.					
12 Total revenue. See instructions		22,346,456.	17,266,655.	711,523.	101,932.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,181,680.	1,181,680.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,000,230.	295,852.	320,361.	384,017.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,941,506.	7,503,610.	1,009,060.	428,836.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	139,411.	108,897.	19,179.	11,335.
9 Other employee benefits	1,415,233.	1,142,211.	171,602.	101,420.
10 Payroll taxes	810,341.	632,977.	111,478.	65,886.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,329.		13,329.	
c Accounting	58,090.		58,090.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	401,157.	173,035.	218,383.	9,739.
12 Advertising and promotion	75,522.	9,492.	65,305.	725.
13 Office expenses	1,368,024.	1,186,288.	126,331.	55,405.
14 Information technology	233,483.	6,787.	186,287.	40,409.
15 Royalties				
16 Occupancy	1,499,597.	1,494,556.	2,200.	2,841.
17 Travel	100,988.	55,203.	36,417.	9,368.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	16,405.	13,994.	2,411.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	501,011.	484,965.	9,872.	6,174.
23 Insurance	637,411.	568,438.	42,434.	26,539.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD	2,205,357.	2,205,357.		
b TRANSPORTATION	101,571.	101,571.		
c STAFF DEVELOPMENT	81,794.	76,833.	3,228.	1,733.
d UBI TAXES	37,796.		37,796.	
e All other expenses	149,604.	124,086.	25,317.	201.
25 Total functional expenses. Add lines 1 through 24e	20,969,540.	17,365,832.	2,459,080.	1,144,628.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,046,203.	1	47,034.
	2 Savings and temporary cash investments	8,725,480.	2	8,739,015.
	3 Pledges and grants receivable, net	602,757.	3	675,576.
	4 Accounts receivable, net	447,132.	4	430,444.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	57,789.	8	44,135.
	9 Prepaid expenses and deferred charges	230,562.	9	747,253.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,662,263.		
	b Less: accumulated depreciation	10b 8,521,693.	4,827,626.	10c 6,140,570.
	11 Investments - publicly traded securities	2,550,228.	11	2,657,729.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	0.	14	1,500,000.
	15 Other assets. See Part IV, line 11	9,978.	15	8,776.
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,497,755.	16	20,990,532.	
Liabilities	17 Accounts payable and accrued expenses	1,723,068.	17	1,828,267.
	18 Grants payable		18	
	19 Deferred revenue	2,957,688.	19	2,827,111.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	30,000.	25	37,875.
	26 Total liabilities. Add lines 17 through 25	4,710,756.	26	4,693,253.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,086,011.	27	9,472,892.
	28 Net assets with donor restrictions	8,700,988.	28	6,824,387.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	14,786,999.	32	16,297,279.
33 Total liabilities and net assets/fund balances	19,497,755.	33	20,990,532.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,346,456.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,969,540.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,376,916.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,786,999.
5	Net unrealized gains (losses) on investments	5	131,953.
6	Donated services and use of facilities	6	1,411.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,297,279.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,340,557.	6,774,722.	3,656,801.	4,387,160.	4,266,346.	26,425,586.
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	337,184.	4,604,156.	11,537,738.	15,369,474.	17,266,655.	49,115,207.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	52,180.	0.	52,180.
6 Total. Add lines 1 through 5	7,677,741.	11,378,878.	15,194,539.	19,808,814.	21,533,001.	75,592,973.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	537,805.	232,761.	259,810.	384,568.	272,275.	1,687,219.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	537,805.	232,761.	259,810.	384,568.	272,275.	1,687,219.
8 Public support. (Subtract line 7c from line 6.)						73,905,754.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	7,677,741.	11,378,878.	15,194,539.	19,808,814.	21,533,001.	75,592,973.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	117,131.	173,352.	308,995.	413,437.	529,164.	1,542,079.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	10,338.	42,620.	75,077.	111,508.	239,543.
c Add lines 10a and 10b	117,131.	183,690.	351,615.	488,514.	640,672.	1,781,622.
11 Net income from unrelated business activities not included on 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.)		49,132.	89,331.	93,074.	74,289.	305,826.
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,794,872.	11,611,700.	15,635,485.	20,390,402.	22,247,962.	77,680,421.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	95.14 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	95.43 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	2.29 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	1.83 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

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

GROSS INCOME FROM FUNDRAISING EVENTS

2020 AMOUNT: \$ 0.
 2021 AMOUNT: \$ 42,422.
 2022 AMOUNT: \$ 78,166.
 2023 AMOUNT: \$ 86,158.
 2024 AMOUNT: \$ 68,489.

GROSS SALES OF INVENTORY

2020 AMOUNT: \$ 0.
 2021 AMOUNT: \$ 1,235.
 2022 AMOUNT: \$ 11,165.
 2023 AMOUNT: \$ 6,916.
 2024 AMOUNT: \$ 5,800.

GROSS INCOME FROM FUNDRAISING RAFFLES

2020 AMOUNT: \$ 0.
 2021 AMOUNT: \$ 5,475.
 2022 AMOUNT: \$ 0.
 2023 AMOUNT: \$ 0.
 2024 AMOUNT: \$ 0.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

NATUREBRIDGE

Employer identification number

94-2145930

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 23,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 5,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 25,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 11,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 5,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 5,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 68,658.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 8,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 16,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 9,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 20,472.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 5,772.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 47,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 135,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 5,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 10,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 9,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 8,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 6,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 7,798.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 37,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 11,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 6,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 9,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 6,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 48,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 21,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 6,702.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 5,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 7,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 29,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 26,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 9,042.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 55,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 93,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 14,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 6,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 5,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 5,767.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 103,822.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 5,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 24,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 16,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 9,254.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 6,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 8,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ 256,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 6,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 189,412.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 7,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 52,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ 15,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ 34,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ 58,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ 9,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	<hr/> <hr/> <hr/>	\$ 5,359.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ 130,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ 15,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	75 SHARES PM, 213 SHARES SCHW _____ _____ _____	\$ 25,252.	07/01/24
9	300 SHARES AAPL _____ _____ _____	\$ 68,373.	10/04/24
35	23 SHARES V _____ _____ _____	\$ 7,593.	12/17/24
55	48 MUGS AND 141 WATER BOTTLES _____ _____ _____	\$ 6,702.	06/24/25
65	TRAVEL VOUCHER _____ _____ _____	\$ 400.	03/12/25
88	10 CASES OF WINE _____ _____ _____	\$ 24,000.	03/13/25

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
91	65 SHARES AAPL _____ _____ _____	\$ 14,593.	08/19/24
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,359,152.	2,055,513.	1,952,965.	2,243,736.	1,833,178.
b Contributions	23,658.	127,322.	26,930.	83,432.	21,160.
c Net investment earnings, gains, and losses	291,942.	252,724.	180,490.	-311,150.	425,622.
d Grants or scholarships					
e Other expenditures for facilities and programs	97,024.	76,407.	104,872.	63,053.	36,224.
f Administrative expenses					
g End of year balance	2,577,728.	2,359,152.	2,055,513.	1,952,965.	2,243,736.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 29.5247 %
 - c Term endowment 70.4753 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		5,006,644.	3,190,317.	1,816,327.
c Leasehold improvements		4,703,701.	2,502,600.	2,201,101.
d Equipment		2,949,480.	2,310,160.	639,320.
e Other		2,002,438.	518,616.	1,483,822.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,140,570.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS PAYABLE	37,875.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	37,875.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	22,072,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a 131,953.		
	b Donated services and use of facilities	2b 166,901.		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d -1,176,630.		
	e Add lines 2a through 2d		2e	-877,776.
3	Subtract line 2e from line 1		3	22,949,899.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b -603,443.		
	c Add lines 4a and 4b		4c	-603,443.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	22,346,456.

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

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

1	Total expenses and losses per audited financial statements		1	20,561,843.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a 165,490.		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d 603,443.		
	e Add lines 2a through 2d		2e	768,933.
3	Subtract line 2e from line 1		3	19,792,910.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b 1,176,630.		
	c Add lines 4a and 4b		4c	1,176,630.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	20,969,540.

Part XIII Supplemental Information

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

PART V, LINE 4:

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE 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 HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENTS IN THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDANCE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GRANTS TO SCHOOLS FOR SCHOLARSHIPS NETTED AGAINST REVENUE -1,176,630.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES RECLASSIFIED TO REVENUE -61,936.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	EVENING ON THE LAKE (event type)	NONE (total number)	
Revenue	1	Gross receipts	1,113,675.	577,369.	1,691,044.
	2	Less: Contributions	1,067,426.	555,129.	1,622,555.
	3	Gross income (line 1 minus line 2)	46,249.	22,240.	68,489.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	122,814.	5,859.	128,673.
	7	Food and beverages	136,727.	60,354.	197,081.
	8	Entertainment			
	9	Other direct expenses	128,250.	87,503.	215,753.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			541,507.
11	Net income summary. Subtract line 10 from line 3, column (d)			-473,018.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALIANZA SCHOOL 115 CASSERLY ROAD WATSONVILLE, CA 95076-6645	77-0375541	PAJARO VALLEY USD	10,017.	0.			STUDENT SCHOLARSHIP
ALICE BIRNEY PUBLIC WALDORF TK-8 SCHOOL - BALLADARES CLASS - 6251 13TH ST. - SACRAMENTO, CA 95831	94-6002491	SACRAMENTO CITY USD	6,710.	0.			STUDENT SCHOLARSHIP
ASPIRE CAPITOL HEIGHTS ACADEMY 7300 FOLSOM BLVD SACRAMENTO, CA 95826	94-3311088	SACRAMENTO CITY USD	6,654.	0.			STUDENT SCHOLARSHIP
ASPIRE GOLDEN STATE COLLEGE PREPARATORY ACADEMY - 1009 66TH AVENUE - OAKLAND, CA 94621	94-3311088	OAKLAND USD	7,859.	0.			STUDENT SCHOLARSHIP
BEVILLE MS 4901 DALE BLVD. WOODBIDGE, VA 22193	54-6001533	PRINCE WILLIAM COUNT	6,453.	0.			STUDENT SCHOLARSHIP
BISHOP'S PEAK ELEMENTARY SCHOOL 451 JAYCEE DRIVE SAN LUIS OBISPO, CA 93405	95-6206890	SAN LUIS COASTAL UNI	6,707.	0.			STUDENT SCHOLARSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 84.

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB - OLYMPIC PENINSULA - 400 WEST FIR STREET - SEQUIM, WA 98382	91-1376766	501(C)(3)	6,828.	0.			STUDENT SCHOLARSHIP
BOYS AND GIRLS CLUB OF WHITTIER/PICO RIVERA - 7905 GREENLEAF AVENUE - WHITTIER, CA 90602	95-6151763	501(C)(3)	5,983.	0.			STUDENT SCHOLARSHIP
BREMERTON HIGH SCHOOL - SUMMER KNIGHT ACADEMY - 1500 13TH STREET - BREMERTON, WA 98337-1370	91-6001656	BREMERTON SCH DI	7,496.	0.			STUDENT SCHOLARSHIP
BRIDGES PUBLIC CHARTER SCHOOL 100 GALLATIN STREET, NE WASHINGTON, DC 20011	73-1681983	DCPCSB	5,605.	0.			STUDENT SCHOLARSHIP
BROOKS ELEMENTARY SCHOOL 750 NATALIE DRIVE WINDSOR, CA 95492	61-1718060	WINDSOR UNIFIED	9,875.	0.			STUDENT SCHOLARSHIP
BRUCE-MONROE ELEMENTARY SCHOOL 3560 WARDER ST. NW WASHINGTON, DC 20010	53-6001131	DCPS	10,800.	0.			STUDENT SCHOLARSHIP
BULL RUN MIDDLE SCHOOL 6308 CATHARPIN RD. GAINESVILLE, VA 20155	54-6001533	PRINCE WILLIAM C	8,432.	0.			STUDENT SCHOLARSHIP
BUNKER HILL ELEMENTARY 1401 MICHIGAN AVE NE WASHINGTON, DC 20017	53-6001131	DCPS	5,965.	0.			STUDENT SCHOLARSHIP
CALIBER BETA ACADEMY 2465 DOLAN WAY SAN PABLO, CA 94806	46-1219795	WEST CONTRA COST	6,106.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALISTOGA ELEMENTARY SCHOOL 1327 BERRY STREET CALISTOGA, CA 94515	52-1557245	CALISTOGA JOINT	14,477.	0.			STUDENT SCHOLARSHIP
CAROLINE WENZEL ELEMENTARY SCHOOL (SCUSD) - 6870 GREENHAVEN DRIVE - SACRAMENTO, CA 95831	94-6002491	SACRAMENTO CITY	14,400.	0.			STUDENT SCHOLARSHIP
CEIBA COLLEGE PREPARATORY ACADEMY 215 LOCUST STREET WATSONVILLE, CA 95076	20-5155858	PAJARO VALLEY US	6,349.	0.			STUDENT SCHOLARSHIP
CESAR CHAVEZ RAVENSWOOD MIDDLE SCHOOL - 2450 RALMAR AVE - EAST PALO ALTO, CA 94303	77-0209800	RAVENSWOOD CITY	9,400.	0.			STUDENT SCHOLARSHIP
CUPERTINO MIDDLE SCHOOL (CUSD) 10301 VISTA DR CUPERTINO, CA 95014	77-0025265	CUPERTINO USD	11,628.	0.			STUDENT SCHOLARSHIP
DC BILINGUAL PUBLIC CHARTER SCHOOL 33 RIGGS RD NE WASHINGTON, DC 20011	20-0412800	DCPCSB	12,075.	0.			STUDENT SCHOLARSHIP
DOWNEY HIGH SCHOOL 11040 BROOKSHIRE AVE DOWNEY, CA 90241-3889	94-1170350	DOWNEY USD	10,388.	0.			STUDENT SCHOLARSHIP
DR. MARTIN LUTHER KING JR ACADEMY - PHILLIPS - 200 PHILLIPS DRIVE - MARIN CITY, CA 94965	12-3456789	SAUSALITO MARIN	7,908.	0.			STUDENT SCHOLARSHIP
ENVIRONMENTAL CHARTER HIGH SCHOOL - GARDENA - 2818 MANHATTAN BEACH BOULEVARD - GARDENA, CA 90249	33-0920934	ECS	19,814.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENVIRONMENTAL CHARTER HIGH SCHOOL - LAWDALE - 16315 GREVILLEA AVENUE - LAWDALE, CA 90260	33-0920934	LAWDALE ELEMENT	18,824.	0.			STUDENT SCHOLARSHIP
ESPARTO MIDDLE SCHOOL 26675 PLAINFIELD STREET ESPARTO, CA 95627	58-2083344	ESPARTO UNIFIED	6,901.	0.			STUDENT SCHOLARSHIP
FRED LYNN MIDDLE SCHOOL 1650 PRINCE WILLIAM PARKWAY WOODBIDGE, VA 22191	54-6001533	PRINCE WILLIAM C	5,324.	0.			STUDENT SCHOLARSHIP
GEORGE WASHINGTON PREPARATORY HIGH SCHOOL (LAUSD) - 10860 S DENKER AVE - LOS ANGELES, CA 90047	95-6001908	LOS ANGELES USD	11,327.	0.			STUDENT SCHOLARSHIP
GLENWOOD ELEMENTARY SCHOOL 201 JESSIE AVENUE SACRAMENTO, CA 95838	94-6006528	ROBLA ELEMENTARY	7,668.	0.			STUDENT SCHOLARSHIP
GRAHAM MIDDLE SCHOOL (MVUSD) 1175 CASTRO STREET MOUNTAIN VIEW, CA 94040	93-0991812	MOUNTAIN VIEW WH	24,990.	0.			STUDENT SCHOLARSHIP
GRAHAM PARK MIDDLE SCHOOL 3613 GRAHAM PARK RD. TRIANGLE, VA 22172	54-6001533	PRINCE WILLIAM C	7,339.	0.			STUDENT SCHOLARSHIP
GRANT UNION HIGH SCHOOL 1400 GRAND AVENUE SACRAMENTO, CA 95838	94-6002512	TWIN RIVERS USD	8,266.	0.			STUDENT SCHOLARSHIP
HALKIN ELEMENTARY 1300 WILLIAMS STREET SAN LEANDRO, CA 94577	94-6002608	SAN LEANDRO USD	9,713.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGH TECH MIDDLE NORTH COUNTY MIDDLE SCHOOL - 1460 WEST SAN MARCOS BLVD - SAN MARCOS, CA 92078	33-0866664	501(C)(3)	5,725.	0.			STUDENT SCHOLARSHIP
HOUSTON ELEMENTARY SCHOOL 1100 50TH PLACE NORTHEAST WASHINGTON, DC 20019	53-6001131	DCPS	6,120.	0.			STUDENT SCHOLARSHIP
HYDE MIDDLE SCHOOL (CUSD) 10301 VISTA DR CUPERTINO, CA 95014	77-0025265	CUPERTINO	9,360.	0.			STUDENT SCHOLARSHIP
INGENUITY PREP 4600 LIVINGSTON RD. SE WASHINGTON, DC 20032	47-0882463	DCPCSB	19,480.	0.			STUDENT SCHOLARSHIP
JAMES MCKEE ELEMENTARY SCHOOL 8701 HALVERSON DRIVE ELK GROVE, CA 95624	94-6002501	ELK GROVE USD	6,339.	0.			STUDENT SCHOLARSHIP
JFK MIDDLE SCHOOL EXPEDITIONARY EDUCATION FOUNDATION - 1943 KENTUCKY AVE. - REDWOOD CITY, CA 94061	81-3401596	501(C)(3)	11,120.	0.			STUDENT SCHOLARSHIP
JOHN BARRETT MIDDLE SCHOOL 4243 BARRETT ROAD CARMICHAEL, CA 95608	94-6002533	SAN JUAN USD	23,955.	0.			STUDENT SCHOLARSHIP
JOHN REED ELEMENTARY SCHOOL 390 ARLEN DRIVE ROHNERT PARK, CA 94928	52-1689716	COTATI-ROHNERT P	5,996.	0.			STUDENT SCHOLARSHIP
KENNEDY MIDDLE SCHOOL (CUSD) 10301 VISTA DR CUPERTINO, CA 95014	77-0025265	CUSD	8,310.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LACES MAGNET SCHOOL 1440 N. HARBOR BLVD, SUITE 900 FULLERTON, CA 92835	93-1090541	501(C)(3)	8,044.	0.			STUDENT SCHOLARSHIP
LAFAYETTE ELEMENTARY SCHOOL 5701 BROAD BRANCH ROAD, NW WASHINGTON, DC 20015	53-6001131	DCPS	10,640.	0.			STUDENT SCHOLARSHIP
LAWSON MIDDLE SCHOOL (CUSD) 10401 VISTA DR CUPERTINO, CA 95014	77-0025265	CUPERTINO UNION	6,192.	0.			STUDENT SCHOLARSHIP
LEUZINGER HIGH SCHOOL 4118 ROSECRANS AVE LAWNDALE, CA 90260	95-6000539	INGLEWOOD UNION	8,748.	0.			STUDENT SCHOLARSHIP
LINDEN HIGH SCHOOL 18527 E FRONT ST. LINDEN, CA 95236	94-1054600	LINDEN USD	6,975.	0.			STUDENT SCHOLARSHIP
LOMA VERDE ELEMENTARY SCHOOL 399 ALAMEDA DE LA LOMA NOVATO, CA 94949	68-0112169	NOVATO USD	7,644.	0.			STUDENT SCHOLARSHIP
MARIPOSA AND EL PORTAL ELEMENTARY SCHOOLS (MCUSD) - PO BOX 5002 - MARIPOSA, CA 95338	94-1706704	MARIPOSA COUNTY	12,690.	0.			STUDENT SCHOLARSHIP
MCUSD COMMUNITY PROGRAM PO BOX 190 EL PORTAL, CA 95318	94-1706704	MARIPOSA COUNTY	6,242.	0.			STUDENT SCHOLARSHIP
MILLER MIDDLE SCHOOL (CUSD) 10301 VISTA DR CUPERTINO, CA 95014	77-0025265	CUPERTINO USD	7,700.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINER ELEMENTARY SCHOOL 601 15TH ST NE WASHINGTON, DC 20002	53-6001131	DCPS	11,630.	0.			STUDENT SCHOLARSHIP
MISSION PREPARATORY SCHOOL 1050 YORK STREET SAN FRANCISCO, CA 94110	27-1599804	501(C)(3)	12,671.	0.			STUDENT SCHOLARSHIP
MLK ELEMENTARY 960 TENTH ST. OAKLAND, CA 94607	94-6000385	OAKLAND USD	14,548.	0.			STUDENT SCHOLARSHIP
NAPA JUNCTION ELEMENTARY SCHOOL 500 EUCALYPTUS DRIVE AMERICAN CANYON, CA 94503	52-1550087	NAPA VALLEY USD	7,055.	0.			STUDENT SCHOLARSHIP
NEIGHBORHOOD YOUTH ASSOCIATION 1016 PLEASANT VIEW AVENUE VENICE, CA 90291	95-1691297	501(C)(3)	10,800.	0.			STUDENT SCHOLARSHIP
NICHOLAS ELEMENTARY (SCUSD) 5100 EL PARAISO AVE. SACRAMENTO, CA 95824	94-6002491	SACRAMENTO CITY	10,800.	0.			STUDENT SCHOLARSHIP
ORCA 5215 46TH AVE. S SEATTLE, WA 98118	45-5313405	SEATTLE PUBLIC S	5,108.	0.			STUDENT SCHOLARSHIP
PACOIMA CHARTER SCHOOL 11016 NORRIS AVE PACOIMA, CA 91331	36-4793940	LOS ANGELES USD	9,285.	0.			STUDENT SCHOLARSHIP
PASO VERDE SCHOOL 5240 PV SCHOLARS LANE SACRAMENTO, CA 95835	90-1178309	NATOMAS USD	10,976.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESIDIO MIDDLE SCHOOL 450 30TH AVENUE SAN FRANCISCO, CA 94121	94-6000416	SAN FRANCISCO US	8,159.	0.			STUDENT SCHOLARSHIP
ROBERT LOUIS STEVENSON M.S. 1316 HILLVIEW PLACE ST. HELENA, CA 94574	68-0314470	ST. HELENA UNIFI	9,271.	0.			STUDENT SCHOLARSHIP
ROOFTOP SCHOOL 500 CORBETT, MYADA CAMPUS SAN FRANCISCO, CA 94114	23-7349936	SAN FRANCISCO US	5,684.	0.			STUDENT SCHOLARSHIP
SANCHEZ ELEMENTARY 325 SANCHEZ ST. SAN FRANCISCO, CA 94114	94-6000416	SAN FRANCISCO US	5,637.	0.			STUDENT SCHOLARSHIP
SCHURR HIGH SCHOOL 820 WILCOX AVENUE MONTEBELLO, CA 90640	95-6002104	MONTEBELLO UNIFI	14,377.	0.			STUDENT SCHOLARSHIP
SHERMAN OAKS COMMUNITY CHARTER 1800 C-FRUITDALE AVENUE SAN JOSE, CA 95128	77-0226428	CAMPBELL UNION S	10,526.	0.			STUDENT SCHOLARSHIP
SIMON ELEMENTARY SCHOOL 401 MISSISSIPPI AVE SE WASHINGTON, DC 20032	53-6001131	DCPS	8,640.	0.			STUDENT SCHOLARSHIP
SPOKANE INTERNATIONAL ACADEMY 777 E. MAGNESIUM RD. SPOKANE, WA 99208	47-1091821	SPOKANE PUBLIC S	7,144.	0.			STUDENT SCHOLARSHIP
STANDLEY MIDDLE SCHOOLS C/O WORLD EXPEDITIONS - 6298 RADCLIFFE DRIVE - SAN DIEGO, CA 92122	95-6002781	SAN DIEGO USD	10,017.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUTRO ELEMENTARY 3RD 235 12TH AVE SAN FRANCISCO, CA 94118	94-6000416	SAN FRANCISCO US	7,072.	0.			STUDENT SCHOLARSHIP
TAYLOR STREET ELEMENTARY SCHOOL 4350 TAYLOR STREET SACRAMENTO, CA 95838	94-6002528	ROBLA SCH DIST	5,911.	0.			STUDENT SCHOLARSHIP
THE WOODS PROJECT GROUP 2700 S.W. FREEWAY HOUSTON, TX 77098	26-2959996	501(C)(3)	44,367.	0.			STUDENT SCHOLARSHIP
TWO RIVERS PCS - FOURTH STREET ELEMENTARY - 1227 4TH ST NE - WASHINGTON, DC 20002	41-2089357	DCPCSB	11,880.	0.			STUDENT SCHOLARSHIP
TWO RIVERS PCS - YOUNG ELEMENTARY 820 26TH STREET NE WASHINGTON, DC 20002	41-2089357	DCPS	13,680.	0.			STUDENT SCHOLARSHIP
UPWARD BOUND - PENINSULA COLLEGE 1502 E. LAURIDSEN BLVD. PORT ANGELES, WA 98362	91-0824213	501(C)(3)	6,004.	0.			STUDENT SCHOLARSHIP
VAN NESS ELEMENTARY SCHOOL 1150 5TH STREET SOUTHEAST WASHINGTON, DC 20003	53-6001131	DCPS	5,100.	0.			STUDENT SCHOLARSHIP
VINE STREET ELEMENTARY 955 N. VINE STREET LOS ANGELES, CA 90038	95-6001908	LOS ANGELES USD	9,072.	0.			STUDENT SCHOLARSHIP
WILLOW ELEMENTARY SCHOOL 1480 EL CENTRO AVE. NAPA, CA 94588	68-0072362	NAPA VALLEY USD	5,794.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINDSOR MIDDLE SCHOOL 9291 OLD REDWOOD HIGHWAY WINDSOR, CA 95492	61-1718060	WINDSOR UNIFIED	9,060.	0.			STUDENT SCHOLARSHIP
WOODLAND ELEMENTARY (MCUSD) 3394 WOODLAND DRIVE MARIPOSA, CA 95338	94-1706704	MARIPOSA COUNTY	11,236.	0.			STUDENT SCHOLARSHIP
WSU GEAR UP - EARLY OUTREACH PROGRAM - 2710 CRIMSON WAY - RICHLAND, WA 99354	91-6001108	501(C)(3)	12,903.	0.			STUDENT SCHOLARSHIP
HERBERT J. SAUNDERS MIDDLE SCHOOL 13557 SPRIGGS ROAD MANASSAS, VA 20112	54-6001533	PRINCE WILLIAM C	6,018.	0.			STUDENT SCHOLARSHIP
BRIGHTWOOD EDUCATION CAMPUS 1300 NICHOLSON ST NW WASHINGTON, DC 20011	53-6001131	DCPS	16,970.	0.			STUDENT SCHOLARSHIP
ORANGEVALE OPEN SCHOOL 5630 ILLINOIS AVENUE FAIR OAKS, CA 95628	94-6002533	SAN JUAN USD	5,354.	0.			STUDENT SCHOLARSHIP

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

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

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

PART I, LINE 2:

NATUREBRIDGE MAKES 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.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees**
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization NATUREBRIDGE	Employer identification number 94-2145930
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	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	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PHILLIP KILBRIDGE PRESIDENT & CEO	(i)	233,469.	0.	60,000.	7,733.	17,084.	318,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUDY LIN COO	(i)	184,245.	0.	0.	6,092.	19,311.	209,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LESLIE SMITH CFO	(i)	162,783.	0.	0.	5,020.	6,767.	174,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AARON CRAIG RICH CHIEF DEVELOPMENT OFFICER	(i)	154,451.	0.	0.	4,967.	14,744.	174,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NATUREBRIDGE

Employer identification number

94-2145930

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		4,965.	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	125,722.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FOOD/BEVERAGES)	X	4	27,650.	FAIR MARKET VALUE
26 Other (WATER BOTTLES)	X	1	6,702.	FAIR MARKET VALUE
27 Other (TICKETS)	X	1	400.	FAIR MARKET VALUE
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

FORM 990, PART I, LINE 6:

NATUREBRIDGE MAINTAINS A VOLUNTEER TRACKING SPREADSHEET. VOLUNTEERS
PRIMARILY INCLUDE MEMBERS OF THE NATIONAL BOARD AND EACH LOCAL BOARD.
OTHER INDIVIDUALS WHO PARTICIPATE IN THE ORGANIZATION'S FUNDRAISING
EVENTS ARE ALSO INCLUDED IN THE LIST OF VOLUNTEERS.

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

WITH CHILDREN IMMERSSED IN THE OUTDOORS, SCIENTIFIC PRINCIPLES ARE
BROUGHT TO LIFE AND INSPIRE BOTH IN-DEPTH LEARNING AND A LIFELONG
CONNECTION TO NATURE. EACH PROGRAM IS CUSTOMIZED TO MEET INDIVIDUAL
SCHOOL GROUPS' ACADEMIC NEEDS AND ALIGN WITH STATE/NATIONAL SCIENCE
STANDARDS. OPTIONAL PRE- AND POST-PROGRAM CLASSROOM VISITS FROM
NATUREBRIDGE EDUCATORS ENABLE TEACHERS TO DEEPEN THE IMPACT OF THE
NATUREBRIDGE EXPERIENCE THROUGHOUT AND BEYOND THE ACADEMIC SCHOOL YEAR.

NATUREBRIDGE PROVIDES OUTDOOR EDUCATION PROGRAMS TO A DIVERSE AUDIENCE
INCLUDING K-12 TEACHERS, TEENS AND FAMILIES. WE ALSO WORK WITH LEADERS
IN THE FIELD OF EDUCATION TO ADVANCE SCIENTIFIC AND SOCIAL EMOTIONAL
LEARNING NATIONWIDE. AT THE HEART OF OUR WORK IS OUR EVIDENCE-BASED
CORE EDUCATIONAL FRAMEWORK, WHICH COMPRISES THREE THEMES: SENSE OF
PLACE, INTERCONNECTIONS AND STEWARDSHIP. USING THIS ONE-OF-A-KIND
FRAMEWORK IN OUR RANGE OF PROGRAMS, NATUREBRIDGE REACHES OVER 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 THE CEO AND CFO POSITIONS AND DOCUMENTS THEIR DECISION FOR
SALARY INCREASES. ALL OTHER SALARIES ARE APPROVED BY THE BOARD THROUGH ITS
APPROVAL OF THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR

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

Schedule O (Form 990) (Rev. 12-2024)

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization <p align="center">NATUREBRIDGE</p>	Employer identification number <p align="center">94-2145930</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

Schedule R (Form 990) (Rev. 1-2025)

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

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

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?

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART II:

THE PRESIDIO ENVIRONMENTAL INSTITUTE, A RELATED 501(C)(3) ORGANIZATION,

IS CURRENTLY IN THE PROCESS OF FORMAL DISSOLUTION.