

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2016 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Natural Bridge Historical Society, Inc.
Mailing Address: 815 East 7 th Avenue, Tallahassee, FL 32303
Telephone Number: 850-922-6007 Website Address (if applicable): www.nbhscso.com
Statutory Authority: Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.
Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.
Brief Description of the CSO's Mission: To preserve and promote the historical, cultural and recreational value of the Natural Bridge Battlefield Historic State Park.
Brief Description of the CSO's Results Obtained: Conducted the 38 th annual and 150 th anniversary reenactment of the Battle of Natural Bridge. Educating approximately 4,500 visitors on the battle and life of a Civil War soldier. Obtained two marketing grants worth approximately \$6,000. Hosted and provided volunteer workforce for an archaeological survey of the battlefield conducted by the University of West Florida. Conducted a National Public Lands Day work day to clean up the St. Marks River fishing are and river sink.
Brief Description of the CSO's Plans for Next Three Fiscal Years: Conduct another annual battle reenactment and river sink clean up. Purchase bleachers to add more seating for the visitors during the reenactment. Purchase supplies, materials and services to build a replica fence to replace the missing monument fence.

- **⊠** 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)

2015

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. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	or the 2	2015 calendar year, or tax year beginning January 1 , 2015, and ending Dec	ember	31 , 20	15				
B Check if applicable: C Name of organization		olicable: C Name of organization D Emp	loyer ide	entification numb	er				
	Address ch	Natural Bridge Historical Society, Inc.	59-3583214						
	Name char	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telep	Telephone number						
	Initial retur	613 East /In Avenue	850-222-6192						
	Final return Amended r	roup Exemption							
	Amended r Application	ımber ▶							
			▶ Vi	f the organizatio	n is not				
	Nebsite:			ach Schedule B					
JT	ax-exem)-EZ, or 990-PF))_				
-		organization: Corporation Trust Association Other							
		5 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets							
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		15	,681.63				
-	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru			100.100				
	arti	Check if the organization used Schedule O to respond to any question in this Part I			V				
-	1	Contributions, gifts, grants, and similar amounts received	1		,082.49				
	2	Program service revenue including government fees and contracts	2		0				
	3	Membership dues and assessments	3		982.50				
	4	Investment income	4		46.89				
	5a	Gross amount from sale of assets other than inventory 5a			40.07				
	1	The state of the s							
	b	accorded to the pacific and calculations of the pacific and ca	5c		0				
	C	Start of (1868) from Start of describe that meeting							
	6	Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than							
Revenue	a	\$15,000)	o						
Ver	b	Gross income from fundraising events (not including \$ 7,400.99 of contributions							
Be		from fundraising events reported on line 1) (attach Schedule G if the							
		sum of such gross income and contributions exceeds \$15,000) 6b							
	С	Less: direct expenses from gaming and fundraising events 6c 4,912.99	9						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							
		line 6c)	6d	4	1,912.99				
	7a	Gross sales of inventory, less returns and allowances	5						
	b	Less: cost of goods sold	4						
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		488.41				
	8	Other revenue (describe in Schedule O)	8		0				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	10	0,687.30				
Saniti.	10	Grants and similar amounts paid (list in Schedule O)	10		0				
	11	Benefits paid to or for members	11		0				
(S)	12	Salaries, other compensation, and employee benefits	12		0				
nse	13	Professional fees and other payments to independent contractors	13		0				
Expenses	. 14	Occupancy, rent, utilities, and maintenance	14		0				
H	15	Printing, publications, postage, and shipping	15		41.58				
	16	Other expenses (describe in Schedule O)	16	10	0,023.97				
	17	Total expenses. Add lines 10 through 16	17	10	0,065.55				
	40	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		621.75				
o to	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			(CE)				
V.		end-of-year figure reported on prior year's return)	19	4:	3,283.54				
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20		0				
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	4:	3,905.29				

Par	t II Balance Sheets (see the instructions for	or Part II)				
	Check if the organization used Schedule	O to respond to an	y question in this F	Part II		🗆
	_			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			42,211.22	22	42,832.97
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			1,072.32	24	1072.32
25	Total assets			43,283.54	25	43,905.29
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	43,283.54	27	43,905.29
Part	III Statement of Program Service Accomp	olishments (see th	e instructions for P	art III)		
	Check if the organization used Schedule	O to respond to an	y question in this F	Part III 🔲	/5	Expenses
What	is the organization's primary exempt purpose?	Citizen Support Orga	nization			quired for section c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplist easured by expenses. In a clear and concise material or services and other relevant information for each 2015 Funding assistance and installation of eagle scr	anner, describe the ch program title.	services provided,	the number of		inizations; optional for
20	Historic preservation.	dipture atop the wate	rai Bridge Battierieid	monument.		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28 a	8,000
29	2015 Reenactment of the Battle of Natural Bridge.					
	Organize and host the event.					
	Educate the public and attract visitors to and suppor	t for the Natural Brid	ge Battlefield Historic	State Park.		
	(Grants \$ 6,405) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29a	4,912.99
30	Support UWF archaeological metal detecting survey	of the Natural Bridge	Battlefield.			
	Provide volunteers with metal detecting experiance.	Provide lunches on s	ite to UWF staff and	volunteers.		
	Historical research and public education.					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	30 a	633.48
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	31a	1
32	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					ctions for Part IV)
-		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
Willia	am Gifford, President	10				- 0
	-		0		0	0
Chris	s Ellrich, Vice President	1.25				
			0		0	0
Robe	ert Trapp, Secretary/Treasurer	10				
			0		0	0
Mark	Rominger, Director	0.25				
			0		0	0
Johr	Boger, Director	0.25				
			0		0	0
Drev	Bell, Director	0.25				
		0.20				0
lim		0.23	0		0	
Jiiii	Willenbrink, Director	0.25				
Jiiii	Willenbrink, Director		0		0	0
JIII	Willenbrink, Director					0
JIIII	Willenbrink, Director					0
	Willenbrink, Director					0
	Willenbrink, Director					0
Jiiii	Willenbrink, Director					0
	Willenbrink, Director					0
	Willenbrink, Director					0
	Willenbrink, Director					0

Part '				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Pan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	140
	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		~
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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			
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		~
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
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	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed 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		V
41	List the states with which a copy of this return is filed Florida Department of Environmental Regulation - For In	10.		
42a	The diganization about are in our of processing the	850-22	and the same of	2
b	Located at ► 815 East 7th Avenue Tallahassee, Florida ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	32	303 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		V
	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 U.S.?	42c		V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		V
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	44b		V
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		~
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
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)	45b		V

									162	140
46		e organization engage, directly or in								
-		ndidates for public office? If "Yes," o		, Part I			•	46		~
Part \		Section 501(c)(3) organizations		ations 17 10h and	1 EO and	complete th	o tob	oloo f	or lin	00
		All section 501(c)(3) organization 50 and 51.	s must answer que	Stions 47–490 and	i 52, and	complete th	ie lal	nes i	וווו וכ	65
		check if the organization used Scl	andula O ta raanand	I to any avoation in	thic Dort	\/I				
		Check if the organization used Sci	ledule O to respond	to any question in	uns ran	vi	· ·	• •	Yes	No
47	Did th	ne organization engage in lobbying	activities or have a	section 501(h) elect	ion in effe	ct during the	tay		163	140
		If "Yes," complete Schedule C, Par						47		1
48		organization a school as described in		i)? If "Yes " complete	Schedule	F		48		V
49a		ne organization make any transfers t						49a		V
		s," was the related organization a se						49b		
50	Comp	plete this table for the organization's	five highest compen	sated employees (o	ther than	officers, direc	tors,	truste	es an	d key
		oyees) who each received more than								
			(b) Average	(c) Reportable		ealth benefits,				
*	(a)	Name and title of each employee	hours per week	compensation	henefit nl	ions to employee ans, and deferred		stimate ner con		
			devoted to position	(Forms W-2/1099-MISC	cor	npensation				
							-			
							-			
					_		-		7-27-29	
- E	Total	number of other employees paid ov								
51	Comp	plete this table for the organization, 000 of compensation from the organization	's five highest comp	ensated independer	nt contrac	tors who eac	h rec	eived	more	e than
							a) Cam			
	(a)	Name and business address of each independent	dent contractor	(b) Type of se	ervice	100	c) Com	pensat	OH	
			AND SECURITION OF THE PROPERTY							
-										
٠	Total	number of other independent section	actors and receiving	1 OVOY \$100 000	. ▶					
52		number of other independent contr				e must attac	sh a			
32		the organization complete Sched pleted Schedule A	ule A! Note: All S					Yes		No
I Inder n		of perjury, I declare that I have examined this	return including accompa							
true, co	rrect, an	d complete. Declaration of preparer (other that	n officer) is based on all inf	ormation of which prepare	er has any kn	owledge.		-9		
******		1							la spinos de	
Sign		Signature of officer				Date				
Here										
Daniel Control		Type or print name and title							V	
Paid		Print/Type preparer's name	Preparer's signature		Date	Check [if	PTIN		
Prep	arer					self-emp	loyed			
Use		Firm's name ▶				Firm's EIN ▶				
Participant		Firm's address ▶				Phone no.				-
May t	he IRS	discuss this return with the prepare	er shown above? See	instructions	· · ·	· · · · ·		_ Ye		No
							. F	orm 99	0-E2	Z (2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Open to Public Inspection

	of the organization					Employer identification	number	
COLUMN TO SERVICE STATE OF THE PERSON NAMED IN COLUMN TO SERVICE STATE OF THE PERSON NAMED STATE OF THE SERVICE STATE OF THE PERSON NAMED STATE OF THE SERVICE STATE O	al Bridge Historical Society, Inc.					59-35		
Par							ns.	
	organization is not a private founda							
1								
2								
3							iii) Entor the	
-	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 section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in	
6	발하 <u>도</u> 그렇게 하는 ³⁰ 10 10 15 15 15 15 15 15 15 15 15 15 15 15 15							
7								
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its	
10	☐ An organization organized and							
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	operated exclusi d organizations d	vely for the benefit of, escribed in section 50	to perfor	m the fun r section	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check	
2								
а	☐ Type I. A supporting organiz the supported organization(s organization. You must corr) the power to re	egularly appoint or ele					
b	Type II. A supporting organiz	zation supervise	d or controlled in con	nection w	ith its su	pported organization	n(s), by having	
	control or management of th organization(s). You must co	e supporting org	anization vested in th					
С	Type III functionally integra its supported organization(s)						y integrated with,	
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and		
е	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III	
f	Enter the number of supported of		3 18 513					
g	Provide the following information	n about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
A)		٠						
B)								
C)								
D)								
E)								

Part III Support Schedule for Organizations Described in Section 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.)

Secti	on A. Public Support	under the tes	is listed belo	w, piease coi	npiete Part II	-)	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2011	(2) 2012	(0) 20.0	(4) 2011	(0) 2010	(i) rotai
	received. (Do not include any "unusual grants.")	8118.25	4360.52	5653.05	8514.65	15054.99	41701.46
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	419.50	241.40	32.25	330.50	569.75	1593.40
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	25750.00	8002.00	6000.00	16178.00	19126.00	75056.00
6	Total. Add lines 1 through 5	34287.75	12603.92	11685.30	25023.15	34750.74	118350.90
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
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	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)					U	118350.90
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	34287.75	12603.92	11685.30	25023.15	34750.74	118350.90
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	28.90	473.72	76.25	141.67	46.89	767.43
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	28.90	473.72	76.25	141.67	46.89	767.43
11	Net income from unrelated business 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 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.)	34316.65	13077.64	11761.55	25164.82	34797.63	119118.36
14	First five years. If the Form 990 is for the organization, check this box and stop her			d, third, fourth,			
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8	3, column (f) div	vided by line 13	3, column (f))		15	99 %
16	Public support percentage from 2014 Sch					16	99 %
Secti	on D. Computation of Investment Inc				**************************************		
17	Investment income percentage for 2015 (I	ine 10c, colum	n (f) divided by	line 13, colum	nn (f))	17	1 %
18	Investment income percentage from 2014				5.55	18	1 %
19a b	331/3% support tests—2015. If the organi 17 is not more than 331/3%, check this box 331/3% support tests—2014. If the organiz	and stop here.	The organization	on qualifies as a	publicly suppo	rted organization	on . 🕨 🗸
20	line 18 is not more than 331/3%, check this b	oox and stop he	ere. The organiz	zation qualifies	as a publicly su	pported organi	zation

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Natural Bridge Historical Society, Inc.

Employer identification number

59-3583214

990-EZ Line 16, Other Expenses = \$10,065.55

Eagle Restoration (pledged in 2014 and paid in 2015):

Contribution to University of South Florida for fabrication = \$7,450; Installation = \$550; Total \$8,000

University of West Florida Archaeological Metal Detecting Battlefield Survey: Food, bottled water, bug spray = \$633.48

CSO Liability Insurance = \$657.34

Summer Board of Director's Meeting = \$70.00

Annual Statewide CSO Meeting = \$176.74

Civil War Trust Annual Dues = \$50.00

Supplies = \$188.88

Website = \$136.93

Sales Tax Remitted = \$39.75

Other - Barbera Lindsey Memorial Flowers = \$70.85

990 EZ Line 24, Other Assets = \$1,072.32:

Canvas Teent, poles, & stakes = \$427.85

Food Service Equipment = \$50.50

Canopy Tent = \$417.97

Propane Lanterns = \$76.00

TShirt Heat Press = \$100.00