

### Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**23-7403757**

#### Armand Bayou Nature Center Inc

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>581,019</b></u>
<b>Revenue</b>		
Contributions	<u>576,139</u>	
Program service revenue	<u>224,821</u>	
Investment income	<u>1,382</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>130,531</u>	
Direct expenses	<u>43,090</u>	
Net income	<u>87,441</u>	
Other income	<u>4,466</u>	
<b>Total revenue</b>		<u><b>894,249</b></u>
<b>Expenses</b>		
Program services	<u>587,081</u>	
Management and general	<u>190,302</u>	
Fundraising	<u>80,283</u>	
<b>Total expenses</b>		<u><b>857,666</b></u>
<b>Excess / (deficit)</b>		<u><b>36,583</b></u>
Charges		<u><b>17,940</b></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>635,542</b></u></u>

**Reconciliation of Revenue**

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u><b>894,249</b></u></u>

**Reconciliation of Expenses**

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u><b>857,666</b></u></u>

	Beginning	Ending	Differences
Assets	<u>638,889</u>	<u>684,327</u>	
Liabilities	<u>57,870</u>	<u>48,785</u>	
Net assets	<u><u>581,019</u></u>	<u><u>635,542</u></u>	<u><u>54,523</u></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 05/15/19  
 Failure to file penalty \_\_\_\_\_

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning ..... 2018, and ending ..... 20 .....

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2018**

Department of the Treasury  
Internal Revenue Service  
Name of exempt organization

**Armand Bayou Nature Center Inc**

Employer identification number  
**23-7403757**

Name and title of officer  
**Garry McMahan  
President**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>894,249</b>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Peden & Associates** to enter my PIN **98969** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ **11/14/19**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**76525598969**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **W. Chris Peden, CPA** Date ▶ **11/14/19**

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

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 private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning** , **and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>Armand Bayou Nature Center Inc</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>PO Box 58828</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>Houston TX 77258</b></p>		<b>D</b> Employer identification number <p align="center"><b>23-7403757</b></p>
	<b>E</b> Telephone number <p align="center"><b>281-474-2551</b></p>		
	<b>F</b> Name and address of principal officer: <p><b>Timothy Pylate</b> <b>PO Box 58828</b> <b>Houston TX 77258</b></p>		<b>G</b> Gross receipts \$ <b>937,339</b>
	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>www.abnc.org</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1974</b>	
<b>M</b> State of legal domicile: <b>TX</b>			

Part I Summary			
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>32</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>32</b>
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>34</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>200</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	b Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	8 Contributions and grants (Part VIII, line 1h)	<b>526,035</b>	<b>576,139</b>
	9 Program service revenue (Part VIII, line 2g)	<b>236,989</b>	<b>224,821</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>637</b>	<b>1,382</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-11,077</b>	<b>91,907</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>752,584</b>	<b>894,249</b>
<b>Expenses</b>		<b>0</b>	<b>0</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>	<b>0</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>405,241</b>	<b>550,599</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>29,225</b>	<b>38,500</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>80,283</b>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>255,831</b>	<b>268,567</b>	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>690,297</b>	<b>857,666</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>62,287</b>	<b>36,583</b>	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	20 Total assets (Part X, line 16)	<b>638,889</b>	<b>684,327</b>
	21 Total liabilities (Part X, line 26)	<b>57,870</b>	<b>48,785</b>
22 Net assets or fund balances. Subtract line 21 from line 20	<b>581,019</b>	<b>635,542</b>	

**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.

<b>Sign Here</b>	Signature of officer <p align="center"><b>Garry McMahan</b></p> Type or print name and title <p align="center"><b>President</b></p>	Date 
	Print/Type preparer's name <p><b>W. Chris Peden, CPA</b></p>	Preparer's signature <p><b>W. Chris Peden, CPA</b></p>
<b>Paid Preparer Use Only</b>	Check <input type="checkbox"/> if self-employed	PTIN <p><b>P00358720</b></p>
	Firm's name ▶ <b>Peden &amp; Associates</b> Firm's address ▶ <b>312 Morningside Dr Suite C Friendswood, TX 77546</b>	Firm's EIN ▶ <b>76-0506181</b> Phone no. <b>281-992-1512</b>

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

See Schedule O

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 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 \$ 150,145 including grants of \$ ) (Revenue \$ 197,730 )  
See Schedule O

4b (Code: ) (Expenses \$ 194,252 including grants of \$ ) (Revenue \$ 159,809 )

Education: Over 9,500 students of all ages participate in ABNC environmental education programs annually. School groups attend Texas Essential Knowledge and Skills (TEKS) correlated outdoor classes, field trips, and unique natural and cultural history programs. ABNC offers outdoor nature camps each summer and winter, scouting and similar youth programs, and community outreaches. ABNC has also introduced a range of early-childhood outdoor programs and STEM focused classes to support home school programs.

4c (Code: ) (Expenses \$ 134,016 including grants of \$ ) (Revenue \$ 73,853 )  
See Schedule O

4d Other program services (Describe in Schedule O.)

(Expenses \$ 108,668 including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 587,081

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

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

		Yes	No
<b>2a</b>	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		34
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
<b>4a</b>	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, securities account, or other financial account)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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 as charitable contributions?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	32	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	32	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
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		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process 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?		X
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 ▶ <b>None</b>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ <b>Timothy Pylate</b> <b>PO Box 58828</b> <b>Houston</b> <b>TX 77258</b> <b>281-474-2551</b>

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) <b>Garry McMahan</b> President	1.00 0.00			X	X			0	0	0
(2) <b>Laurel Williamson</b> 1st VP	1.00 0.00			X	X			0	0	0
(3) <b>Randy Ashby</b> 2nd VP	1.00 0.00			X	X			0	0	0
(4) <b>Nicole Hausler</b> Secretary	1.00 0.00			X	X			0	0	0
(5) <b>Peter Zollers</b> Treasurer	1.00 0.00			X	X			0	0	0
(6) <b>Alex Angelina</b> Trustee	1.00 0.00			X				0	0	0
(7) <b>Heather Brasher</b> Trustee	1.00 0.00			X				0	0	0
(8) <b>Sheila Brown</b> Trustee	1.00 0.00			X				0	0	0
(9) <b>Chad Burke</b> Trustee	1.00 0.00			X				0	0	0
(10) <b>John Collins</b> Trustee	1.00 0.00			X				0	0	0
(11) <b>Margaret Frick</b> Trustee	1.00 0.00			X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12) <b>Cliff Grim</b>	1.00									
Trustee	0.00	X					0	0	0	
(13) <b>Diane Humes</b>	1.00									
Trustee	0.00	X					0	0	0	
(14) <b>Breana Hyché</b>	1.00									
Trustee	0.00	X					0	0	0	
(15) <b>Robbie Lowe</b>	1.00									
Trustee	0.00	X					0	0	0	
(16) <b>Margaret Martin</b>	1.00									
Trustee	0.00	X					0	0	0	
(17) <b>David Rennie</b>	1.00									
Trustee	0.00	X					0	0	0	
(18) <b>Chris Whatley</b>	1.00									
Trustee	0.00	X					0	0	0	
(19) <b>Tracy Whatley</b>	1.00									
Trustee	0.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>104,669</b>			
<b>d Total (add lines 1b and 1c)</b>							<b>104,669</b>			

**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 **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> 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? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**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

**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 **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b	43,090				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	288,220				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	244,829				
	g Noncash contributions included in lines 1a-1f: \$						
	<b>h Total. Add lines 1a-1f</b>			<b>576,139</b>			
<b>Program Service Revenue</b>	2a Program Services	Busn. Code	177,287	177,287			
	b Admission & Education		37,992	37,992			
	c Gift Shop		9,542	9,542			
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>			<b>224,821</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		1,382	1,382			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	4,466				
		(ii) Personal					
		b Less: rental exps.					
	c Rental inc. or (loss)		4,466				
	<b>d Net rental income or (loss)</b>			<b>4,466</b>	<b>4,466</b>		
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis & sales exps.					
	c Gain or (loss)						
	<b>d Net gain or (loss)</b>						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	130,531				
b Less: direct expenses		b	43,090				
<b>c Net income or (loss) from fundraising events</b>				<b>87,441</b>			
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	<b>c Net income or (loss) from gaming activities</b>						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	<b>c Net income or (loss) from sales of inventory</b>						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>					
11a							
b							
c							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>							
<b>12 Total revenue. See instructions.</b>			<b>894,249</b>	<b>230,669</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	104,669	8,880	90,381	5,408
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	351,314	324,234	16,823	10,257
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	60,107	41,507	16,430	2,170
10 Payroll taxes	34,509	25,241	8,092	1,176
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	26,908	1,103	25,805	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	38,500			38,500
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	10,725	3,995	3,430	3,300
12 Advertising and promotion	1,294	760	464	70
13 Office expenses	61,157	38,275	13,015	9,867
14 Information technology	14,663	8,450	1,941	4,272
15 Royalties				
16 Occupancy	24,891	23,662	615	614
17 Travel	113	93	20	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,690	208	742	740
20 Interest	2,329	126	2,203	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,435	27,435		
23 Insurance	26,658	24,321	1,815	522
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Repairs & Maintenance	20,197	20,158		39
b Miscellaneous	16,183	11,469	3,491	1,223
c Equipment Rental	11,056	10,359	435	262
d COGS	6,136	6,136		
e All other expenses	17,132	10,669	4,600	1,863
25 Total functional expenses. Add lines 1 through 24e	857,666	587,081	190,302	80,283
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest bearing	46,406	1	112,281	
	2	Savings and temporary cash investments	483,965	2	392,053	
	3	Pledges and grants receivable, net	5,000	3	5,000	
	4	Accounts receivable, net	16,821	4	5,043	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	2,128	8	4,777	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	615,018			
		10a				
	b	Less: accumulated depreciation	449,845	84,569	10c	165,173
		10b				
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15			
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	638,889	16	684,327		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	23,987	17	14,902	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to 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	33,883	24	33,883	
	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		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	57,870	26	48,785	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	156,821	27	243,489	
	28	Temporarily restricted net assets	424,198	28	392,053	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), 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	<b>Total net assets or fund balances</b>	581,019	33	635,542		
34	<b>Total liabilities and net assets/fund balances</b>	638,889	34	684,327		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	894,249
2	Total expenses (must equal Part IX, column (A), line 25)	2	857,666
3	Revenue less expenses. Subtract line 2 from line 1	3	36,583
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	581,019
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	17,940
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	635,542

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?		
3b	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.		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(20) Tom Zimmerman	1.00									
Trustee	0.00	X						0	0	0
(21) Jerred Bellina	1.00									
Trustee	0.00	X						0	0	0
(22) Margaret Dickson	1.00									
Trustee	0.00	X						0	0	0
(23) Gene Fisseler	1.00									
Trustee	0.00	X						0	0	0
(24) Helen Hodges	1.00									
Trustee	0.00	X						0	0	0
(25) Barry McMahan	1.00									
Trustee	0.00	X						0	0	0
(26) John Mrozek	1.00									
Trustee	0.00	X						0	0	0
(27) David Myslenski	1.00									
Trustee	0.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 ▶

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
<b>4</b> 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? If "Yes," complete Schedule J for such individual	4	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

**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

**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 ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(28) Catherine Nunez	1.00									
Trustee	0.00	X					0	0	0	
(29) Linda Retherford	1.00									
Trustee	0.00	X					0	0	0	
(30) Chris Shindelacker	1.00									
Trustee	0.00	X					0	0	0	
(31) Fred Welch	1.00									
Trustee	0.00	X					0	0	0	
(32) Tony Wood	1.00									
Trustee	0.00	X					0	0	0	
(33) Timothy Pylate	40.00									
Executive Dir	0.00			X			64,284	0	0	
(34) Thomas Kartrude	40.00									
Special Projects	0.00			X			40,385	0	0	
<b>1b Sub-total</b>							<b>104,669</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

	Yes	No
<b>3</b> 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>		
<b>4</b> 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>		
<b>5</b> 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>		

**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

**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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**Armand Bayou Nature Center Inc**

Employer identification number

**23-7403757**

**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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2018

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	765,477	410,449	860,797	526,035	576,139	3,138,897
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 <b>Total.</b> Add lines 1 through 3	765,477	410,449	860,797	526,035	576,139	3,138,897
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 <b>Public support.</b> Subtract line 5 from line 4						3,138,897

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	765,477	410,449	860,797	526,035	576,139	3,138,897
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,338	10,128	5,620	7,749		33,835
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 <b>Total support.</b> Add lines 7 through 10						3,172,732
12 Gross receipts from related activities, etc. (see instructions)					12	361,200
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.93%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	89.52%
16a <b>33 1/3% support test—2018.</b> 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 checked="" type="checkbox"/>		
b <b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> 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 III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
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	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	<b>Total of lines 3a through e</b>			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**Armand Bayou Nature Center Inc**

**23-7403757**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ .....

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

**Armand Bayou Nature Center Inc**

Employer identification number

**23-7403757**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>Albemarle Foundation</b> PO Box 3437 Baton Rouge LA 70821	\$ 20,870	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>ABNC Foundation</b> 1301 McKinney St Ste 5100 Houston TX 77010-3095	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>Brown Foundation</b> 2217 Welch St Houston TX 77019	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>Wortham Foundation Inc</b> 2727 Allen Parkway Ste 1570 Houston TX 77019-2125	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>McGovern Foundation</b> 2211 Norfolk Houston TX 77098	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<b>Shell</b> PO Box 100 Deer Park TX 77536	\$ 11,643	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Armand Bayou Nature Center Inc</b>	Employer identification number <b>23-7403757</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<b>Maher</b> 5120 Woodway Dr Suite 6000 Houston TX 77056	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

Employer identification number

**Armand Bayou Nature Center Inc**

**23-7403757**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	<b>2a</b>
b Total acreage restricted by conservation easements	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2018

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		90,098	459	89,639
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		524,920	449,386	75,534
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				165,173

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XIII Supplemental Information** *(continued)*

Area with horizontal dashed lines for supplemental information.

**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" on Form 990, Part IV, line 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

**Armand Bayou Nature Center Inc**

Employer identification number

**23-7403757**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Gala</u> (event type)	<u></u> (event type)	<u>None</u> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	130,531		130,531
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	130,531		130,531
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	43,090		43,090
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				87,441

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

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

- 9 Enter the state(s) in which the organization conducts gaming activities:
- a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No
- b If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No
- b If "Yes," explain:

11 Does the organization conduct 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 conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Employer identification number

**Armand Bayou Nature Center Inc****23-7403757****Form 990 - Organization's Mission or Most Significant Activities**

Armand Bayou Nature enter (ABNC) manages 2,500 acres as a nature center and wildlife refuge with three core goals: Preserving wilderness and its benefits, educating through a living museum, and providing a refuge for people.

**Form 990 - Organization's Mission**

To preserve the habitats with which we have been entrusted and to provide opportunities for people to experience and understand the local ecosystems through preservation and education we strive to reconnect people with nature.

**Form 990, Part III, Line 4a - First Accomplishment**

Stewardship: ABNC is one of the largest urban wilderness preserves in the nation, conserving one of the most extensive holdings of coastal tallgrass prairie in the lower Galveston Bay watershed. Currently, over 900 acres are actively managed within out preserve boundaries. Critical prairie habitat is annually being restored and then preserved through controlled burns and mowing to reduce invasive species and replanting native grasses an forbs propagated in out native plant nursery. More recently, ABNC has assumed management of a 24-acre tract that specifically protects the endangered Prarie Dawn Flower species. Additionally, ABNC manages over 330 acres of Texas State Coastal Preserve in the Armand Bayou watershed, restoring intertidal marsh to maintain appropriate water depth and encourage native plant and animal recolonization.

Name of the organization

Employer identification number

**Armand Bayou Nature Center Inc****23-7403757****Form 990, Part III, Line 4c - Third Accomplishment**

**Visitor Services:** Over 20,000 guests visit ABNC annually, another 2,000 member visits are also recorded. Almost 2,500 people travel to ABNC to attend meetings and private events each year. Visitors follow the self-guided accessible Discovery Trail interpretive loop to habitat overlooks, interpretive exhibits, and historical farm displays, other venture out on over 5 miles of developed hiking trails. Volunteers help ABNC conduct numerous interpretive activities, including guided trail hikes, animal demonstrations, hands-on-history craft demonstrations, and guided canoe and pontoon boat tours of Armand Bayou. ABNC special places are also available for family retreats, company meetings and seasonal parties. Several community groups utilize ABNC meeting spaces, and ABNC regularly hosts nature-related conferences.

**Form 990, Part III, Line 4d - All Other Accomplishments****Fundraising****Form 990, Part VI - Additional Information**

Tracy and Chris Whatley have a family relationship.

The Executive Committee is made up of the President, two Vice-Presidents, Secretary, Treasurer, Executive Director and Immediate Past-President. The Immediate Past-President and Executive Director do not have voting rights. The President shall act as Chairman of the Executive Committee and shall form a new Executive Committee on an annual basis following Trustee elections. The members of the Executive Committee shall have such powers and perform such duties as may be delegated to it by the Board of Trustees,

Name of the organization

Employer identification number

Armand Bayou Nature Center Inc

23-7403757

not inconsistent with the law, Certificate of Incorporation or Bylaws of the Corporation, or the powers and duties herein set forth in the Bylaws. There are two classes of membership: annual and life. Criteria for membership is set by the Board of Trustees. Trustees may establish other classifications of membership, but have not.

Adult members in good standing may vote at any membership meeting.

Members shall elect the Trustees and transact other such business that comes before them. Members may amend the bylaws of the corporation.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference \$ 17,940

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

**Open to Public  
Inspection**

Armand Bayou Nature Center Inc  
Employer identification number  
23-7403757

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	Armand Bayou Nature Center Foundati 1301 McKinney St 5100 76-0247588 Houston TX 77010	Financial	TX	501c3	7	N/A		X
(2)								
(3)								
(4)								
(5)								

**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.

(1)	(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 alloc.?		(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	
(1)													
(2)													
(3)													
(4)													

**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.

(1)	(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	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)										
(2)										
(3)										
(4)										

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

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

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

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

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

Table with 11 rows and 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.



Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2018**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

**Armand Bayou Nature Center Inc**

Identifying number  
**23-7403757**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,000,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,500,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	<b>26,912</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	<b>09/24/18</b>	<b>48,935</b>	39 yrs.	MM	S/L	<b>366</b>
	<b>Various</b>	<b>41,163</b>	<b>39.0</b>	MM	S/L	<b>157</b>

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>27,435</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

DAA

**There are no amounts for Page 2**

23-7403757

## Federal Asset Report

FYE: 12/31/2018

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Non-Residential Real Property:</b>											
66	Education Building	9/24/18	48,935				48,935	39	MM S/L	0	366
67	NgN Design	10/19/18	11,381				11,381	39	MM S/L	0	61
68	Education Building	11/02/18	6,437				6,437	39	MM S/L	0	21
69	NgN Design	11/05/18	14,445				14,445	39	MM S/L	0	46
70	NgN Design	11/27/18	8,900				8,900	39	MM S/L	0	29
			<u>90,098</u>				<u>90,098</u>			<u>0</u>	<u>523</u>
<b>Prior MACRS:</b>											
13	Furniture & Fixtures	6/30/87	3,192				3,192	7	HY 200DB	3,192	0
14	Furniture & Fixtures	6/30/88	4,940				4,940	7	HY 200DB	4,940	0
15	Furniture & Fixtures	6/30/89	4,257				4,257	7	HY 200DB	4,257	0
16	Furniture & Fixtures	6/30/90	1,350				1,350	7	HY 200DB	1,350	0
17	Furniture & Fixtures	6/30/91	15,281				15,281	7	HY 200DB	15,281	0
18	Furniture & Fixtures	6/30/92	8,600				8,600	7	HY 200DB	8,600	0
19	Furniture & Fixtures	6/30/93	14,553				14,553	7	HY 200DB	14,553	0
20	Furniture & Fixtures	6/30/94	-11,918				-11,918	7	HY 200DB	-11,918	0
21	Furniture & Fixtures	6/30/95	8,710				8,710	7	HY 200DB	8,710	0
22	Furniture & Fixtures	6/30/96	28,099				28,099	7	HY 200DB	28,099	0
23	Furniture & Fixtures	6/30/97	7,345				7,345	7	HY 200DB	7,345	0
24	Furniture & Fixtures	6/30/98	1,217				1,217	7	HY 200DB	1,217	0
25	Furniture & Fixtures	6/30/99	40,897				40,897	7	HY 200DB	40,897	0
26	Furniture & Fixtures	6/30/00	10,975				10,975	7	HY 200DB	10,975	0
27	Furniture & Fixtures	6/30/01	9,156				9,156	7	HY 200DB	9,156	0
28	Furniture & Fixtures	6/30/02	20,940			X	14,658	7	HY 200DB	20,940	0
29	Furniture & Fixtures	6/30/03	32,111			X	16,055	7	HY 200DB	32,111	0
30	Furniture & Fixtures	6/30/04	6,505			X	3,252	7	HY 200DB	6,505	0
31	Furniture & Fixtures	6/30/05	5,346				5,346	7	HY 200DB	5,346	0
32	Furniture & Fixtures	6/30/06	1,173				1,173	7	HY 200DB	1,173	0
33	Furniture & Fixtures	6/30/07	1,090				1,090	7	HY 200DB	1,090	0
34	Furniture & Fixtures	6/30/08	21,024			X	10,512	7	HY 200DB	21,024	0
35	Furniture & Fixtures	6/30/09	2,027			X	1,013	7	HY 200DB	2,027	0
36	ATV	6/30/09	10,193			X	5,097	7	HY 200DB	10,193	0
37	AJE	7/01/05	1,883				1,883	7	HY 200DB	1,883	0
38	Dell Computer	6/30/13	1,559			X	780	7	HY 200DB	1,559	0
40	John Deere Tractor	6/30/16	62,704			X	58,089	7	HY 200DB	4,615	16,597
41	Ag-Meier Sprayer	6/30/16	2,559			X	2,431	7	HY 200DB	128	695
42	Kawasaki Mule Hstn Mtrsports	6/30/16	12,821			X	12,180	5	HY 200DB	641	4,872
43	Kawasaki Mule Hstn Mtrsports	6/30/16	12,279			X	11,870	5	HY 200DB	409	4,748
44	Pontoon Boat and Other vehicles	6/30/92	37,532				37,532	5	HY 200DB	37,532	0
45	Pontoon Boat and Other vehicles	6/30/93	5,179				5,179	5	HY 200DB	5,179	0
46	Pontoon Boat and Other vehicles	6/30/95	1,063				1,063	5	HY 200DB	1,063	0
47	Pontoon Boat and Other vehicles	6/30/08	6,504			X	3,252	5	HY 200DB	6,504	0
48	Pontoon Boat and Other vehicles	6/30/12	9,322			X	4,661	5	HY 200DB	9,322	0
49	Pontoon Boat and Other vehicles	6/30/13	11,000			X	5,500	5	HY 200DB	11,000	0
50	Pontoon Boat and Other vehicles	6/30/13	4,857			X	2,428	5	HY 200DB	4,857	0
51	Pontoon Boat and Other vehicles	6/30/14	11,380			X	5,690	5	HY 200DB	11,380	0
58	Shop Tools	6/30/91	1,000				1,000	5	HY 200DB	1,000	0
59	Shop Tools	6/30/92	669				669	5	HY 200DB	669	0
60	Shop Tools	6/30/93	196				196	5	HY 200DB	196	0
61	Shop Tools	6/30/96	50				50	5	HY 200DB	50	0
62	Shop Tools	6/30/97	288				288	5	HY 200DB	288	0
			<u>429,908</u>				<u>359,591</u>			<u>345,338</u>	<u>26,912</u>
<b>ACRS:</b>											
7	Furniture & Fixtures	6/30/81	26,861				26,861	5	HY PRE	26,861	0
8	Furniture & Fixtures	6/30/82	2,697				2,697	5	HY PRE	2,697	0
9	Furniture & Fixtures	6/30/83	4,368				4,368	5	HY PRE	4,368	0
10	Furniture & Fixtures	6/30/84	11,264				11,264	5	HY PRE	11,264	0
11	Furniture & Fixtures	6/30/85	-9,277				-9,277	5	HY PRE	-9,277	0
12	Furniture & Fixtures	6/30/86	9,173				9,173	5	HY PRE	9,173	0
55	Shop Tools	6/30/82	910				910	5	HY PRE	910	0
56	Shop Tools	6/30/83	872				872	5	HY PRE	872	0
57	Shop Tools	6/30/85	-2,428				-2,428	5	HY PRE	-2,428	0

**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Total ACRS Depreciation</b>			<u>44,440</u>			<u>44,440</u>		<u>44,440</u>	<u>0</u>
<b>Other Depreciation:</b>									
1	Furniture & Fixtures	6/30/75	1,884			1,884	10 MO200DB	1,884	0
2	Furniture & Fixtures	6/30/76	590			590	10 MO200DB	590	0
3	Furniture & Fixtures	6/30/77	14,868			14,868	10 MO200DB	14,868	0
4	Furniture & Fixtures	6/30/78	5,521			5,521	10 MO200DB	5,521	0
5	Furniture & Fixtures	6/30/79	3,083			3,083	10 MO200DB	3,083	0
6	Furniture & Fixtures	6/30/80	7,363			7,363	10 MO200DB	7,363	0
52	Shop Tools	6/30/77	892			892	5 MO200DB	892	0
53	Shop Tools	6/30/78	902			902	5 MO200DB	902	0
54	Shop Tools	6/30/79	634			634	5 MO200DB	634	0
63	Library Books	6/30/78	348			348	10 MO200DB	348	0
64	Library Books	6/30/79	33			33	10 MO200DB	33	0
65	Library Books	6/30/80	768			768	10 MO200DB	768	0
<b>Total Other Depreciation</b>			<u>36,886</u>			<u>36,886</u>		<u>36,886</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>81,326</u>			<u>81,326</u>		<u>81,326</u>	<u>0</u>
<b>Listed Property:</b>									
39	Truck	6/30/14	<u>13,686</u>		X	<u>6,843</u>	5 HY 200DB	<u>13,686</u>	<u>0</u>
			<u>13,686</u>			<u>6,843</u>		<u>13,686</u>	<u>0</u>
<b>Grand Totals</b>			<u>615,018</u>			<u>537,858</u>		<u>440,350</u>	<u>27,435</u>
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Less: Start-up/Org Expense</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>615,018</u>			<u>537,858</u>		<u>440,350</u>	<u>27,435</u>

23-7403757

**TX Asset Report**

FYE: 12/31/2018

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
<b>Non-Residential Real Property:</b>								
66	Education Building	9/24/18	48,935	48,935	0	366	366	0
67	NgN Design	10/19/18	11,381	11,381	0	61	61	0
68	Education Building	11/02/18	6,437	6,437	0	21	21	0
69	NgN Design	11/05/18	14,445	14,445	0	46	46	0
70	NgN Design	11/27/18	8,900	8,900	0	29	29	0
			<u>90,098</u>	<u>90,098</u>	<u>0</u>	<u>523</u>	<u>523</u>	<u>0</u>
<b>Prior MACRS:</b>								
13	Furniture & Fixtures	6/30/87	3,192	3,192	3,192	0	0	0
14	Furniture & Fixtures	6/30/88	4,940	4,940	4,940	0	0	0
15	Furniture & Fixtures	6/30/89	4,257	4,257	4,257	0	0	0
16	Furniture & Fixtures	6/30/90	1,350	1,350	1,350	0	0	0
17	Furniture & Fixtures	6/30/91	15,281	15,281	15,281	0	0	0
18	Furniture & Fixtures	6/30/92	8,600	8,600	8,600	0	0	0
19	Furniture & Fixtures	6/30/93	14,553	14,553	14,553	0	0	0
20	Furniture & Fixtures	6/30/94	-11,918	-11,918	-11,918	0	0	0
21	Furniture & Fixtures	6/30/95	8,710	8,710	8,710	0	0	0
22	Furniture & Fixtures	6/30/96	28,099	28,099	28,099	0	0	0
23	Furniture & Fixtures	6/30/97	7,345	7,345	7,345	0	0	0
24	Furniture & Fixtures	6/30/98	1,217	1,217	1,217	0	0	0
25	Furniture & Fixtures	6/30/99	40,897	40,897	40,897	0	0	0
26	Furniture & Fixtures	6/30/00	10,975	10,975	10,975	0	0	0
27	Furniture & Fixtures	6/30/01	9,156	9,156	9,156	0	0	0
28	Furniture & Fixtures	6/30/02	20,940	20,940	20,940	0	0	0
29	Furniture & Fixtures	6/30/03	32,111	32,111	32,111	0	0	0
30	Furniture & Fixtures	6/30/04	6,505	6,505	6,505	0	0	0
31	Furniture & Fixtures	6/30/05	5,346	5,346	5,346	0	0	0
32	Furniture & Fixtures	6/30/06	1,173	1,173	1,173	0	0	0
33	Furniture & Fixtures	6/30/07	1,090	1,090	1,090	0	0	0
34	Furniture & Fixtures	6/30/08	21,024	21,024	21,024	0	0	0
35	Furniture & Fixtures	6/30/09	2,027	2,027	2,027	0	0	0
36	ATV	6/30/09	10,193	10,193	10,193	0	0	0
37	AJE	7/01/05	1,883	1,883	1,883	0	0	0
38	Dell Computer	6/30/13	1,559	1,559	1,559	0	0	0
40	John Deere Tractor	6/30/16	62,704	62,704	4,615	16,597	16,597	0
41	Ag-Meier Sprayer	6/30/16	2,559	2,559	128	695	695	0
42	Kawasaki Mule Hstn Mtrsports	6/30/16	12,821	12,821	641	4,872	4,872	0
43	Kawasaki Mule Hstn Mtrsports	6/30/16	12,279	12,279	409	4,748	4,748	0
44	Pontoon Boat and Other vehicles	6/30/92	37,532	37,532	37,532	0	0	0
45	Pontoon Boat and Other vehicles	6/30/93	5,179	5,179	5,179	0	0	0
46	Pontoon Boat and Other vehicles	6/30/95	1,063	1,063	1,063	0	0	0
47	Pontoon Boat and Other vehicles	6/30/08	6,504	6,504	6,504	0	0	0
48	Pontoon Boat and Other vehicles	6/30/12	9,322	9,322	9,322	0	0	0
49	Pontoon Boat and Other vehicles	6/30/13	11,000	11,000	11,000	0	0	0
50	Pontoon Boat and Other vehicles	6/30/13	4,857	4,857	4,857	0	0	0
51	Pontoon Boat and Other vehicles	6/30/14	11,380	11,380	11,380	0	0	0
58	Shop Tools	6/30/91	1,000	1,000	1,000	0	0	0
59	Shop Tools	6/30/92	669	669	669	0	0	0
60	Shop Tools	6/30/93	196	196	196	0	0	0
61	Shop Tools	6/30/96	50	50	50	0	0	0
62	Shop Tools	6/30/97	288	288	288	0	0	0
			<u>429,908</u>	<u>429,908</u>	<u>345,338</u>	<u>26,912</u>	<u>26,912</u>	<u>0</u>
<b>ACRS:</b>								
7	Furniture & Fixtures	6/30/81	26,861	26,861	26,861	0	0	0
8	Furniture & Fixtures	6/30/82	2,697	2,697	2,697	0	0	0
9	Furniture & Fixtures	6/30/83	4,368	4,368	4,368	0	0	0
10	Furniture & Fixtures	6/30/84	11,264	11,264	11,264	0	0	0
11	Furniture & Fixtures	6/30/85	-9,277	-9,277	-9,277	0	0	0
12	Furniture & Fixtures	6/30/86	9,173	9,173	9,173	0	0	0
55	Shop Tools	6/30/82	910	910	910	0	0	0
56	Shop Tools	6/30/83	872	872	872	0	0	0
57	Shop Tools	6/30/85	-2,428	-2,428	-2,428	0	0	0

**TX Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
<b>Total ACRS Depreciation</b>			<u>44,440</u>	<u>44,440</u>	<u>44,440</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>								
1	Furniture & Fixtures	6/30/75	1,884	1,884	1,884	0	0	0
2	Furniture & Fixtures	6/30/76	590	590	590	0	0	0
3	Furniture & Fixtures	6/30/77	14,868	14,868	14,868	0	0	0
4	Furniture & Fixtures	6/30/78	5,521	5,521	5,521	0	0	0
5	Furniture & Fixtures	6/30/79	3,083	3,083	3,083	0	0	0
6	Furniture & Fixtures	6/30/80	7,363	7,363	7,363	0	0	0
52	Shop Tools	6/30/77	892	892	892	0	0	0
53	Shop Tools	6/30/78	902	902	902	0	0	0
54	Shop Tools	6/30/79	634	634	634	0	0	0
63	Library Books	6/30/78	348	348	348	0	0	0
64	Library Books	6/30/79	33	33	33	0	0	0
65	Library Books	6/30/80	768	768	768	0	0	0
<b>Total Other Depreciation</b>			<u>36,886</u>	<u>36,886</u>	<u>36,886</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>81,326</u>	<u>81,326</u>	<u>81,326</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Listed Property:</b>								
39	Truck	6/30/14	<u>13,686</u>	<u>13,686</u>	<u>13,686</u>	<u>0</u>	<u>0</u>	<u>0</u>
			<u>13,686</u>	<u>13,686</u>	<u>13,686</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Grand Totals</b>			<u>615,018</u>	<u>615,018</u>	<u>440,350</u>	<u>27,435</u>	<u>27,435</u>	<u>0</u>
<b>Less: Dispositions</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Less: Start-up/Org Expense</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>615,018</u>	<u>615,018</u>	<u>440,350</u>	<u>27,435</u>	<u>27,435</u>	<u>0</u>

23-7403757

**AMT Asset Report**

FYE: 12/31/2018

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Non-Residential Real Property:</b>											
66	Education Building	9/24/18	48,935				48,935	39	MMS/L	0	366
67	NgN Design	10/19/18	11,381				11,381	39	MMS/L	0	61
68	Education Building	11/02/18	6,437				6,437	39	MMS/L	0	21
69	NgN Design	11/05/18	14,445				14,445	39	MMS/L	0	46
70	NgN Design	11/27/18	8,900				8,900	39	MMS/L	0	29
			<u>90,098</u>				<u>90,098</u>			<u>0</u>	<u>523</u>
<b>Prior MACRS:</b>											
13	Furniture & Fixtures	6/30/87	3,192				3,192	10	HY 150DB	3,192	0
14	Furniture & Fixtures	6/30/88	4,940				4,940	10	HY 150DB	4,940	0
15	Furniture & Fixtures	6/30/89	4,257				4,257	10	HY 150DB	4,257	0
16	Furniture & Fixtures	6/30/90	1,350				1,350	10	HY 150DB	1,350	0
17	Furniture & Fixtures	6/30/91	15,281				15,281	10	HY 150DB	15,281	0
18	Furniture & Fixtures	6/30/92	8,600				8,600	10	HY 150DB	8,600	0
19	Furniture & Fixtures	6/30/93	14,553				14,553	10	HY 150DB	14,553	0
20	Furniture & Fixtures	6/30/94	-11,918				-11,918	10	HY 150DB	-11,918	0
21	Furniture & Fixtures	6/30/95	8,710				8,710	10	HY 150DB	8,710	0
22	Furniture & Fixtures	6/30/96	28,099				28,099	10	HY 150DB	28,099	0
23	Furniture & Fixtures	6/30/97	7,345				7,345	10	HY 150DB	7,345	0
24	Furniture & Fixtures	6/30/98	1,217				1,217	10	HY 150DB	1,217	0
25	Furniture & Fixtures	6/30/99	40,897				40,897	7	HY 150DB	40,897	0
26	Furniture & Fixtures	6/30/00	10,975				10,975	7	HY 150DB	10,975	0
27	Furniture & Fixtures	6/30/01	9,156				9,156	7	HY 150DB	9,156	0
28	Furniture & Fixtures	6/30/02	20,940			X	14,658	7	HY 200DB	20,940	0
29	Furniture & Fixtures	6/30/03	32,111			X	16,055	7	HY 200DB	32,111	0
30	Furniture & Fixtures	6/30/04	6,505			X	3,252	7	HY 200DB	6,505	0
31	Furniture & Fixtures	6/30/05	5,346				5,346	7	HY 150DB	5,346	0
32	Furniture & Fixtures	6/30/06	1,173				1,173	7	HY 150DB	1,173	0
33	Furniture & Fixtures	6/30/07	1,090				1,090	7	HY 150DB	1,090	0
34	Furniture & Fixtures	6/30/08	21,024			X	10,512	7	HY 200DB	21,024	0
35	Furniture & Fixtures	6/30/09	2,027			X	1,013	7	HY 200DB	2,027	0
36	ATV	6/30/09	10,193			X	5,097	7	HY 200DB	10,193	0
37	AJE	7/01/05	1,883				1,883	7	HY 150DB	1,883	0
38	Dell Computer	6/30/13	1,559			X	780	7	HY 200DB	1,559	0
40	John Deere Tractor	6/30/16	62,704			X	31,352	7	HY 200DB	43,509	5,484
41	Ag-Meier Sprayer	6/30/16	2,559			X	1,279	7	HY 200DB	1,776	223
42	Kawasaki Mule Hstn Mtrsports	6/30/16	12,821			X	6,411	5	HY 200DB	9,744	1,230
43	Kawasaki Mule Hstn Mtrsports	6/30/16	12,279			X	6,140	5	HY 200DB	9,332	1,178
44	Pontoon Boat and Other vehicles	6/30/92	37,532				37,532	6	HY 150DB	37,532	0
45	Pontoon Boat and Other vehicles	6/30/93	5,179				5,179	6	HY 150DB	5,179	0
46	Pontoon Boat and Other vehicles	6/30/95	1,063				1,063	6	HY 150DB	1,063	0
47	Pontoon Boat and Other vehicles	6/30/08	6,504			X	3,252	5	HY 200DB	6,504	0
48	Pontoon Boat and Other vehicles	6/30/12	9,322			X	4,661	5	HY 200DB	9,322	0
49	Pontoon Boat and Other vehicles	6/30/13	11,000			X	5,500	5	HY 200DB	11,000	0
50	Pontoon Boat and Other vehicles	6/30/13	4,857			X	2,428	5	HY 200DB	4,857	0
51	Pontoon Boat and Other vehicles	6/30/14	11,380			X	5,690	5	HY 200DB	11,380	0
58	Shop Tools	6/30/91	1,000				1,000	6	HY 150DB	1,000	0
59	Shop Tools	6/30/92	669				669	6	HY 150DB	669	0
60	Shop Tools	6/30/93	196				196	6	HY 150DB	196	0
61	Shop Tools	6/30/96	50				50	6	HY 150DB	50	0
62	Shop Tools	6/30/97	288				288	6	HY 150DB	288	0
			<u>429,908</u>				<u>320,203</u>			<u>403,906</u>	<u>8,115</u>
<b>Other Depreciation:</b>											
1	Furniture & Fixtures	6/30/75	0				0	0	HY	0	0
2	Furniture & Fixtures	6/30/76	0				0	0	HY	0	0
3	Furniture & Fixtures	6/30/77	0				0	0	HY	0	0
4	Furniture & Fixtures	6/30/78	0				0	0	HY	0	0
5	Furniture & Fixtures	6/30/79	0				0	0	HY	0	0
6	Furniture & Fixtures	6/30/80	0				0	0	HY	0	0
7	Furniture & Fixtures	6/30/81	0				0	0	HY	0	0
8	Furniture & Fixtures	6/30/82	0				0	0	HY	0	0
9	Furniture & Fixtures	6/30/83	0				0	0	HY	0	0
10	Furniture & Fixtures	6/30/84	0				0	0	HY	0	0
11	Furniture & Fixtures	6/30/85	0				0	0	HY	0	0

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
12	Furniture & Fixtures	6/30/86	0			0	0 HY	0	0
52	Shop Tools	6/30/77	892			892	5 MO200DB	892	0
53	Shop Tools	6/30/78	902			902	5 MO200DB	902	0
54	Shop Tools	6/30/79	0			0	0 HY	0	0
55	Shop Tools	6/30/82	0			0	0 HY	0	0
56	Shop Tools	6/30/83	0			0	0 HY	0	0
57	Shop Tools	6/30/85	0			0	0 HY	0	0
63	Library Books	6/30/78	0			0	0 HY	0	0
64	Library Books	6/30/79	0			0	0 HY	0	0
65	Library Books	6/30/80	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>1,794</u>			<u>1,794</u>		<u>1,794</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,794</u>			<u>1,794</u>		<u>1,794</u>	<u>0</u>
<b>Listed Property:</b>									
39	Truck	6/30/14	<u>13,686</u>		X	<u>6,843</u>	5 HY 200DB	<u>13,686</u>	<u>0</u>
			<u>13,686</u>			<u>6,843</u>		<u>13,686</u>	<u>0</u>
	<b>Grand Totals</b>		<u>535,486</u>			<u>418,938</u>		<u>419,386</u>	<u>8,638</u>
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>535,486</u>			<u>418,938</u>		<u>419,386</u>	<u>8,638</u>

**Bonus Depreciation Report****Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
28	Furniture & Fixtures	6/30/02	20,940		0	0	6,282	14,658
29	Furniture & Fixtures	6/30/03	32,111		0	0	16,056	16,055
30	Furniture & Fixtures	6/30/04	6,505		0	0	3,253	3,252
34	Furniture & Fixtures	6/30/08	21,024		0	0	10,512	10,512
35	Furniture & Fixtures	6/30/09	2,027		0	0	1,014	1,013
36	ATV	6/30/09	10,193		0	0	5,096	5,097
38	Dell Computer	6/30/13	1,559		0	0	779	780
39	Truck	6/30/14	13,686	100	0	0	6,843	6,843
40	John Deere Tractor	6/30/16	62,704		0	0	4,615	58,089
41	Ag-Meier Sprayer	6/30/16	2,559		0	0	128	2,431
42	Kawasaki Mule Hstn Mtrsports	6/30/16	12,821		0	0	641	12,180
43	Kawasaki Mule Hstn Mtrsports	6/30/16	12,279		0	0	409	11,870
47	Pontoon Boat and Other vehicles	6/30/08	6,504		0	0	3,252	3,252
48	Pontoon Boat and Other vehicles	6/30/12	9,322		0	0	4,661	4,661
49	Pontoon Boat and Other vehicles	6/30/13	11,000		0	0	5,500	5,500
50	Pontoon Boat and Other vehicles	6/30/13	4,857		0	0	2,429	2,428
51	Pontoon Boat and Other vehicles	6/30/14	11,380		0	0	5,690	5,690
66	Education Building	9/24/18	48,935		0	0	0	48,935
67	NgN Design	10/19/18	11,381		0	0	0	11,381
68	Education Building	11/02/18	6,437		0	0	0	6,437
69	NgN Design	11/05/18	14,445		0	0	0	14,445
70	NgN Design	11/27/18	8,900		0	0	0	8,900
<b>Grand Total</b>			<b>331,569</b>		<b>0</b>	<b>0</b>	<b>77,160</b>	<b>254,409</b>

**Depreciation Adjustment Report****All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	13	Furniture & Fixtures	0	0	0
Page 1	1	14	Furniture & Fixtures	0	0	0
Page 1	1	15	Furniture & Fixtures	0	0	0
Page 1	1	16	Furniture & Fixtures	0	0	0
Page 1	1	17	Furniture & Fixtures	0	0	0
Page 1	1	18	Furniture & Fixtures	0	0	0
Page 1	1	19	Furniture & Fixtures	0	0	0
Page 1	1	20	Furniture & Fixtures	0	0	0
Page 1	1	21	Furniture & Fixtures	0	0	0
Page 1	1	22	Furniture & Fixtures	0	0	0
Page 1	1	23	Furniture & Fixtures	0	0	0
Page 1	1	24	Furniture & Fixtures	0	0	0
Page 1	1	25	Furniture & Fixtures	0	0	0
Page 1	1	26	Furniture & Fixtures	0	0	0
Page 1	1	27	Furniture & Fixtures	0	0	0
Page 1	1	28	Furniture & Fixtures	0	0	0
Page 1	1	29	Furniture & Fixtures	0	0	0
Page 1	1	30	Furniture & Fixtures	0	0	0
Page 1	1	31	Furniture & Fixtures	0	0	0
Page 1	1	32	Furniture & Fixtures	0	0	0
Page 1	1	33	Furniture & Fixtures	0	0	0
Page 1	1	34	Furniture & Fixtures	0	0	0
Page 1	1	35	Furniture & Fixtures	0	0	0
Page 1	1	36	ATV	0	0	0
Page 1	1	37	AJE	0	0	0
Page 1	1	38	Dell Computer	0	0	0
Page 1	1	39	Truck	0	0	0
Page 1	1	40	John Deere Tractor	16,597	5,484	11,113
Page 1	1	41	Ag-Meier Sprayer	695	223	472
Page 1	1	42	Kawasaki Mule Hstn Mtrsports	4,872	1,230	3,642
Page 1	1	43	Kawasaki Mule Hstn Mtrsports	4,748	1,178	3,570
Page 1	1	44	Pontoon Boat and Other vehicles	0	0	0
Page 1	1	45	Pontoon Boat and Other vehicles	0	0	0
Page 1	1	46	Pontoon Boat and Other vehicles	0	0	0
Page 1	1	47	Pontoon Boat and Other vehicles	0	0	0
Page 1	1	48	Pontoon Boat and Other vehicles	0	0	0
Page 1	1	49	Pontoon Boat and Other vehicles	0	0	0
Page 1	1	50	Pontoon Boat and Other vehicles	0	0	0
Page 1	1	51	Pontoon Boat and Other vehicles	0	0	0
Page 1	1	58	Shop Tools	0	0	0
Page 1	1	59	Shop Tools	0	0	0
Page 1	1	60	Shop Tools	0	0	0
Page 1	1	61	Shop Tools	0	0	0
Page 1	1	62	Shop Tools	0	0	0
Page 1	1	66	Education Building	366	366	0
Page 1	1	67	NgN Design	61	61	0
Page 1	1	68	Education Building	21	21	0
Page 1	1	69	NgN Design	46	46	0
Page 1	1	70	NgN Design	29	29	0
				<u>27,435</u>	<u>8,638</u>	<u>18,797</u>

**Future Depreciation Report****FYE: 12/31/19****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
13	Furniture & Fixtures	6/30/87	3,192	0	0
14	Furniture & Fixtures	6/30/88	4,940	0	0
15	Furniture & Fixtures	6/30/89	4,257	0	0
16	Furniture & Fixtures	6/30/90	1,350	0	0
17	Furniture & Fixtures	6/30/91	15,281	0	0
18	Furniture & Fixtures	6/30/92	8,600	0	0
19	Furniture & Fixtures	6/30/93	14,553	0	0
20	Furniture & Fixtures	6/30/94	-11,918	0	0
21	Furniture & Fixtures	6/30/95	8,710	0	0
22	Furniture & Fixtures	6/30/96	28,099	0	0
23	Furniture & Fixtures	6/30/97	7,345	0	0
24	Furniture & Fixtures	6/30/98	1,217	0	0
25	Furniture & Fixtures	6/30/99	40,897	0	0
26	Furniture & Fixtures	6/30/00	10,975	0	0
27	Furniture & Fixtures	6/30/01	9,156	0	0
28	Furniture & Fixtures	6/30/02	20,940	0	0
29	Furniture & Fixtures	6/30/03	32,111	0	0
30	Furniture & Fixtures	6/30/04	6,505	0	0
31	Furniture & Fixtures	6/30/05	5,346	0	0
32	Furniture & Fixtures	6/30/06	1,173	0	0
33	Furniture & Fixtures	6/30/07	1,090	0	0
34	Furniture & Fixtures	6/30/08	21,024	0	0
35	Furniture & Fixtures	6/30/09	2,027	0	0
36	ATV	6/30/09	10,193	0	0
37	AJE	7/01/05	1,883	0	0
38	Dell Computer	6/30/13	1,559	0	0
40	John Deere Tractor	6/30/16	62,704	11,855	3,917
41	Ag-Meier Sprayer	6/30/16	2,559	496	160
42	Kawasaki Mule Hstn Mtrsports	6/30/16	12,821	2,923	739
43	Kawasaki Mule Hstn Mtrsports	6/30/16	12,279	2,849	708
44	Pontoon Boat and Other vehicles	6/30/92	37,532	0	0
45	Pontoon Boat and Other vehicles	6/30/93	5,179	0	0
46	Pontoon Boat and Other vehicles	6/30/95	1,063	0	0
47	Pontoon Boat and Other vehicles	6/30/08	6,504	0	0
48	Pontoon Boat and Other vehicles	6/30/12	9,322	0	0
49	Pontoon Boat and Other vehicles	6/30/13	11,000	0	0
50	Pontoon Boat and Other vehicles	6/30/13	4,857	0	0
51	Pontoon Boat and Other vehicles	6/30/14	11,380	0	0
58	Shop Tools	6/30/91	1,000	0	0
59	Shop Tools	6/30/92	669	0	0
60	Shop Tools	6/30/93	196	0	0
61	Shop Tools	6/30/96	50	0	0
62	Shop Tools	6/30/97	288	0	0
66	Education Building	9/24/18	48,935	1,255	1,255
67	NgN Design	10/19/18	11,381	292	292
68	Education Building	11/02/18	6,437	165	165
69	NgN Design	11/05/18	14,445	371	371
70	NgN Design	11/27/18	8,900	228	228
			<u>520,006</u>	<u>20,434</u>	<u>7,835</u>

**ACRS:**

7	Furniture & Fixtures	6/30/81	26,861	0	0
8	Furniture & Fixtures	6/30/82	2,697	0	0
9	Furniture & Fixtures	6/30/83	4,368	0	0
10	Furniture & Fixtures	6/30/84	11,264	0	0
11	Furniture & Fixtures	6/30/85	-9,277	0	0
12	Furniture & Fixtures	6/30/86	9,173	0	0
55	Shop Tools	6/30/82	910	0	0
56	Shop Tools	6/30/83	872	0	0
57	Shop Tools	6/30/85	-2,428	0	0

**Future Depreciation Report** **FYE: 12/31/19**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Total ACRS Depreciation</b>			<u>44,440</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>					
1	Furniture & Fixtures	6/30/75	1,884	0	0
2	Furniture & Fixtures	6/30/76	590	0	0
3	Furniture & Fixtures	6/30/77	14,868	0	0
4	Furniture & Fixtures	6/30/78	5,521	0	0
5	Furniture & Fixtures	6/30/79	3,083	0	0
6	Furniture & Fixtures	6/30/80	7,363	0	0
52	Shop Tools	6/30/77	892	0	0
53	Shop Tools	6/30/78	902	0	0
54	Shop Tools	6/30/79	634	0	0
63	Library Books	6/30/78	348	0	0
64	Library Books	6/30/79	33	0	0
65	Library Books	6/30/80	768	0	0
<b>Total Other Depreciation</b>			<u>36,886</u>	<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>81,326</u>	<u>0</u>	<u>0</u>
<b>Listed Property:</b>					
39	Truck	6/30/14	13,686	0	0
			<u>13,686</u>	<u>0</u>	<u>0</u>
<b>Grand Totals</b>			<u>615,018</u>	<u>20,434</u>	<u>7,835</u>

Asset	Description	Date In Service	Cost	TX
<b>Prior MACRS:</b>				
13	Furniture & Fixtures	6/30/87	3,192	0
14	Furniture & Fixtures	6/30/88	4,940	0
15	Furniture & Fixtures	6/30/89	4,257	0
16	Furniture & Fixtures	6/30/90	1,350	0
17	Furniture & Fixtures	6/30/91	15,281	0
18	Furniture & Fixtures	6/30/92	8,600	0
19	Furniture & Fixtures	6/30/93	14,553	0
20	Furniture & Fixtures	6/30/94	-11,918	0
21	Furniture & Fixtures	6/30/95	8,710	0
22	Furniture & Fixtures	6/30/96	28,099	0
23	Furniture & Fixtures	6/30/97	7,345	0
24	Furniture & Fixtures	6/30/98	1,217	0
25	Furniture & Fixtures	6/30/99	40,897	0
26	Furniture & Fixtures	6/30/00	10,975	0
27	Furniture & Fixtures	6/30/01	9,156	0
28	Furniture & Fixtures	6/30/02	20,940	0
29	Furniture & Fixtures	6/30/03	32,111	0
30	Furniture & Fixtures	6/30/04	6,505	0
31	Furniture & Fixtures	6/30/05	5,346	0
32	Furniture & Fixtures	6/30/06	1,173	0
33	Furniture & Fixtures	6/30/07	1,090	0
34	Furniture & Fixtures	6/30/08	21,024	0
35	Furniture & Fixtures	6/30/09	2,027	0
36	ATV	6/30/09	10,193	0
37	AJE	7/01/05	1,883	0
38	Dell Computer	6/30/13	1,559	0
40	John Deere Tractor	6/30/16	62,704	11,855
41	Ag-Meier Sprayer	6/30/16	2,559	496
42	Kawasaki Mule Hstn Mtrsports	6/30/16	12,821	2,923
43	Kawasaki Mule Hstn Mtrsports	6/30/16	12,279	2,849
44	Pontoon Boat and Other vehicles	6/30/92	37,532	0
45	Pontoon Boat and Other vehicles	6/30/93	5,179	0
46	Pontoon Boat and Other vehicles	6/30/95	1,063	0
47	Pontoon Boat and Other vehicles	6/30/08	6,504	0
48	Pontoon Boat and Other vehicles	6/30/12	9,322	0
49	Pontoon Boat and Other vehicles	6/30/13	11,000	0
50	Pontoon Boat and Other vehicles	6/30/13	4,857	0
51	Pontoon Boat and Other vehicles	6/30/14	11,380	0
58	Shop Tools	6/30/91	1,000	0
59	Shop Tools	6/30/92	669	0
60	Shop Tools	6/30/93	196	0
61	Shop Tools	6/30/96	50	0
62	Shop Tools	6/30/97	288	0
66	Education Building	9/24/18	48,935	1,255
67	NgN Design	10/19/18	11,381	292
68	Education Building	11/02/18	6,437	165
69	NgN Design	11/05/18	14,445	371
70	NgN Design	11/27/18	8,900	228
			<u>520,006</u>	<u>20,434</u>

**ACRS:**

7	Furniture & Fixtures	6/30/81	26,861	0
8	Furniture & Fixtures	6/30/82	2,697	0
9	Furniture & Fixtures	6/30/83	4,368	0
10	Furniture & Fixtures	6/30/84	11,264	0
11	Furniture & Fixtures	6/30/85	-9,277	0
12	Furniture & Fixtures	6/30/86	9,173	0
55	Shop Tools	6/30/82	910	0
56	Shop Tools	6/30/83	872	0
57	Shop Tools	6/30/85	-2,428	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>TX</u>
	<b>Total ACRS Depreciation</b>		<u>44.440</u>	<u>0</u>
<b>Other Depreciation:</b>				
1	Furniture & Fixtures	6/30/75	1,884	0
2	Furniture & Fixtures	6/30/76	590	0
3	Furniture & Fixtures	6/30/77	14,868	0
4	Furniture & Fixtures	6/30/78	5,521	0
5	Furniture & Fixtures	6/30/79	3,083	0
6	Furniture & Fixtures	6/30/80	7,363	0
52	Shop Tools	6/30/77	892	0
53	Shop Tools	6/30/78	902	0
54	Shop Tools	6/30/79	634	0
63	Library Books	6/30/78	348	0
64	Library Books	6/30/79	33	0
65	Library Books	6/30/80	768	0
	<b>Total Other Depreciation</b>		<u>36.886</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>81.326</u>	<u>0</u>
<b>Listed Property:</b>				
39	Truck	6/30/14	13,686	0
			<u>13,686</u>	<u>0</u>
	<b>Grand Totals</b>		<u>615.018</u>	<u>20.434</u>

**Federal Statements**

**Form 990. Part IX. Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other Fees	\$ 10,725	\$ 3,995	\$ 3,430	\$ 3,300
<b>Total</b>	<b>\$ 10,725</b>	<b>\$ 3,995</b>	<b>\$ 3,430</b>	<b>\$ 3,300</b>

**Form 990. Part IX. Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
Tools	\$ 5,642	\$ 4,721	\$ 921	\$
Staff Development	5,477	2,275	1,427	1,775
Auto Expense	4,093	3,673	402	18
Dues, Subscriptions, Mem	1,920		1,850	70
<b>Total</b>	<b>\$ 17,132</b>	<b>\$ 10,669</b>	<b>\$ 4,600</b>	<b>\$ 1,863</b>

**Federal Statements**

**Schedule A, Part II, Line 1(e)**

Description	Amount
Membership Dues and Assessments	\$ 43,090
Harris County	100,000
Port of Houston Authority	10,000
Derichebourg Recycling	10,000
State Grants	164,340
TPWD	1,260
Galveston Bay Estuary	2,620
Misc	25,289
Albemarle Foundation	20,870
Cash Contribution	
ABNC Foundation	30,000
Cash Contribution	
Brown Foundation	20,000
Cash Contribution	
Cameron Foundation	2,000
Cash Contribution	
Wortham Foundation Inc	25,000
Cash Contribution	
McGovern Foundation	25,000
Cash Contribution	
Lyondell Basell	7,700
Cash Contribution	
Lubrizol Foundation	2,500
Cash Contribution	
Association of Bayport Companies	2,500
Cash Contribution	
Exxon Mobil Foundation	7,920
Cash Contribution	
GE Betz, Inc	1,000
Cash Contribution	
J X Nippon Chemical	6,370
Cash Contribution	
Jacobs Engineering	1,000
Cash Contribution	
Shell	11,643
Cash Contribution	
Jim Callan	2,500
Cash Contribution	

**Federal Statements**

**Schedule A. Part II. Line 1(e) (continued)**

Description	Amount
Fidelity Charitable	
Cash Contribution	\$ 2,500
W & S Howe	
Cash Contribution	1,000
Ann Weir Jones	
Cash Contribution	1,000
Julia Knutson	
Cash Contribution	1,000
Krauhs	
Cash Contribution	10,000
Deborah Kullerd	
Cash Contribution	500
Maher	
Cash Contribution	30,000
Linda and David Retherford	
Cash Contribution	500
The O.N.E. Group	
Cash Contribution	500
Crowder Foundation	
Cash Contribution	2,000
S & R Dennett	
Cash Contribution	400
Clifton Grim	
Cash Contribution	1,800
Jennifer Hees Design	
Cash Contribution	1,500
Texas Tool Traders	
Cash Contribution	837
Total	<u>\$ 576,139</u>

### Federal Statements

#### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Admission & Education	\$ 37,992
Taxable Interest on Savings and Temporary Cash Investments	1,382
Program Services	177,287
Gift Shop	9,542
Gala	130,531
Space Rental	4,466
Total	<u>\$ 361,200</u>