

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
NATUREBRIDGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

28 GEARY STREET NO 650

City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94108

F Name and address of principal officer
SUSAN SMARTT
28 GEARY STREET NO 650
SAN FRANCISCO, CA 94108

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NATUREBRIDGE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1971

M State of legal domicile CA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
NATUREBRIDGE PROVIDES ENVIRONMENTAL EDUCATION PROGRAMS TO OVER 30,000 PEOPLE EACH YEAR AT SIX NATIONAL PARK LOCATIONS

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

3 Number of voting members of the governing body (Part VI, line 1a)

323

4 Number of independent voting members of the governing body (Part VI, line 1b)

423

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5267

6 Total number of volunteers (estimate if necessary)

6100

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a0

b Net unrelated business taxable income from Form 990-T, line 34

7b0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

7,630,167

10,518,877

210,893

318,065

18,678,002

Current Year

3,123,835

10,813,193

100,642

47,113

14,084,783

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,134,307

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

70,823

0

8,247,274

174,732

6,307,184

14,800,013

3,877,989

1,256,361

0

9,001,386

138,374

5,888,184

16,284,305

-2,199,522

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

24,519,762

2,657,017

21,862,745

End of Year

22,264,582

2,663,419

19,601,163

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

SUSAN SMARTT PRESIDENT & CEO

2013-05-07

Date

Paid Preparer's Use Only

Preparer's signature

MARK S HANCOCK

Firm's name (or yours if self-employed), address, and ZIP + 4

HOOD & STRONG LLP
100 FIRST STREET 14TH FLOOR
SAN FRANCISCO, CA 94105

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)
P00857085

EIN ▶ 94-1254756

Phone no ▶ (415) 781-0793

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

TO TEACH SCIENCE AND ENVIRONMENTAL EDUCATION TO INSPIRE PERSONAL CONNECTIONS TO THE NATURAL WORLD AND RESPONSIBLE ACTIONS TO SUSTAIN IT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 12,537,507 including grants of \$ 1,256,361) (Revenue \$ 11,122,549)

THE MISSION OF NATUREBRIDGE IS TO DELIVER HANDS-ON ENVIRONMENTAL FIELD SCIENCE EDUCATION IN SOME OF THE RICHEST AND MOST BEAUTIFUL CLASSROOMS - OUR NATIONAL PARKS AT NATUREBRIDGE, WE BELIEVE ENVIRONMENTAL FIELD SCIENCE EDUCATION SHOULD BE A PART OF EVERY CHILD'S LIFE WE OPEN CHILDREN'S MINDS TO THE WONDER AND SCIENCE OF NATURE AND IGNITE IN THEM THE COURAGE TO TAKE ACTION AND TO MAKE THE WORLD A HEALTHIER PLACE FOUNDED IN 1971, OUR CAMPUSES ARE LOCATED IN YOSEMITE NATIONAL PARK, GOLDEN GATE NATIONAL RECREATION AREA, OLYMPIC NATIONAL PARK, SANTA MONICA MOUNTAINS NATIONAL RECREATION AREA, CHANNEL ISLANDS NATIONAL PARK, AND PRINCE WILLIAM FOREST PARK NATUREBRIDGE'S CORE PROGRAM, FIELD SCIENCE EDUCATION, TAKES DIVERSE YOUTH OUT OF THE CLASSROOM AND INTO "THE FIELD" (NATIONAL PARKS) FOR 3-5 DAYS WITH YOUTH IMMERSUED IN THE OUTDOORS, SCIENTIFIC PRINCIPLES THAT THEY MAY HAVE ONLY READ ABOUT IN TEXTBOOKS ARE BROUGHT TO LIFE, PROVIDING BOTH IN-DEPTH SCIENTIFIC KNOWLEDGE AND A LIFELONG CONNECTION TO NATURE EACH PROGRAM IS CUSTOM-DESIGNED TO MEET INDIVIDUAL SCHOOL GROUPS' ACADEMIC NEEDS AND ALIGN WITH STATE/NATIONAL SCIENCE STANDARDS MOREOVER, PRE- AND POST-PROGRAM CLASSROOM VISITS FROM NATUREBRIDGE EDUCATORS ENABLE TEACHERS TO DEEPEN THE IMPACT OF AND BUILD ON THE NATUREBRIDGE EXPERIENCE THROUGHOUT AND BEYOND THE ACADEMIC SCHOOL YEAR NATUREBRIDGE PROVIDES ITS FIELD SCIENCE PROGRAM TO A DIVERSE AUDIENCE, INCLUDING K-12 TEACHERS, TEENS, AND ONLINE COMMUNITIES WE ALSO WORK WITH LEADERS IN THE FIELD OF ENVIRONMENTAL EDUCATION TO ADVANCE ITS MISSION NATIONWIDE AT THE HEART OF ALL OF OUR WORK IS OUR UNIQUE, EVIDENCE-BASED CORE EDUCATIONAL FRAMEWORK, WHICH COMPRISES THREE THEMES SENSE OF PLACE, INTERCONNECTIONS, AND STEWARDSHIP USING THIS ONE-OF-A-KIND APPROACH IN OUR BROAD RANGE OF HIGHLY EFFECTIVE PROGRAMS AND ACTIVITIES, NATUREBRIDGE REACHES 30,000 INDIVIDUALS EACH YEAR AND HELPS GROW THE NEXT GENERATION OF ENVIRONMENTAL LEADERS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)



















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 12,537,507

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance								
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>								
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .				1a	74		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.				1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .				2a	267		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.				3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?				4a			No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?				6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b			
7 Organizations that may receive deductible contributions under section 170(c).								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.				7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					8			
9 Sponsoring organizations maintaining donor advised funds.								
a	Did the organization make any taxable distributions under section 4966?				9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b			
10 Section 501(c)(7) organizations. Enter								
a	Initiation fees and capital contributions included on Part VIII, line 12.				10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.				10b			
11 Section 501(c)(12) organizations. Enter								
a	Gross income from members or shareholders.				11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).				11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.								
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.				13a			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.				13b			
c	Enter the aggregate amount of reserves on hand.				13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.				14b			

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed CA , WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. GALEN QUARING CONTROLLER 28 GEARY STREET NO 650 SAN FRANCISCO, CA 94108 (415) 992-4700

Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAN ABRAHMS DIRECTOR	2.00	X						0	0	0
(2) ALLAN J PRAGER DIRECTOR	2.00	X						0	0	0
(3) ANNA ESCOBEDO CABRAL DIRECTOR	2.00	X						0	0	0
(4) CHARLENE LOW DIRECTOR	2.00	X						0	0	0
(5) CHRISTINA SHEA DIRECTOR	2.00	X						0	0	0
(6) DAVID BROWN VICE CHAIR	2.00	X		X				0	0	0
(7) DAVID PLACEK DIRECTOR	2.00	X						0	0	0
(8) GEOFFREY GIVEN DIRECTOR	2.00	X						0	0	0
(9) GREG MOGA DIRECTOR	2.00	X						0	0	0
(10) GRETCHEN LONG DIRECTOR	2.00	X						0	0	0
(11) IAN YOLLES DIRECTOR	2.00	X						0	0	0
(12) IVY ARCHER WINTERS DIRECTOR	2.00	X						0	0	0
(13) JILL SIDEMAN PHD DIRECTOR	2.00	X						0	0	0
(14) JOHN KINNEY DIRECTOR	2.00	X						0	0	0
(15) MARY KIELY PHD VICE CHAIR	2.00	X		X				0	0	0
(16) MATTHEW A BAXTER TREASURER	2.00	X		X				0	0	0
(17) MIKE SHEALY 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NOAH MAMET DIRECTOR	2 00	X						0	0	0
(19) PAT SERIE DIRECTOR	2 00	X						0	0	0
(20) RAOUL GOFF DIRECTOR	2 00	X						0	0	0
(21) ROLLIN B CHIPPEY II DIRECTOR	2 00	X						0	0	0
(22) SCOTT MINICK DIRECTOR	2 00	X						0	0	0
(23) STEPHEN LOCKHART MD PHD CHAIR OF THE BOARD	2 00	X		X				0	0	0
(24) TIM SPANGLER DIRECTOR	2 00	X						0	0	0
(25) TRACY THOMPSON SECRETARY	2 00	X		X				0	0	0
(26) WILFORD WELCH DIRECTOR	2 00	X						0	0	0
(27) TOD DOBRATZ CHIEF FINANCIAL OFFICER	40 00			X				120,591	0	8,956
(28) SUSAN SMARTT PRESIDENT & CEO	40 00			X				204,528	0	11,573
(29) JASON MORRIS EXECUTIVE VICE PRESIDENT	40 00					X		118,816	0	15,486
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								443,935	0	36,015

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

3

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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>	Yes	
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>		No

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
	BAY AREA CONSULTING GROUP LLC ONE MARKET PLAZA STE 1100 SAN FRANCISCO, CA 94105	IT CONSULTING SERVICES	186,396
	SSI (US) INC DBA SPENCER STUART PO BOX 98991 CHICAGO, IL 60693	EXECUTIVE SEARCH SERVICES	117,111
	BERKELEY LOGIC 2342 SHATTUCK AVENUE SUITE 182 BERKELEY, CA 94704	DESKTOP/SERVER SUPPORT	116,997
	WEBB DESIGN 401 TERRY FRANCOIS SUITE 212 SAN FRANCISCO, CA 94158	BRAND CONSULTING SERVICES	103,915
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		4

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	462,809				
	d	Related organizations . . .	1d					
	e	Government grants (contributions)	1e	61,750				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,599,276				
	g	Noncash contributions included in lines 1a-1f \$ 100,247						
	h	Total. Add lines 1a-1f		3,123,835				
Program Service Revenue			Business Code					
	2a	FIELD SCIENCE PROGRAMS	611710	9,147,278	9,147,278			
	b	CONFERENCES AND OTHER	611710	1,151,771	1,151,771			
	c	SUMMER YOUTH PROGRAMS	611710	445,687	445,687			
	d	OTHER PROGRAM SERVICES	611710	68,457	68,457			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		10,813,193				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		94,874			94,874	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
			18,009					
			0					
			18,009					
	d	Net rental income or (loss)		18,009			18,009	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			1,542,277					
			1,536,509					
			5,768					
	d	Net gain or (loss)		5,768			5,768	
	8a	Gross income from fundraising events (not including \$ 462,809 of contributions reported on line 1c) See Part IV, line 18	a	48,550				
	b	Less direct expenses	b	202,442				
	c	Net income or (loss) from fundraising events . .		-153,892			-153,892	
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances	a	51,248				
b	Less cost of goods sold	b	63,059					
c	Net income or (loss) from sales of inventory . .		-11,811			-11,811		
Miscellaneous Revenue		Business Code						
11a	FORFEITED DEPOSITS	611710	124,129	124,129				
b	BILLED SERVICES	611710	106,190	106,190				
c	SCHOLARSHIP FEES	611710	79,037	79,037				
d	All other revenue		-114,549			-114,549		
e	Total. Add lines 11a-11d		194,807					
12	Total revenue. See Instructions		14,084,783	11,122,549	0	-161,601		

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	1,256,361	1,256,361		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	630,721	217,735	381,751	31,235
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	6,667,176	5,207,961	896,429	562,786
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	117,754	91,623	17,751	8,380
9	Other employee benefits	1,013,874	796,196	147,872	69,806
10	Payroll taxes	571,861	444,960	86,206	40,695
11	Fees for services (non-employees)				
a	Management				
b	Legal	21,592		21,592	
c	Accounting	36,752		36,752	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	138,374			138,374
f	Investment management fees	5,054	5,054		
g	Other	842,912	207,290	524,881	110,741
12	Advertising and promotion	75,591	37,954	32,290	5,347
13	Office expenses	875,519	604,602	214,557	56,360
14	Information technology				
15	Royalties				
16	Occupancy	1,141,136	1,009,500	78,577	53,059
17	Travel	251,386	130,446	101,846	19,094
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,415	20,069	3,968	14,378
20	Interest	1,286	1,286		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	472,067	414,752	39,096	18,219
23	Insurance	165,305	157,137	5,254	2,914
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD	1,483,759	1,483,759		
b	CONTRACTED TRANSPORTATI	168,914	168,914		
c	OTHER CONTRACTED SERVIC	126,960	126,702		258
d	STAFF DEVELOPMENT	116,271	107,282	6,962	2,027
e					
f	All other expenses	65,265	47,924	16,707	634
25	Total functional expenses. Add lines 1 through 24f	16,284,305	12,537,507	2,612,491	1,134,307
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1,478,993	1	1,746,752
	2	Savings and temporary cash investments				3,548,588	2	2,709,950
	3	Pledges and grants receivable, net				1,896,257	3	1,153,623
	4	Accounts receivable, net				120,462	4	152,665
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				110,042	8	70,091
	9	Prepaid expenses and deferred charges				181,499	9	198,057
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	17,363,296				
	b	Less: accumulated depreciation	10b	4,572,902		12,651,710	10c	12,790,394
	11	Investments—publicly traded securities				4,517,588	11	3,163,567
	12	Investments—other securities. See Part IV, line 11					12	258,711
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				14,623	15	20,772
	16	Total assets. Add lines 1 through 15 (must equal line 34)				24,519,762	16	22,264,582
Liabilities	17	Accounts payable and accrued expenses				1,242,469	17	1,171,971
	18	Grants payable					18	
	19	Deferred revenue				1,367,800	19	1,447,680
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					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				46,748	25	43,768
	26	Total liabilities. Add lines 17 through 25				2,657,017	26	2,663,419
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				5,950,357	27	4,767,394
	28	Temporarily restricted net assets				15,287,040	28	14,206,021
	29	Permanently restricted net assets				625,348	29	627,748
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				21,862,745	33	19,601,163
	34	Total liabilities and net assets/fund balances				24,519,762	34	22,264,582

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,084,783
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,284,305
3	Revenue less expenses Subtract line 2 from line 1	3	-2,199,522
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,862,745
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-62,060
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	19,601,163

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NATUREBRIDGE

Employer identification number
94-2145930

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,193,927	5,643,813	5,470,119	7,630,167	3,123,835	24,061,861
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	9,972,809	10,832,636	10,608,248	10,804,754	11,122,549	53,340,996
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	12,166,736	16,476,449	16,078,367	18,434,921	14,246,384	77,402,857
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	86,000	1,172,000	231,134	130,830	259,725	1,879,689
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	86,000	1,172,000	231,134	130,830	259,725	1,879,689
8 Public Support (Subtract line 7c from line 6.)						75,523,168

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	12,166,736	16,476,449	16,078,367	18,434,921	14,246,384	77,402,857
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	93,726	91,715	94,074	108,984	112,883	501,382
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	93,726	91,715	94,074	108,984	112,883	501,382
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	335,452	27,501	27,496	53,297	-14,751	428,995
13 Total support (Add lines 9, 10c, 11 and 12.)	12,595,914	16,595,665	16,199,937	18,597,202	14,344,516	78,333,234
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	96.410 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	95.240 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.640 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.370 %
19a 33 1/3% support tests—2011. 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	<input type="checkbox"/>	
b 33 1/3% support tests—2010. 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	<input type="checkbox"/>	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART III, SECTION B, LINE 12 OTHER INCOME IS COMPOSED OF GROSS INCOME FROM FUNDRAISING EVENTS AND GROSS SALES OF INVENTORY

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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?	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

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

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

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

a

Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	786,227	686,199	645,442	715,256
b	Contributions	2,400	1,100	900	600
c	Investment earnings or losses	25,233	108,044	46,296	-66,335
d	Grants or scholarships				
e	Other expenditures for facilities and programs	7,502	9,116	6,439	4,079
f	Administrative expenses				
g	End of year balance	806,358	786,227	686,199	645,442

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 77 850 %

c

Term endowment ▶ 22 150 %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. 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		6,455,916	3,255,256	3,200,660
c Leasehold improvements				
d Equipment		1,502,413	1,004,293	498,120
e Other		9,404,967	313,353	9,091,614
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				12,790,394

Schedule D (Form 990) 2011

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	114,084,783
2	Total expenses (Form 990, Part IX, column (A), line 25)	216,284,305
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-2,199,522
4	Net unrealized gains (losses) on investments	4-12,060
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-50,000
9	Total adjustments (net) Add lines 4 - 8	9-62,060
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-2,261,582

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	113,018,900
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-12,060	
b	Donated services and use of facilities2b13,596	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d-1,269,861	
e	Add lines 2a through 2d	2e-1,268,325
3	Subtract line 2e from line 1	314,287,225
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 7b4a	
b	Other (Describe in Part XIV)4b-202,442	
c	Add lines 4a and 4b	4c-202,442
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	514,084,783

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	115,280,482
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a13,596	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d202,442	
e	Add lines 2a through 2d	2e216,038
3	Subtract line 2e from line 1	315,064,444
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 7b4a	
b	Other (Describe in Part XIV)4b1,219,861	
c	Add lines 4a and 4b	4c1,219,861
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	516,284,305

Part XIVSupplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S PERMANENTLY RESTRICTED NET ASSETS CONSIST OF ELEVEN ENDOWMENT FUNDS, WHICH HAVE BEEN ESTABLISHED FOR A VARIETY OF PURPOSES. THESE FUNDS ARE INVESTED IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE FOR OPERATIONS. CERTAIN OF THE ENDOWMENT FUNDS OF THE ORGANIZATION ARE SUBJECT TO DONOR RESTRICTIONS REQUIRING THAT THE INCOME BE USED ONLY FOR SPECIFIED PURPOSES, WHILE INCOME FROM THE REMAINING ENDOWMENTS MAY BE USED FOR THE GENERAL PURPOSES OF THE ORGANIZATION.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE TAXES BY A GROUP EXEMPTION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, AND IS CONSIDERED BY THE INTERNAL REVENUE SERVICE TO BE AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT IT HAS MAINTAINED ITS TAX-EXEMPT STATUS AND THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENTS IN THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDANCE. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO TAX EXAMINATIONS BY FEDERAL AND STATE AUTHORITIES FOR YEARS PRIOR TO 2008 AND 2007, RESPECTIVELY.
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNCOLLECTIBLE PLEDGE -50,000
PART XII, LINE 2D - OTHER ADJUSTMENTS		SCHOLARSHIPS -1,219,861. UNCOLLECTIBLE PLEDGE -50,000
PART XII, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE -202,442
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE 202,442
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS 1,219,861

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
NATUREBRIDGE

Employer identification number
94-2145930

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CAPIRASOBING CONSULTING INC 60 BERKELEY WAY SAN FRANCISCO, CA 94131	GALA PLANNING		No	394,384	36,956	357,428
THERESA NELSON & ASSOCIATES 446 HUDSON STREET OAKLAND, CA 94610	MAJOR GIFTS CONSULTING		No	0	44,033	-44,033
THURLOW ASSOCIATES PO BOX 575 LAWNDALE, CA 90260	GRANT WRITING		No	0	45,643	-45,643
VENTURESPARK INC 1813 SLEEPY HOLLOW LANE PETALUMA, CA 94954	FUNDRAISING CONSULTING		No	0	28,000	-28,000
RIFFENBURGH & ASSOCIATES 2104 E MAIN STREET SUITE 154 VENTURA, CA 93001	FUNDRAISING CONSULTING		No	0	16,000	-16,000
Total ▶				394,384	170,632	223,752

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

CA, WA

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		40TH ANNIVERSARY GALA (event type)	SOCAL HIKE-A-THON (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	473,746	37,613	511,359
	2	Less Charitable contributions	425,196	37,613	462,809
	3	Gross income (line 1 minus line 2)	48,550		48,550
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	24,168		24,168
	7	Food and beverages	95,205	7,739	102,944
	8	Entertainment	8,785		8,785
	9	Other direct expenses	66,545		66,545
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			

Part III Gaming.

Complete if the organization answered "Yes" to 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))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash 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	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

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

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NATUREBRIDGE

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

54

3

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

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THROUGH THE GENEROUS SUPPORT OF DONORS, NATUREBRIDGE IS ABLE TO MAKE FIELD SCIENCE 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

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARAMOUNT BARD ACADEMY 1942 RANDOLPH ST DELANO, CA 93215	26-2997342	KERN COUNTY ED OFC	26,500				STUDENT SCHOLARSHIPS
THE WOODS PROJECT6 SLEEPY OAKS CIRCLE HOUSTON, TX 77024	26-2959996	501(C)(3)	25,715				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARR INTERMEDIATE SCHOOL2120 WEST EDINGER AVENUE SANTA ANA, CA 92704	95-6002823	SANTA ANA USD	22,200				STUDENT SCHOLARSHIPS
JANE ADDAMS K-8 11051 34TH AVE NE SEATTLE, WA 98125	91-6001541	SEATTLE PUB SCHOOLS	19,131				STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMILTON INTERNATIONAL MIDDLE SCHOOL 4400 INTERLAKE AVENUE NORTH SEATTLE, WA 98103	91-6001541	SEATTLE PUB SCHOOLS	18,570				STUDENT SCHOLARSHIPS
RIPPON MS15101 BLACKBURN RD WOODBRIIDGE, VA 22191	54-6001533	PRINCE WILLIAM CTY	16,823				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESIDIO MIDDLE SCHOOL450 30TH AVENUE SAN FRANCISCO, CA 94121	94-6000416	SAN FRANCISCO USD	16,550				STUDENT SCHOLARSHIPS
MESA MIDDLE SCHOOL2555 HALCYON ROAD ARROYO GRANDE, CA 93420	71-0929358	LUCIA MAR USD	14,050				STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAHAM PARK MS3613 GRAHAM PARK RD TRIANGLE, VA 22172	54- 6001533	PRINCE WILLIAM CTY	13,080				STUDENT SCHOLARSHIPS
MARIPOSA MIDDLE SCHOOL PO BOX 8 MARIPOSA, CA 95338	94- 1706704	MARIPOSA COUNTY USD	11,195				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON ELEMENTARY SCHOOL2220 HUNTSMAN AVENUE SELMA,CA 93662	77- 0559753	SELMA USD	11,000				STUDENT SCHOLARSHIPS
WINSTON CHURCHILL MIDDLE SCHOOL 4900 WHITNEY AVENUE CARMICHAEL,CA 95608		SAN JUAN USD	10,480				STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FRANCISCO MIDDLE SCHOOL 2190 POWELL STREET SAN FRANCISCO, CA 94133	94-6000416	SAN FRANCISCO USD	10,425				STUDENT SCHOLARSHIPS
LINCOLN ELEMENTARY225 11TH STREET OAKLAND, CA 94607	94-6000385	OAKLAND USD	10,080				STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOVER PARK HIGH SCHOOL 11023 GRAVELLY LAKE DR SW LAKEWOOD, WA 98499	91-6001838	CLOVER PARK SD	9,735				STUDENT SCHOLARSHIPS
NORTH BEND ELEMENTARY400 EAST THIRD STREET NORTH BEND, WA 98045	91-6001641	SNOQUALMIE VALLEY SC	9,412				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP ADELANTE PREPARATORY ACADEMY1475 6TH AVENUE 2ND FLOOR SAN DIEGO, CA 92101	48-1291867	SAN DIEGO USD	9,032				STUDENT SCHOLARSHIPS
ROSIE'S GIRLS ROSIE THE RIVETER WWII HOME FRONT NATIONAL HISTORICAL PARK 2566 MACDONALD AVENUE RICHMOND, CA 94808	94-3335350	US NATIONAL PARK SVC	9,000				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERES ELEMENTARY SCHOOL719 5TH STREET RICHMOND,CA 94801	68- 0000495	WEST CONTRA COSTA US	8,936				STUDENT SCHOLARSHIPS
ROCKETSHIP MATEO SHEEDY ELEMENTARY SCHOOL788 LOCUST STREET SAN JOSE,CA 95110	20- 4040597	SANTA CLARA COUNTY	8,655				STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WSU TRI-CITIES MESA2710 UNIVERSITY DRIVE RICHLAND,WA 99352		WA STATE UNIV	8,500				STUDENT SCHOLARSHIPS
FIVE OAKS MIDDLE SCHOOL 1600 NW 173RD AVENUE BEAVERTON,OR 97006	93- 6001065	BEAVERTON SD	8,058				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA MONICA SCIENCE MAGNET AT JOHN ADAMS MIDDLE SCHOOL 2425 16TH STREET SANTA MONICA,CA 90405	95-6002855	SANTA MONICA - MALIBU	8,000				STUDENT SCHOLARSHIPS
SIERRA ENTERPRISE ELEMENTARY9115 FRUITRIDGE ROAD SACRAMENTO,CA 95826		ELK GROVE USD	7,920				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDDLE COLLEGE HS CONTRA COSTA 2600 MISSION BELL DRIVE PS 115 SAN PABLO, CA 948063166		WEST CONTRA COSTA US	7,560				STUDENT SCHOLARSHIPS
KIPP HEARTWOOD ACADEMY1250 S KING ROAD SAN JOSE, CA 95122		ALUM ROCK UNION ESD	7,550				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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VENETIA VALLEY ELEMENTARY SCHOOL177 NORTH SAN PEDRO ROAD SAN RAFAEL,CA 94903	94-6172327	SAN RAFAEL CITY ELEM	7,179				STUDENT SCHOLARSHIPS
MCKINLEY INSTITUTE OF TECHNOLOGY 8TH 400 DUANE STREET REDWOOD CITY, CA 94062	94-3084018	REDWOOD CITY USD	7,115				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HIGHLAND ELEMENTARY SCHOOL2829 MOYERS ROAD RICHMOND, CA 94806	68-0000495	WEST CONTRA COSTA US	6,954				STUDENT SCHOLARSHIPS
HAWTHORNE ELEMENTARY4100 39TH AVE S SEATTLE, WA 98118	91-6001541	SEATTLE PUB SCHOOLS	6,723				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADELANTE SPANISH IMMERSION SCHOOL3150 GRANGER WAY REDWOOD CITY, CA 94061	94-3084018	REDWOOD CITY SD	6,720				STUDENT SCHOLARSHIPS
SCHURR HIGH SCHOOL820 WILCOX AVENUE MONTEBELLO, CA 90640	95-6002104	MONTEBELLO USD	6,653				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORONADO ELEMENTARY SCHOOL2001 VIRGINIA AVENUE RICHMOND, CA 94804	68-0000495	WEST CONTRA COSTA US	6,460				STUDENT SCHOLARSHIPS
CAMBRIA GRAMMAR SCHOOL3223 MAIN STREET CAMBRIA, CA 93428	80-0052972	COAST USD	6,398				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LONGFELLOW ARTS & TECHNOLOGY MIDDLE SCHOOL 1500 DERBY STREET BERKELEY, CA 94703	94-6002113	BERKELEY USD	6,384				STUDENT SCHOLARSHIPS
THINK COLLEGE NOW2825 INTERNATIONAL BLVD OAKLAND, CA 94601	94-6000385	OAKLAND USD	6,352				STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SIERRA HOUSE ELEMENTARY SCHOOL1709 REMINGTON TRAIL SOUTH LAKE TAHOE, CA 96150	94- 2317114	LAKE TAHOE USD	6,180				STUDENT SCHOLARSHIPS
ORCA K - 85215 46TH AVE S SEATTLE, WA 98118	91- 6001541	SEATTLE PUB SCHOOLS	6,000				STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ALIANZA SCHOOL 115 CASSERLY ROAD WATSONVILLE, CA 950766645	77-0375541	PAJARO VALLEY USD	6,000				STUDENT SCHOLARSHIPS
ROOSEVELT HIGH SCHOOL1410 NE 66TH STREET SEATTLE, WA 98115	91-6001541	SEATTLE PUB SCHOOLS	5,945				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ER TAYLOR ELEMENTARY423 BURROWS STREET SAN FRANCISCO, CA 94134	94- 6174619	SAN FRANCISCO USD	5,908				STUDENT SCHOLARSHIPS
ALLEN AT STEINBECK820 STEINBECK DR SAN JOSE,CA 95123	94- 6002606	SAN JOSE USD	5,859				STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PRAIRIE VIEW ELEMENTARY2606 W JOHANNSEN RD SPOKANE, WA 99208	91-0793152	MEAD SCHOOL DISTRICT	5,812				STUDENT SCHOLARSHIPS
B F DAY ELEMENTARY SCHOOL3921 LINDEN AVE N SEATTLE, WA 98103	91-6001541	SEATTLE PUB SCHOOLS	5,600				STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ROCHESTER MIDDLE SCHOOL 9937 HWY 12 SW ROCHESTER, WA 98579	91-1035006	ROCHESTER SD	5,500				STUDENT SCHOLARSHIPS
SHERMAN OAKS COMMUNITY CHARTER 1800 FRUITDALE AVENUE C SAN JOSE, CA 95128		CAMPBELL USD	5,418				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SEQUOIA HIGH SCHOOL1201 BREWSTER AVENUE REDWOOD CITY, CA 94062	94-3084148	SEQUOIA UNION HSD	5,402				STUDENT SCHOLARSHIPS
BREMERTON HIGH SCHOOL1500 13TH STREET BREMERTON, WA 98337	91-6001656	BREMERTON SD	5,400				STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NORTHRIDGE ELEMENTARY SCHOOL5150 COCOA PALM WAY FAIR OAKS, CA 95628	94- 6002533	SAN JUAN USD	5,312				STUDENT SCHOLARSHIPS
CUPERTINO MIDDLE SCHOOL 10301 VISTA DR CUPERTINO, CA 95014	77- 0025265	CUPERTINO USD	5,299				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ARCADE FUNDAMENTAL MS 3500 EDISON AVENUE SACRAMENTO, CA 95821	94- 6002533	SAN JUAN USD	5,225				STUDENT SCHOLARSHIPS
RAINIER BEACH HIGH SCHOOL8815 SEWARD PARK AVE S SEATTLE, WA 98118	91- 6001541	SEATTLE PUB SCHOOLS	5,211				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EMERSON MIDDLE SCHOOL 1650 SELBY AVENUE LOS ANGELES, CA 90024	95-6001908	LOS ANGELES USD	5,208				STUDENT SCHOLARSHIPS
ANIMO LOCKE TECH810 EAST 111 PLACE LOS ANGELES, CA 90059	95-4679811	LOS ANGELES USD	5,019				STUDENT SCHOLARSHIPS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
		4b	No
		4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	21,386	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				
MISCELLANEOUS				
25 Other ► (GOODS)	X	1	78,861	FAIR MARKET VALUE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2011

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE NUMBER OF ITEMS DONATED

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization NATUREBRIDGE	Employer identification number 94-2145930
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	IN ORDER TO IMPLEMENT A NATIONAL VISION FOR THE ORGANIZATION AND CREATE AN EFFICIENT ORGANIZATIONAL STRUCTURE, NATUREBRIDGE MADE THE FOLLOWING GOVERNANCE CHANGES I MAJOR CHANGES TO BY LAWS - LOCAL BOARDS - IN PLACE OF THE SEPARATELY INCORPORATED MEMBERS OF THE NATUREBRIDGE GROUP, WITH THEIR SEPARATE SETS OF BY LAWS, DEFINE UNIFORM ROLES AND RESPONSIBILITIES OF THE LOCAL BOARDS - DIRECTOR TERMS - SET AT 3 RATHER THAN 4, AND MAXIMUM BOARD SERVICE AT 12 YEARS RATHER THAN 8 YEARS - OFFICER TERMS - SET AT 3 RATHER THAN 2, AND MAXIMUM SERVICE IN ANY ONE OFFICE AT 6 YEARS - EXECUTIVE COMMITTEE MEMBERSHIP - SET AT 9 VOTING MEMBERS BOARD CHAIR, VICE CHAIR, VICE CHAIR FOR EDUCATION, SECRETARY, TREASURER, AND 4 LOCAL BOARD CHAIRS THE PRESIDENT & CEO IS A NON-VOTING MEMBER - EXECUTIVE COMMITTEE AUTHORITY - ACT FOR THE BOARD BETWEEN BOARD MEETINGS WHEN ACTION CANNOT REASONABLY BE POSTPONED UNTIL THE NEXT FULL BOARD MEETING THE CURRENT REQUIREMENT FOR EXECUTIVE COMMITTEE ACTIONS TO BE RATIFIED AT THE NEXT BOARD MEETING IS ELIMINATED - COMMITTEE MEMBERSHIP - LOCAL BOARD MEMBERS ARE INCLUDED TOGETHER WITH NATUREBRIDGE DIRECTORS ON NATUREBRIDGE COMMITTEES ONLY THE EXECUTIVE AND NOMINATING AND BOARD ASSESSMENT COMMITTEES MUST BE COMPOSED ENTIRELY OF NATUREBRIDGE BOARD MEMBERS II MERGER OF ALL MEMBERS OF NATUREBRIDGE GROUP INTO THE PARENT ORGANIZATION, NATUREBRIDGE, DURING FY 2012 BELOW IS THE LIST OF MEMBERS OF NATUREBRIDGE GROUP - YOSEMITE INSTITUTE - EIN 91-1818666 - HEADLAND INSTITUTE - EIN 68-0390493 - OLYMPIC PARK INSTITUTE - EIN 91-1818660
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE REVIEWS THE FEDERAL FORM 990 WHEN DRAFTED AND THE FINAL VERSION IS SENT TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	NATUREBRIDGE HAS A CONFLICT OF INTEREST POLICY, WHICH ALL EMPLOYEES MUST READ AT THE TIME OF HIRE THE POLICY IS REVIEWED BY THE BOARD AND MANAGEMENT ON A REGULAR BASIS WHEN MANAGEMENT LEARNS OF A POTENTIAL CONFLICT OF INTEREST, THEY INVESTIGATE IT AND/OR TAKE IT TO THE BOARD, IF APPROPRIATE IF THE POTENTIAL CONFLICT OF INTEREST IS AT THE BOARD LEVEL, THE APPROPRIATE MEMBERS EXCUSE THEMSELVES FROM VOTING OR INFLUENCING A DECISION RELATED TO THE MATTER
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD PERFORMS AN ANNUAL ASSESSMENT OF THE CEO'S PERFORMANCE, WHICH INCLUDES FEEDBACK FROM THE STAFF OF THE ORGANIZATION THE BOARD DETERMINES THE ANNUAL COMPENSATION FOR THE CEO AFTER CONSULTING WITH THE HUMAN RESOURCES DIRECTOR AND OTHERS FOR COMPARABLE DATA ON AN ANNUAL BASIS, THE HUMAN RESOURCES DIRECTOR EXCHANGES SALARY SURVEY INFORMATION WITH PEER ORGANIZATIONS AND REVIEWS OTHER SALARY DATA TO ASSESS THE REASONABLENESS OF THE CFO'S COMPENSATION THE SALARY DECISION IS DOCUMENTED THROUGH A CHANGE OF STATUS FORM SIGNED BY THE CEO AND HUMAN RESOURCES DIRECTOR ALL 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -12,060 UNCOLLECTIBLE PLEDGE -50,000 TOTAL TO FORM 990, PART XI, LINE 5 -62,060

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NATUREBRIDGE

Employer identification number
94-2145930

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

(a) Name, address, and EIN 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 organization	
						Yes	No
(1) PRESIDIO ENVIRONMENTAL INSTITUTE GGNRA BUILDING 1033 SAUSALITO, CA 94965 91-1818653	FIELD SCIENCE	CA	501(C)(3)	LINE 9	NATUREBRIDGE	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

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

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAN ABRAHMS DIRECTOR	2 00	X						0	0	0
ALLAN J PRAGER DIRECTOR	2 00	X						0	0	0
ANNA ESCOBEDO CABRAL DIRECTOR	2 00	X						0	0	0
CHARLENE LOW DIRECTOR	2 00	X						0	0	0
CHRISTINA SHEA DIRECTOR	2 00	X						0	0	0
DAVID BROWN VICE CHAIR	2 00	X		X				0	0	0
DAVID PLACEK DIRECTOR	2 00	X						0	0	0
GEOFFREY GIVEN DIRECTOR	2 00	X						0	0	0
GREG MOGA DIRECTOR	2 00	X						0	0	0
GRETCHEN LONG DIRECTOR	2 00	X						0	0	0
IAN YOLLES DIRECTOR	2 00	X						0	0	0
IVY ARCHER WINTERS DIRECTOR	2 00	X						0	0	0
JILL SIDEMAN PHD DIRECTOR	2 00	X						0	0	0
JOHN KINNEY DIRECTOR	2 00	X						0	0	0
MARY KIELY PHD VICE CHAIR	2 00	X		X				0	0	0
MATTHEW A BAXTER TREASURER	2 00	X		X				0	0	0
MIKE SHEALY DIRECTOR	2 00	X						0	0	0
NOAH MAMET DIRECTOR	2 00	X						0	0	0
PAT SERIE DIRECTOR	2 00	X						0	0	0
RAOUL GOFF DIRECTOR	2 00	X						0	0	0
ROLLIN B CHIPPEY II DIRECTOR	2 00	X						0	0	0
SCOTT MINICK DIRECTOR	2 00	X						0	0	0
STEPHEN LOCKHART MD PHD CHAIR OF THE BOARD	2 00	X		X				0	0	0
TIM SPANGLER DIRECTOR	2 00	X						0	0	0
TRACY THOMPSON SECRETARY	2 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILFORD WELCH DIRECTOR	2 00	X						0	0	0
TOD DOBRATZ CHIEF FINANCIAL OFFICER	40 00			X				120,591	0	8,956
SUSAN SMARTT PRESIDENT & CEO	40 00			X				204,528	0	11,573
JASON MORRIS EXECUTIVE VICE PRESIDENT	40 00					X		118,816	0	15,486