Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Α	For t	he 2021 calendar year, or tax year beginning , 2021, and ending		,	
В	Check	if applicable: C	D Emp	oloyer ic	lentification number
	Addres	s change	0.0	- 0.0	
	Name (	change SAVE THE FROGS! 1968 S. COAST HWY #622	E Tele		55709
Ļ	Initial r	I.ACIINA REACH CA 92651			
_		urn/terminated			78-6525
Λ	ř	led return	F Gro	oup Ex mber	emption
_		ation pending unting Method: ☑ Cash ☐ Accrual Other (specify) ► H Checl			
G I		· · · · · · · · · · · · · · · · · · ·			organization is <b>not</b> Schedule B
J		www.savectnerrogs.com  tempt status (check only one) $ \overline{X}$ 501(c)(3) $\overline{}$ 501(c) ( ) $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$ 527 (Form	1 990).	ittacii	ochedale B
L	Add I	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	if total	► Ś	124 025
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins			134,035.
1 6	11 ( 1	Check if the organization used Schedule O to respond to any question in this Part I	ucuc	וו כווע	X
	1	Contributions, gifts, grants, and similar amounts received.		1	99,393.
		Program service revenue including government fees and contracts.	<u> </u>	2	24,912.
	3	Membership dues and assessments.	<u> </u>	3	24, 312.
	4	Investment income.	<u> </u>	4	
	5 a	Gross amount from sale of assets other than inventory	709.		
		Less: cost or other basis and sales expenses	703.		
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a). See Schedule 0		5 c	7,709.
		Gaming and fundraising events:			.,,
Ř	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	- 1		
Revenue	b	Gross income from fundraising events (not including \$ of contributions			
é		from fundraising events reported on line 1) (attach Schedule G if the sum	- 1		
	_	of such gross income and contributions exceeds \$15,000)	-		
		Less: direct expenses from gaming and fundraising events	-		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6 d	
	7 2			ou	
			021.		
		Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7 c	-4,031.
		Other revenue (describe in Schedule O).	<u> </u>	8	4,031.
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	127,983.
	10	Grants and similar amounts paid (list in Schedule O).		10	7,302.
	11	Benefits paid to or for members		11	,
es	12	Salaries, other compensation, and employee benefits		12	9,150.
Expenses	13	Professional fees and other payments to independent contractors	[	13	1,864.
ğ		Occupancy, rent, utilities, and maintenance.	L	14	1,920.
ш	15	Printing, publications, postage, and shipping.  Other expenses (describe in Schedule O).  See Schedule 0		15	2,858.
				16	96,947.
	17	Total expenses. Add lines 10 through 16	•	17	120,041.
Ś	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	7,942.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-o	f-year	10	
As	00	figure reported on prior year's return).	<u> </u>	19	48,885.
Ne		Other changes in net assets or fund balances (explain in Schedule O).		20	F. 00=
<u> </u>	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	· · · · · •	21	56,827.
ВA	A FOI	r Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2021)

Par	Balance Sheets (see the institute Check if the organization used Sche	ructions for Part II)	estion in this Part II				X
	Officer if the organization asca defic	date of to respond to drift qu	CSHOTT IT THE T CITET		Beginning of yea		(B) End of year
22	Cash, savings, and investments				49,050.	22	59,484.
23	Land and buildings	See Schedul				23	
24			5		1,968.		3,723.
25	Total liabilities (describe in Schedule O)	See Schedule	e 0		51,018.		63,207.
26 27	Net assets or fund balances (line 27 of c	column (R) must agree with	Ino 21)		2,133.	26 27	6,380.
Par			·		48,885.		56,827. Expenses
	Check if the organization used Sch	nedule O to respond to any o	question in this Part	: III	X	(Real	uired for section 501
What i	s the organization's primary exempt purpose? See	Schedule O				(c)(d)	and 501(c)(4)
Desc meas bene	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of e manner, describe the servi- ach program title.	its three largest proces provided, the nu	gram s umber	services, as of persons		nizations; òptiónal hers.)
28	See Schedule 0	, 0					_
					]		
	76 <b>X</b>		,,,				
29	(Grants \$ ) If thi	is amount includes foreign g	rants, check here		······ •	28 a	109,072.
29							
	(Grants \$ ) If thi	is amount includes foreign g	rants, check here		╌┈┈┈┝┪	29 a	
30	(						
	(Grants \$ ) If thi	s amount includes foreign g	rants, check here			30 a	
31	Other program services (describe in Sch						
20		s amount includes foreign g				31 a	100 000
	Total program service expenses (add lint IV List of Officers, Directors, 7	<u> </u>				32	109,072.
Par	Check if the organization used Sci						
	encon mano organization doca eci	(b) Average hours per	(c) Reportable compensa	ation	(d) Health benefits		
	(a) Name and title	week devoted to position	(Forms W-2/1099-MIS 1099-NEC)	6/ b	contributions to emplo enefit plans, and defe	yee	<ul><li>(e) Estimated amount of other compensation</li></ul>
1477	TE HODBON	position	(if not paid, enter -0-	)	compensation		_
	E HORTON	2		^		0	0
	ector LISEA CARSON	2		0.		0.	0.
	retary	2		0.		0.	0.
	N BOHRMAN			٠.		٠.	<u> </u>
	ector	2		0.		0.	0.
CHC	TI SINGH						
	ector	2		0.		0.	0.
	K ROSATI					_	_
	easurer	2		0.		0.	0.
	AN COCKEL	2		0.		0	0
	ector RY KRIGER	<u>Z</u>		0.		0.	0.
	esident	5		0.		0.	0.
	, static			<u> </u>		٠.	<u> </u>
BAA		TEEA0812L 0	09/27/21				Form <b>990-EZ</b> (2021)

Pal	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	see S		
22	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
ı	a If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.	30		
	Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
I	amount involved			
39	Section 501(c)(7) organizations. Enter:			
ā	a Initiation fees and capital contributions included on line 9			
ı	Gross receipts, included on line 9, for public use of club facilities			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
I	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
(	s Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
(	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		Х
41	List the states with which a copy of this return is filed \( \sum_{\text{CA}} \)	<del>-10</del> C		
ı	Telephone no. Located at Located	878 42b	<u>-652</u>	No X X
44 a	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indeed tapping convices during the year?	44 a	Yes	N/A N/A No X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		X
I	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45 b		Х

						Yes	No
<b>46</b> Did t	he organization engage, directly or indire lidates for public office? If 'Yes,' complete	ctly, in political campa	ign activities on behalf of	of or in opposition to	46		Х
Part VI					40		Λ
i dit vi	All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b and	d 52, and complete	the table	:S	
	Check if the organization used	Schedule O to resp	ond to any questio	n in this Part VI			
47 0:14		b F01/b		H 1		Yes	No
4/ Did if	he organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(n	election in ellect during	the tax year? If Yes,	47		Х
	e organization a school as described in se						X
<b>49 a</b> Did t	he organization make any transfers to an	exempt non-charitable	e related organization?.		49 a		Χ
	es,' was the related organization a section	-					
<b>50</b> Comp	plete this table for the organization's five high oyees) who each received more than \$100,0	nest compensated emplo	yees (other than officers,	directors, trustees, and l	кеу		
СПР	oyees) who each received more than \$100,0		_	(d) Health benefits,			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
None							
f Total	I number of other employees paid over \$1	<u> </u>  ∩∩ ∩∩∩					
	plete this table for the organization's five high		endent contractors who ea	_ ach received more than \$	100.000 of		
com	pensation from the organization. If there i	s none, enter 'None.'	1		,		
	(a) Name and business address of each independent c	ontractor	<b>(b)</b> Type	of service	(c) Comp	ensatio	n
None							
<b>d</b> Total	I number of other independent contractors	s each receiving over \$	5100,000				
	he organization complete Schedule A? <b>N</b> pleted Schedule A				► X Yes		No
Under penaltie true, correct, a	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying sche	dules and statements, and to the which preparer has any knowled	e best of my knowledge and be edge.	lief, it is		
Sign	Signature of officer			Date			
Here	KERRY KRIGER			President			
	Type or print name and title  Print/Type preparer's name	Preparer's signature	Date		TIN		
				Check X if			
Paid	Patricia A. Beckwith, CPA  Firm's name ► Patricia A Beckwith	Patricia A. Beckw	ITN, CPA	self-employed F	00549411		
Preparer Use Only	Firm's name ► Patricia A Beckwith  Firm's address ► 4630 Soquel Drive	CFA		Firm's EIN	26-317510	14	
300 Omy	Soquel, CA 95073				L) 661-066		
May the IR	RS discuss this return with the preparer sh	nown above? See instr	uctions	•	► X Yes		No
BAA					Form 99		(2021)

#### SCHEDULE A (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

	ame of the organization Employer identification number							
	THE FROGS!					26-265570		
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The or	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative h					• • •		
4	A medical research organiza	tion operated in conj	unction with a hospital	describe	d in <b>sec</b>	ction 1 <b>70(b)(1)(A)(iii)</b> . E	Enter the hospital's	
	name, city, and state:							
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or oper	ated by	a governmental unit d	escribed in	
6	A federal, state, or local government	ernment or governme	ental unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).		
7	An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial ( Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pu	blic described	
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part I	1.)				
9	An agricultural research organi				oniunctio	on with a land-grant coll	eae	
J	or university or a non-land-granuniversity:							
10	An organization that normall from activities related to its investment income and unre June 30, 1975. See section!	lated business taxab	le income (less section	oort from ns; and 511 tax)	contrib (2) no r from b	outions, membership for more than 33-1/3% of usinesses acquired by	ees, and gross receipts its support from gross the organization after	
11	An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).		
12	An organization organized at or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in <b>section 509(a)(1)</b> d	r sectio	n 509(a`	)(2). See section 509(a	out the purposes of one a)(3). Check the box on	
а	Type I. A supporting organization organization(s) the power to re complete Part IV, Sections A	on operated, supervise qularly appoint or elec	ed, or controlled by its sur	ported o	rganizati	ion(s), typically by givin	g the supported ion. <b>You must</b>	
b	Type II. A supporting organiz management of the supporting must complete Part IV, Secti	zation supervised or or organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). <b>You</b>	
С	Type III functionally integrated organization(s) (see instructionally integrated organization)	. A supporting organiza	ation operated in connection	n with, a	nd functio	onally integrated with, its	supported	
d	Type III non-functionally integrated. The d	rated. A supporting organization generall	ganization operated in cor v must satisfy a distribu	nection	with its s	supported organization(s t and an attentiveness	s) that is not requirement (see	
е	instructions). You must com Check this box if the organiz integrated, or Type III non-fu	ation received a writ	ten determination from	the IRS	that it is	s a Type I, Type II, Typ	e III functionally	
f	Enter the number of supported							
	Provide the following informatio	-						
(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed loverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(5)								
(C)								
(D)								
(E)								
Total								

# 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.)

Sec	tion A. Public Support	ander the tests is	sted below, pleas	e complete i art ii	1.)		
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d</b> ) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in	structions)				
	<b>First 5 years.</b> If the Form 990 is organization, check this box and	stop here		, third, fourth, or f	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul						
	Public support percentage for 20	•	.,,		•		%
	Public support percentage from 2						%
16a	<b>33-1/3% support test—2021.</b> If the and <b>stop here.</b> The organization	ne organization d qualifies as a pu	id not check the I blicly supported c	box on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box
b	<b>33-1/3% support test—2020.</b> If th and <b>stop here.</b> The organization	e organization di qualifies as a pu	d not check a box blicly supported o	k on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-a	and-circumstance:	s test, check this	box and stop here	e. Explain in Part '	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a l-circumstances t	and-circumstances est. The organiza	s test, check this ition qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part ded organization.	VI how the ►
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

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.)

>ec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	120,858.	76,283.	84,749.	89,093.	105,213.	476,196.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
_	tax-exempt purpose	9,649.	68,720.	66,306.	3,995.	2,021.	150,691.
	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	130,507.	145,003.	151,055.	93,088.	107,234.	626,887.
<b>7</b> a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13	0.	0.	0.	0.	0.	0.
	for the year	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)						626,887.
	tion B. Total Support	ľ		1			_
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
	Amounts from line 6	130,507.	145,003.	151,055.	93,088.	107,234.	626,887.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11.	310.	324.	316.		961.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
^							0.
-	Add lines 10a and 10b	11.	310.	324.	316.	0.	0. 961.
-		11.	310.	324.	316.	0.	
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	11.	310.	324.	316.	0.	0. 961. 0.
11 12 13	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)	130,518.	145,313.	151,379.	93,404.	107,234.	0. 0. 627,848.
11 12 13 14	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is organization, check this box and	130,518.  for the organizatio stop here	145,313.	151, 379.	93, 404. th tax year as a s	107,234.	0. 0. 627,848.
11 12 13 14 Sec	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul	130,518.  for the organizatio stop hereblic Support P	145,313. on's first, second, to	151,379. hird, fourth, or fif	93,404.	107,234. ection 501(c)(3)	0. 0. 627,848. ►
11 12 13 14 Sec 15	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage for 20	130,518. for the organizatio stop here blic Support P 21 (line 8, column	145,313. in's first, second, the contage of (f), divided by lin	151, 379. hird, fourth, or fif	93,404. th tax year as a s	107,234. ection 501(c)(3)	0. 0. 627,848. ► □
11 12 13 14 Sec 15 16	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)	130,518. for the organization stop here blic Support P 21 (line 8, column 2020 Schedule A,	145, 313.  In's first, second, the ercentage in (f), divided by line Part III, line 15	151, 379. hird, fourth, or fif	93,404. th tax year as a s	107,234. ection 501(c)(3)	0. 0. 627,848. ►
11 12 13 14 Sec 15 16	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	130,518. for the organizatio stop here blic Support P 21 (line 8, column 2020 Schedule A, estment Incon	145,313. on's first, second, to the contage of (f), divided by lin Part III, line 15 ne Percentage	151,379. hird, fourth, or fif	93,404. ith tax year as a s	107, 234. ection 501(c)(3) 	0. 0. 627,848. ► [] 99.85 % 99.87 %
11 12 13 14 Sec 15 16	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is roganization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	130,518. for the organizatio stop here blic Support P 21 (line 8, column 2020 Schedule A, estment Incon	145,313. on's first, second, to the contage of (f), divided by lin Part III, line 15 ne Percentage	151,379. hird, fourth, or fif	93,404. ith tax year as a s	107, 234. ection 501(c)(3) 	0. 0. 627,848. 
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	130,518. for the organization stop hereblic Support P 21 (line 8, column 2020 Schedule A, estment Incon or 2021 (line 10c,	145,313.  on's first, second, to the control of the	151, 379. hird, fourth, or fif	93, 404. ith tax year as a s	107,234. ection 501(c)(3) 	0. 0. 627,848. ► [] 99.85 % 99.87 %
11 12 13 14 Sec 15 16 Sec 17 18 19a	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 33-1/3% support tests—2021. If t is not more than 33-1/3%, check	130,518.  for the organization stop here  blic Support P 21 (line 8, column 2020 Schedule A, estment Incomor 2021 (line 10c, rom 2020 Schedul the organization dethis box and stop	145,313.  on's first, second, the second sec	151, 379.  hird, fourth, or fif	93, 404.  Ith tax year as a second of the se	107, 234. ection 501(c)(3)	0. 627,848. 
11 12 13 14 Sec 15 16 Sec 17 18 19a b	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 33-1/3% support tests—2021. If the support percentage from 33-1/3% support tests—2021.	130,518.  for the organizatios top here  blic Support P 21 (line 8, column 2020 Schedule A, estment Incomor 2021 (line 10c, rom 2020 Schedul the organization details box and stop he organization die, check this box and stop or chec	145,313.  In's first, second, to the control of the	151, 379.  hird, fourth, or fif	mn (f))d line 15 is more a publicly support	107, 234. ection 501(c)(3)	0.  627,848.  99.85 % 99.87 %  0.15 % 0.13 %  nd line 17 n

# Part IV Supporting Organizations

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

Page 4

# **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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI,</b> 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9с		
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)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 <b>0</b> b		

Par	t IV	Supporting Organizations (continued)			
11	Has t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	tion	B. Type I Supporting Organizations			
1	or mo office organ than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1	Yes	No
2	Did that of the bene	the tax year.  the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ich of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Sec	tion	D. All Type III Supporting Organizations			
1	orgar year,	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1 a k	ь 🔲 т • 🔲 т	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
	Did s suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted translally all of its activities.	2a	- 53	
ŀ	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Pare	nt of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
Ł		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

	edule A (Form 990) 2021 SAVE THE FROGS!			55709 Page	<i>;</i> c
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain ir st complete Sections A	Part VI). <b>See</b> through E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion 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):				
ā	Average monthly value of securities	1a			
ŀ	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			_

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). BAA Schedule A (Form 990) 2021

Pai	Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	tion D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details						
	in <b>Part VI</b> ). See instructions.	8					
9	Distributable amount for 2021 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Part VI

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

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

## Schedule B (Form 990)

Schedule of Contributors

2021

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

SAVE THE FROGS! 26-2655709 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year..... Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number SAVE THE FROGS! 26-2655709 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	GESTER GLOBAL MOTION FUND  AVENUE OF THE AMERICAS, 41 FL  NEW YORK, NY 10036	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JEFF & CONNIE WOODMAN FOUNDATION  809 HOLTON STREET  BELLAIRE, TX 77401	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LAWRENECE H. THOMPSON LIVING TRUST  1069 FELICIA STREET  LIVERMORE, CA 94550	\$6 <u>,</u> 000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$ (c) Total contributions	Payroll Noncash (Complete Part II for
		(c)	Payroll Noncash (Complete Part II for noncash contributions.)
		(c) Total contributions	Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II for

Schedule B (Form 990) (2021) Name of organization

SAVE THE FROGS!

1 1 Pa 26-2655709

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	-	
		]  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - ]\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - -  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - -	
BAA	TEEA0703L 10/06/21	Schedule I	 B (Form 990) (2021

Employer identification number 26-2655709

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	N/A						
		(e) Transfer of gift					
	Transferee's name, addres	-	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
			<del> </del> <del> </del>				
	Transferee's name, address, and ZIP + 4			tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee			

#### **SCHEDULE 0** (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number SAVE THE FROGS! 26-2655709

#### Form 990-EZ - Explanation of Amended Return

On Part 3, Lines 28a and 32 ax preparer entered incorrect number. Originally reported amount of \$119,072 should be \$109,072.

#### Form 990-EZ, Part I, Line 5c **Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities		
Gross Sales Price: Cost or Other Basis:	7,709.	

Total Gain (Loss) Publicly Traded Securities \$ Total Net Gain (Loss) From Noninventory Sales \$ 7,709.

#### Form 990-EZ, Part I, Line 16 Other Expenses

BANK FEES/CREDIT CARD FEES. CONTINUING EDUCATION		90. 15.593.
ECOTOUR EXPENSES.		17.834
Information Technology		6,248.
Insurance		3,294.
LICENSE_FEES.		160.
Office Expenses		120.
OTHER PROGRAM-RELATED		287.
PAYROLL PROCESSING FEES		I.
SUBCONTRACTORS. TELEPHONE		30,323.
Travel		2 601
Total	Ś	96,947.

#### Form 990-EZ, Part II, Line 24 Other Assets

	Be	<u>ginning</u>	 Ending
Accounts Receivable	\$	1,968.	\$ 3,723.
Total	\$	1,968.	\$ 3,723.

#### Form 990-EZ, Part II, Line 26 **Total Liabilities**

	Bec	ginning _	 Ending
Accounts Payable and Accrued Expenses	\$	2,133.	\$ 6,380.
Total	\$	2,133.	\$ 6,380.

### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

SAVE THE FROGS is the world's leading amphibian conservation organization. Our mission is to protect amphibian populations and to promote a society that respects and appreciates nature and wildlife. We work in California, across the USA, and around the world to prevent the extinction of amphibians, and to create a better planet for humans and wildlife

#### Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Educational Presentations

In 2021, SAVE THE FROGS! staff and volunteers held 35 educational events in 9 countries (Argentina, Bangladesh, Brazil, Fiji, Guatemala, India, Nepal, Philippines, and the USA), reaching thousands of participants.

Grants & Awards

SAVE THE FROGS! provided \$8,480 in grants to amphibian conservationists in India, Mexico, Peru and the USA, to assist their efforts protecting amphibian populations and educating citizens in their home countries.

SAVE THE FROGS! Academy & Website

The SAVE THE FROGS! website (www.savethefrogs.com) has educated millions of visitors worldwide about amphibians. In 2021 we published 37 articles and 18 lessons about amphibians and ways to save them from extinction. Our website received 91,600 visitors from 187 countries, who spent 347,705 minutes on the site.

SAVE THE FROGS! Art Contest

The 2021 SAVE THE FROGS! Art Contest received 2,147 entries, from 2,018 participants in 50 countries! The contest raises awareness of the amphibian extinction problem by getting people involved and interested, and the artwork is used on t-shirts, stickers and posters, and in greeting cards and books, to publicize our cause.

Name of the organization

Employer identification number 26-2655709 SAVE THE FROGS!

#### Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

#### Ecotours

SAVE THE FROGS! led a group of 7 nature enthusiasts on a 12 day ecological journey through Costa Rica. We visited frog habitats, learned about amphibians, and contributed to the communities that protect the rainforests and cloud forests. SAVE THE FROGS! Ecotours help spread the word of the importance of rainforests, amphibians and ecotourism, and have been featured in National Geographic and National Geographic Traveler magazines.

#### Scholarships

SAVE THE FROGS! awarded \$2,340 in scholarships to 39 amphibian conservationists in 17 countries: (Argentina, Bangladesh, Bhutan, Cameroon, Canada, Ecuador, Ethiopia, India, Iran, Kenya, Nepal, Nigeria, Paraguay, Perú, Saudi Arabia, United Kingdom, and the USA).

Advising California Politicians

SAVE THE FROGS! Founder Dr. Kerry Kriger served on the California Fish and Game Commission's American Bullfrog and Non-native Turtle Stakeholder Engagement Project, providing scientific input to government officials in order to better protect California's native wildlife.

## Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a)	Did the organization, during the year, receive any funds, directly or	
indi	rectly, to pay premiums on a personal benefit contract?	No
(b)	Did the organization, during the year, pay premiums, directly or	
indi	rectly, on a personal benefit contract?	No

BAA Schedule O (Form 990) 2021