

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

Required Signatures: No Signatu	re
Year:	
Citizen Support Organization	on (CSO) Name:
Mailing Address:	
Telephone Number:	Website Address (if applicable):
summary, the statute specifies Department of Environmental property, audit requirements, managed by the Department. Section 258.015, F.S., Citizer requires authorization by the	



Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

Brief Description of the CSO's Results Obtained:							
Brief Description of the CSO's Plans for Next Three Fiscal Years:							
☐ Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)							
☐ Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement							

NATURAL BRIDGE HISTORICAL SOCIETY, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Natural Bridge Historical Society, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Natural Bridge Historical Society, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2017 calend	ar year, or tax year beginning , 2017, and ending			, 20		
B (heck if ap	pplicable:	C Name of organization	D Empl	oyer ide	entification number		
	Address o	change	Natural Bridge Historical Society, Inc.		59	9-3583214		
	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	hone nu	ımber		
=	nitial retu	rn/terminated	815 East 7th Avenue	l	(850) 222-6192			
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exer	nption		
=		on pending	Tallahassee, Florida 32303	Num	nber 🕨	•		
G /	Account	ting Method:	✓ Cash Accrual Other (specify) ► H	Check I	▶	the organization is not		
I V	Vebsite	www.				ach Schedule B		
J T	ax-exer	npt status (che	eck only one) — ✓ 501(c)(3)	(Form 99	90, 990	-EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total					
(Pai	t II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	18715		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	tions	for Part I)		
		Check if	the organization used Schedule O to respond to any question in this Part I					
	1		ons, gifts, grants, and similar amounts received		1	10,232		
	2	Program s	ervice revenue including government fees and contracts	[2	0		
	3	Membersh	ip dues and assessments	[3	955		
	4	Investmen	t income	[4	48		
	5a	Gross amo	ount from sale of assets other than inventory 5a	0				
	b	Less: cost	or other basis and sales expenses	0				
	С	Gain or (lo		5c	0			
	6	Gaming ar	d fundraising events	Ī				
	а	Gross inc	ome from gaming (attach Schedule G if greater than					
ne		\$15,000)	6a	0				
Revenue	b	Gross inco	me from fundraising events (not including \$ 4,331 of contributions	s				
Re			aising events reported on line 1) (attach Schedule G if the					
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	0				
	С	Less: direc	4,595					
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract				
		line 6c)		[6d	-4,595		
	7a	Gross sale	s of inventory, less returns and allowances	240				
	b		of goods sold	0				
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	240		
	8	Other reve	nue (describe in Schedule O)		8	7,000		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	13,880		
	10	Grants and	similar amounts paid (list in Schedule O)		10	0		
	11		aid to or for members		11	0		
es	12		ther compensation, and employee benefits		12	0		
Expenses	13		al fees and other payments to independent contractors		13	0		
кре	14		y, rent, utilities, and maintenance		14	0		
Ш	15		ublications, postage, and shipping		15	1,146		
	16		enses (describe in Schedule O)		16	1,442		
	17		enses. Add lines 10 through 16		17	2,588		
į	18		(deficit) for the year (Subtract line 17 from line 9)		18	11,291		
Sel	19		or fund balances at beginning of year (from line 27, column (A)) (must agree					
As		=	ar figure reported on prior year's return)		19	39,900		
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		20	0		
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	51,191		
For	Paper	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 106421			Form 990-EZ (2017)		

Form 990-EZ (2017)

Page 2

Part II Balance Sheets (see the instructions for Part II)

	Balance Sneets (see the instructions	O				
	Check if the organization used Schedule	e O to respond to a		Part II		✓ (B) End of year
22	Cash, savings, and investments				22	• • • • • • • • • • • • • • • • • • • •
23	Land and buildings			38,827	23	50,119
24	Other assets (describe in Schedule O)			1,072	-	1,072
25	Total assets			39,900		51,191
26	Total liabilities (describe in Schedule O)				26	0.7.7.
27	Net assets or fund balances (line 27 of colum	n (B) must agree with	n line 21)	39,900	27	51,191
Par	t III Statement of Program Service Accon	•		•		
	Check if the organization used Schedule	•	• •	Part III 🔽	(Rec	Expenses quired for section
Wha	t is the organization's primary exempt purpose?	Citizen Suppor	t Organization		501	(c)(3) and 501(c)(4)
	cribe the organization's program service accompl				orga othe	anizations; optional for
	neasured by expenses. In a clear and concise rons benefited, and other relevant information for e		e services provided	, the number of	Otric	313.)
28	2017 Reenactment of the Battle of Natural Bridge	<u> </u>				
	2017 Reenactment of the Battle of Natural Bridge					
	(Grants \$ 5,901) If this amoun	t includes foreign gra	ints, check here .	🕨 🗌	28a	6,949
29						
	(Grants \$) If this amoun				29 a	1
30						
	(Grants \$) If this amoun	t includes foreign gra	ints, check here	• П	30a	,
31	Other program services (describe in Schedule O)				-	
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	• 🗆	31a	ı
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	
Par	t IV List of Officers, Directors, Trustees, and Ke				nstru	ctions for Part IV)
	Check if the organization used Schedule	e O to respond to a	, , , , , , , , , , , , , , , , , , , ,		<u></u>	
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits,		
	(a) Name and title					Estimated amount of
\/illia		devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	1.0	other compensation
VVIIIIC	am Cifford Procident	devoted to position			1.0	
	am Gifford, President		(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and	n	
Chris		devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	1.0	
Chris	am Gifford, President s Ellrich, Vice President		(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and	n	
		2	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and	0	
	s Ellrich, Vice President	2	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation	0	
Robe	s Ellrich, Vice President	2 1	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation	0 0	
Robe Mark	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director	2 1	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation	0 0	
Robe Mark	s Ellrich, Vice President ert Trapp, Secretary/Treasurer	2	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0	benefit plans, and deferred compensation	0 0	
Robe Mark John	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director Boger, Director		(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation	0 0	
Robe Mark John	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director	2 1 2 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	benefit plans, and deferred compensation	0 0 0	
Robe Mark John Drew	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director Boger, Director Bell, Director	2	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0	benefit plans, and deferred compensation	0 0	
Robe Mark John Drew	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director Boger, Director	2 1 2 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	benefit plans, and deferred compensation	0 0 0	
Robe Mark John Drew	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director Boger, Director Bell, Director	2 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	benefit plans, and deferred compensation	0 0 0 0 0 0 0	
Robe Mark John Drew	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director Boger, Director Bell, Director	2 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	benefit plans, and deferred compensation	0 0 0 0 0 0 0	
Robe Mark John Drew	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director Boger, Director Bell, Director	2 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	benefit plans, and deferred compensation	0 0 0 0 0 0 0	
Robe Mark John Drew	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director Boger, Director Bell, Director	2 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	benefit plans, and deferred compensation	0 0 0 0 0 0 0	
Robe Mark John Drew	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director Boger, Director Bell, Director	2 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	benefit plans, and deferred compensation	0 0 0 0 0 0 0	
Robe Mark John Drew	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director Boger, Director Bell, Director	2 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	benefit plans, and deferred compensation	0 0 0 0 0 0 0	
Robe Mark John Drew	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director Boger, Director Bell, Director	2 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	benefit plans, and deferred compensation	0 0 0 0 0 0 0	
Robe Mark John Drew	s Ellrich, Vice President ert Trapp, Secretary/Treasurer Rominger, Director Boger, Director Bell, Director	2 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	benefit plans, and deferred compensation	0 0 0 0 0 0 0	

Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	_	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		√
oou	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		√
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
50	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			Ť
	Did the organization file Form 1120-POL for this year?	37b		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Joa		v
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9	_		
	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	406		,
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		√
Ū	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	100	✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		√
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		100	110
	completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	114		1
С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		√
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			, v
	explanation in Schedule O	44d		√
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45h		./

-orm 99	U-EZ (20	J17)								Pa	age 4
										Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," o							ŀ6		/
Part \	/	Section 501(c)(3) organizations	only								
		All section 501(c)(3) organization		stions 47–49b ar	nd 52, and	d comple	ete the	e table	s foi	r line	es
		50 and 51.	•								
		Check if the organization used Scl	nedule O to respond	to any question i	n this Par	. IV					
		<u> </u>							1	Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec			g the t		17		/
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii	i)? If "Yes." comple	te Schedul	eЕ.		. 4	8		<u></u>
49a		ne organization make any transfers to						. 4	9a		√
b	If "Ye	s," was the related organization a se	ection 527 organizatio	n?				. 49	9b		
50	Comp	olete this table for the organization's	five highest compens	sated employees (other than	officers,	directo	rs, trus	tees	s, and	d key
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganization	. If there i	s none	e, enter	"No	ne."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefi itions to emp plans, and de ompensation	ployee eferred	(e) Estin			
							-				
							-				
							-				
f 51	Comp	number of other employees paid ovolete this table for the organization' 000 of compensation from the orga	s five highest compe	ensated independe	ent contrac	 otors who	each	receiv	ed n	nore	thar
	(a)	Name and business address of each independ	ent contractor	(b) Type of		(c) Compensation					
							_				
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶						
52		he organization complete Scheduleted Schedule A	lle A? Note: All se	(•			a . ▶	'es	□N	lo
Under pe	enalties	of perjury, I declare that I have examined this r								elief, i	t is
		d complete. Declaration of preparer (other than					,	Ü			
		\									
Sign		Signature of officer		Date							
Here		SUBMITTED TO THE FDEP FOR IN	FORMATION ONLY, N	OT FOR FILING WIT	H THE IRS						
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date	Ch	eck 🗌	if PTI	N		
Prepa	arer					I	f-employ				
Use (Firm's name ▶				Firm's EIN	 				
		Firm's address ▶				Phone no.					
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions			🕨	► <u> </u>	'es	N	lo

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization

Employer identification number

		idg	e Hist	orical	Soci	ety, Ir	nc.										L,			83214	
Pa															comple				structio	ons.	
	_										•			_	12, che	-		,			
1															ibed in s e			1)(A)(ı).			
2											•			•	orm 990		, ,	:::\			
3 4											_				n sectior oital desc			-	-\/1\/Δ\	(iii) Enta	ar tha
4			pital's						perate	id III C	Orijui	iction	I VVILII (a 1103 ₁	Jitai desc	indea in	36011	3)) 170(1	ירא(י) <i>(ר</i>)	(III). LITE	51 1110
5		٩n	organ	izatio	n op	erate	d for	the	benefi e Part		colle	ege o	r univ	ersity	owned c	r operat	ed by	a gove	rnmen	tal unit o	described in
6 7																					
8		4 c	ommu	nity t	rust	descr	ibed	in se	ection	170(b)(1)(<i>A</i>	۸)(vi).	(Com	plete l	Part II.)						
9	(or u univ	inivers ersity	sity or :	a no	n-lar	nd-gra	ant c	college	of agr	ricult	ure (s	ee ins	tructio	ons). Ente	er the na	ne, ci	ty, and	state o	f the coll	
10	An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.)																				
11			_		_						-	•		•	c safety.						
12	(of c	one or	more	e puk	olicly	supp	orte	d orga	nizatio	ns d	escrib	oed in	secti	on 509(a)(1) or s	ectio	n 509(a)	(2). Se	e sectio	ne purposes i n 509(a)(3) 2f, and 12g
а			the su	ppor	ted c	rgani	zatio	n(s)	the po	wer to	regu	ılarly	appoir	nt or e	olled by lect a ma A and B	ajority of					/ by giving ne
b			contro	ol or r	nana	geme	ent of	the		rting c	organ	izatio	n vest	ted in							/ having supported
С	: [rated in c lete Part					ally integ	rated with,
d	I [that is	not t	unct	ionall	y inte	grat	ed. Th	e orga	nizat	tion g	eneral	lly mu		a distrib	ution	requirer			ganization(s) entiveness
е	. [on from the operating of			s а Туре	e I, Typ	e II, Type -	e III
f									anizatio												
g								n at	out th								_				
	(i) N	ame	of sup	oorted	organ	ization			(ii) Ell	N	(des	scribed	f organi on lines instruc	s 1–10	listed in you	organization ur governinç ment?		nount of n support (s instruction	see	other s	Amount of support (see ructions)
															Yes	No	1				
(A)																					
(B)																					
(C)																					
(D)																					
(E)																					

Part II

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under	
Secti	on A. Public Support	quality und	21 110 10010 110	itea below, pi	case comple	to rait iii.j		
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 23 . 3	(2) = 0	(0) 20:0	(4) 20:0	(0) 23 11	(1)	
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							
	on B. Total Support	(-) 0010	(1-) 004.4	(-) 0045	(-1) 0040	(-) 0047	(6) T-+-I	
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	, or fifth tax ye	12 ear as a sectio	n 501(c)(3)	
	organization, check this box and stop her	e					▶ 🗆	
	on C. Computation of Public Suppor							
14 15 16a	Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch 331/3% support test—2017. If the organization qual	edule A, Part zation did not	II, line 14 . check the box	 con line 13, ar	 nd line 14 is 33	14 15 3 ¹ / ₃ % or more,	% % check this	
b	331/3% support test-2016. If the organize	zation did not	check a box o	n line 13 or 16	a, and line 15	is $33^{1}/3\%$ or m	ore, check	
17a	this box and stop here. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization or supported organization	tion meets the	e "facts-and-c	circumstances' stances" test.	' test, check	this box and s	top here.	
18	Private foundation. If the organization did	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see	

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

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

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

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	5653.05	8514.65	15054.99	11013.76	10232.23	50468.68
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	32.25	330.5	569.75	299	240	1471.50
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	,,,,,	4/470	40407	0457.04	44047	(0077.04
6	Total. Add lines 1 through 5	6000	16178	19126	9156.81	11917	62377.81
6 7a	Amounts included on lines 1, 2, and 3	11685.3	25023.15	34750.74	20469.57	22389.23	114317.99
7 a	received from disqualified persons .	0	0	0		0	0
h	Amounts included on lines 2 and 3	0	0	0	0	0	0
b	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	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from	J	<u> </u>	J	J	J	
	line 6.)						114317.99
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	11685.30	25023.15	34750.74	20469.57	22389.23	114317.99
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	76.25	141.67	46.89	47.57	47.62	360
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
		0	0	0	0	0	0
	Add lines 10a and 10b	76.25	141.67	46.89	47.57	47.62	360
11	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or	0	0	U	0	0	0
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,	-		-			
	and 12.)	11761.55	25164.82	34797.63	20517.14	22436.85	114677.99
14	First five years. If the Form 990 is for the	•	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						🕨 🗌
	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8		•			15	99.79 %
16	Public support percentage from 2016 Sch					16	99.77 %
	on D. Computation of Investment Inc			u line 40!	nn (f))	47	2 2 : 0/
17	Investment income percentage for 2017 (Investment income percentage from 2016					17	0.21 %
18	Investment income percentage from 2016 331/3% support tests—2017. If the organi					18 ore than 331/20	0.23 % 6 and line
19a	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests—2016. If the organiz		_	-		_	_
D	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di		_	-		-	_

Part IV **Supporting Organizations**

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

Se

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

determine whether the organization had excess business holdings.)

10b

Part I	V Supporting Organizations (continued)							
			Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)							
	below, the governing body of a supported organization?	11a						
	A family member of a person described in (a) above?	11b						
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c						
Section	on B. Type I Supporting Organizations							
			Yes	No				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or							
	controlled the organization's activities. If the organization had more than one supported organization,							
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported							
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1						
2								
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>							
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,							
	supervised, or controlled the supporting organization.	2						
Section	on C. Type II Supporting Organizations			L				
Ocoun	on or type it supporting organizations		Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110				
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>							
	or management of the supporting organization was vested in the same persons that controlled or managed							
	the supported organization(s).	1						
Section	on D. All Type III Supporting Organizations							
			Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the							
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax							
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the							
	organization's governing documents in effect on the date of notification, to the extent not previously provided?							
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how							
	the organization maintained a close and continuous working relationship with the supported organization(s).	2						
3	By reason of the relationship described in (2), did the organization's supported organizations have a							
	significant voice in the organization's investment policies and in directing the use of the organization's							
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.							
04		3		<u> </u>				
Section	on E. Type III Functionally Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).				
а	☐ The organization satisfied the Activities Test. Complete line 2 below.							
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.							
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).				
2	Activities Test. Answer (a) and (b) below.		Yes	No				
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		. 03					
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify							
	those supported organizations and explain how these activities directly furthered their exempt purposes,							
	how the organization was responsive to those supported organizations, and how the organization determined							
	that these activities constituted substantially all of its activities.	2a						
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more							
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the							
	reasons for the organization's position that its supported organization(s) would have engaged in these							
	activities but for the organization's involvement.	2b						
3	Parent of Supported Organizations. Answer (a) and (b) below.							
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or							
	trustees of each of the supported organizations? Provide details in Part VI.	3a						
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each							
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b						

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
 7 Check here if the current year is the organization's first as a non-functionall instructions). 		regrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	ion D - Distributions		, ,	Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Natural Bridge Historical Society, Inc.	593583214				
990-EZ line 8, Other Revenue: State of Texas, Restitution for sales fraud by Texas Iron Fence & Gate Company = \$7000					
990-EZ line 16, Other expenses: \$1442.28 Total					
Double sided road sign = \$532.67, CSO liability insurance = \$657.19, Website = \$139.35, Civil War Trust dues = \$50,					
Funeral rememberance = \$45.07, Sales tax = \$18					
990-EZ line 24, Other assets: \$1072.32 Total					
Canvas tent, poles 4 stakes=\$427.85; Canopy tent=\$417.97; TShirt heat press=\$100; Propane lanterns=\$76; Food service equipment = \$50.50					

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization	Employer identification number	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return isn't filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time.

Don't use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Don't use** this schedule. See the Instructions for Form 990, *I. Group Return.*

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
 - a. "Yes" response to line 2.
 - b. "Yes" response to line 3.
 - c. Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
 - a. "No" response to line 3b.
 - b. "Yes" or "No" response to line 13a.
 - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee in line 1a.
- c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
 - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
 - g. "Yes" response to line 12c.
- h. Description of process for determining **compensation** in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the *Other* box or didn't make any of Forms 1023, 1024, 990, or 990-T publicly available.
- j. Description of public disclosure of documents in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
 - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line 20.
 - 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- 3. Description of other program services in response to Part III, *Statement of Program Service Accomplishments*, line 31.
 - 4. Part V, Other Information.
 - a. "Yes" response to line 33.
 - b. "Yes" response to line 34.
- c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.
 - d. "No" response to line 44d.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available