Form **990-EZ**

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)

(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

2019

Open to Public Inspection

Form **990-EZ** (2019)

Α	For t	he 2019 calendar year, or tax year beginning , 2019, and ending		,
В	Check	if applicable: C	Employer	identification number
	Addres	s change	06.04	555700
	Name	change SAVE THE FROGS! Leave 1968 S. COAST HWY #622 E	Z6-Z6 Telephone	555709
	Initial r	eturn 1968 S. COASI NWI #022 LAGUNA BEACH, CA 92651	·	
		Inn/ terminated .	415-8	378-6525
H			Group E Number	xemption
G		unting Method: Cash		
ı		·		e organization is not I Schedule B
J		www.savecherrogs.com www.savecherrogs.com		Z, or 990-PF).
		confir status (circle circle)	· .	
		•		
L	Add I	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	otal ►\$	151,379.
	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
1 6	11 (1	Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received		72,774.
	2	Program service revenue including government fees and contracts	-	66,112.
	3	Membership dues and assessments.		11,975.
	4	Investment income.		324.
	5 a	Gross amount from sale of assets other than inventory a		021.
	b	Less: cost or other basis and sales expenses		
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	5 с	
	6	Gaming and fundraising events:		
Р	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
eu	b	Gross income from fundraising events (not including \$ of contributions		
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
<u></u>	_	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 a	Gross sales of inventory, less returns and allowances	4.	
		Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).		194.
	8	Other revenue (describe in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		151,379.
	10	Grants and similar amounts paid (list in Schedule O). See Schedule O	10	17,687.
	11	Benefits paid to or for members.		
	12	Salaries, other compensation, and employee benefits		49,717.
Expenses	13	Professional fees and other payments to independent contractors		1,982.
ē	14	Occupancy, rent, utilities, and maintenance.		
Ä	15	Printing, publications, postage, and shipping. Other expenses (describe in Schedule O). See Schedule O	15	766.
	16			87,328.
	17	Total expenses. Add lines 10 through 16	. 1 7	<u>157,480.</u>
ţ	18			-6,101.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y figure reported on prior year's return)	ear 19	40,342.
et A	20	figure reported on prior year's return). Other changes in net assets or fund balances (explain in Schedule 0). See Schedule 0	20	3,725.
Š	21	Net assets or fund balances at end of year. Combine lines 18 through 20.		37,966.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Par	<u>t III</u> Balance Sheets (see the ins Check if the organization used Sch	structions for Part II) Jedule O to respond to any du	estion in this Part II			X
	Check if the organization used cer	edule o to respond to any qu	icotion in this i dit ii.	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			38,485	. 22	38,878.
23	Land and buildings Other assets (describe in Schedule O)		<u>.</u>		23	
24	Other assets (describe in Schedule O).	See Schedule	e. 0	2,647	. 24	1,304.
25	Total assets		<u>.</u>	41,132	. 25	40,182.
26	Total liabilities (describe in Schedule C)) See Schedule	e0 [790	. 26	2,216.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	40,342	. 27	37,966.
Par	t III Statement of Program Service A					Expenses
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Check if the organization used S		question in this Part	IIX		uired for section 501
wnat	s the organization's primary exempt purpose? Ser	e Schedule O	ita thraa largast prag	rom continue oc) and 501(c)(4) nizations; optional
mea	ribe the organization's program service sured by expenses. In a clear and concistified, and other relevant information for	se manner, describe the servi	ces provided, the nur	mber of persons		thers.)
		each program title.				
28	See Schedule 0					
	(Grants \$) If t	his amount includes foreign g	rants chack hara		28 a	120 465
29	(Grants \$) If t	riis arriourit iricidues foreigir g	rants, check here		20 a	138,465.
23						
	(Grants \$) If t	his amount includes foreign g	rants, check here		29 a	
30	,					
	(Grants \$) If t	his amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sc	hedule O)				
	(Grants \$) If t	his amount includes foreign g	rants, check here	▶ 🔲	31 a	
32	Total program service expenses (add	ines 28a through 31a)			32	138,465.
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	oloyees (list each one e	ven if not compensated — s	ee the	instructions for Part IV)
	Check if the organization used S	chedule O to respond to any o	question in this Part			
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensati (Forms W-2/1099-MISC)	on (d) Health benefits contributions to emplo	s, ovee	(e) Estimated amount of
	(a) Name and title	position	(if not paid, enter -0-)	benefit plans, and defe compensation	erred	other compensation
МТЕ	E HORTON					
	ector	1).	0.	0.
	AN COCKEL	_			•••	•
	ector	1).l	0.	0.
JOE	IN BOHRMAN					
Dii	ector	7 1).	0.	0.
CHO	TI_SINGH					
	retary	2	().	0.	0.
	AN_COCKEL					
	ector	1	. ().	0.	0.
	RY_KRIGER	-	0		_	
Pre	esident	20	37,569	9.	0.	0.
		_				
		_				
		_				
		1				
		1				
		1				
		7				

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	See S		0 П
			Yes	No
-	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	103	Х
34	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35	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
	b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		
	c 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		v
36	Did the organization undergo a liquidation, dissolution, termination, or significant			X
37	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	b Did the organization file Form 1120-POL for this year?	37 b		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	b If Yes,' complete Schedule L, Part II, and enter the total amount involved			71
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
-10	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e 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				
42	a The organization's books are in care of ► KERRY KRIGER Located at ► 1968 S. COAST HWY SUITE 622 LAGUNA BEACH CA Telephone no. ► (415) ZIP + 4 ► 92651	878	- <u>652</u>	<u>25</u>
	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)?	42 b	Yes	No
	If 'Yes,' enter the name of the foreign country •	420		Х
	On the instanction for worting and filing against the Fig. OFN Face 114 Deposit of Faceign Deplement Fig. (FDAD)			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		Х
	If 'Yes,' enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		► ☐	N/A N/A
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a	162	X
	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.	44 b		Х
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	d 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		
45	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		Х
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45 b		Х

46 Did t	he organization engage, directly or indire	ctly, in political campa	aign activities on behalf o	of or in opposition to		Yes	
	lidates for public office? If 'Yes,' complete				4	46	X
Part VI	Section 501(c)(3) Organization: All section 501(c)(3) organization		questions 47-49b an	d 52, and complete	e the ta	ables	
	for lines 50 and 51. Check if the organization used Schedu	lo O to respond to any	, question in this Part \/I				
	Check if the organization used Schedu	ie o to respond to any	question in this rait vi			Yes	
	he organization engage in lobbying activities						1
	olete Schedule C, Part IIe organization a school as described in s				L	47	X
	e organization a school as described in so the organization make any transfers to an					48 49 a	X
	es,' was the related organization a section	·				49 b	Λ
50 Comp	plete this table for the organization's five hig oyees) who each received more than \$100,0	hest compensated empl	oyees (other than officers,	directors, trustees, and		10.0	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		timated amo r compensa	
None_							
f Total	I number of other employees paid over \$	100,000	- 1		-1		
51 Comp	plete this table for the organization's five hig pensation from the organization. If there i	hest compensated indep	pendent contractors who e	ach received more than	\$100,000	of	
	<u> </u>	,	(I.) Toron		T (2)	0	
	(a) Name and business address of each independent c	ontractor	(b) Type	of service	(c)	Compensat	ion
None_			-				
			-				
			_				
					<u> </u>		
			_				
d Total	I number of other independent contractors	s each receiving over	\$100,000		<u> </u> 		
52 Did t	the organization complete Schedule A? N	ote: All section 501(c)	(3) organizations must a	attach a	X	Yes	No
Under penaltie	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying sche	edules and statements, and to th	e best of my knowledge and be			
	Signature of officer			Data			
Sign	Signature of officer			Date			
Here	KERRY KRIGER Type or print name and title			President			
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
		, -		Check if		111	
Paid Preparer	Patricia A. Beckwith, CPA Firm's name ► Patricia A Beckwith	Patricia A. Beck	WICH, CFA	Sen-employed [2005494	11	
Use Only	Firm's address • 4630 Soquel Drive	VIII		Firm's EIN ►	26-31	75104	
	Soquel, CA 95073			Phone no. (83)	1) 661-		
May the IF	RS discuss this return with the preparer sl	nown above? See inst	ructions		> X	Yes	No
BAA	<u> </u>					n 990-EZ	_ (2019)

SCHEDULE A (Form 990 or 990-EZ)

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 2019

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number SAVE THE FROGS! 26-2655709 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.) 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.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. **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.** 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. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (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				,		
Cale	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20						%
15	Public support percentage from 2	2018 Schedule A,	Part II, line 14				%
16a	33-1/3% support test—2019. If the and stop here. The organization	ne organization d qualifies as a pul	id not check the b	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box
b	b 33-1/3% support test—2018. 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						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed 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 inst	tructions >

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.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	146,442.	216,624.	120,858.	76,283.	84,749.	644,956.
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.	4,605.	5,967.	9,649.	68,720.	66,306.	155,247.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	4,003.	3,501.	J, 04J.	00,720.	00,300.	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 Amounts included on lines 1, 2, and 3 received from disqualified persons	151,047.	222,591.	130,507.	145,003.	151,055.	800,203.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	800,203.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	151,047.	222,591.	130,507.	145,003.	151,055.	800,203.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			11.	310.	324.	645.
С	Add lines 10a and 10b	0.	0.	11.	310.	324.	0. 645.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			11.	3101	021.	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	151,047.	222,591.	130,518.	145,313.	151,379.	800,848.
14	First five years. If the Form 990 organization, check this box and						
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				99.92 %
	Public support percentage from 2					16	99.96 %
	tion D. Computation of Inv					, ·	
	Investment income percentage for	•		-			0.08 %
	Investment income percentage fr						0.04 %
	33-1/3% support tests—2019. If t is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	orted organization.	► <u>X</u>
	33-1/3% support tests—2018. If t line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	e organization qua	alifies as a publicl	y supported organ	ization ►
20	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, c	neck 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
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.	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
t	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
t	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 .	9b		
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 .	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 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	∐ac :	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 in (b) and (c) below, the			
		erning body of a supported organization?	11a		
	b A far	mily member of a person described in (a) above?	11b		
	c A 35	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
	D: 1 11			Yes	No
1	or ele Part If the direc	he directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 'VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. e organization had more than one supported organization, describe how the powers to appoint and/or remove ctors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, lied to such powers during the tax year.	1		
2	Did t that	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 Part VI how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction	D. All Type III Supporting Organizations			
				Yes	No
1	orgai 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		
2	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	eason of the relationship described in (2), did the organization's supported organizations have a significant e 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 Part VI the role the organization's supported organizations played his regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck 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.			
	ᆷ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	ᆷ	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
	• Ш	g			
2	Activ	vities Test. Answer (a) and (b) below.		Yes	No
i	suppo orga respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported anizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	the c	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement.	2b		
3	Pare	ent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
i	a Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did th supp	he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See Athrough 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					
- 1	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 1-1/2% of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sec	tion C — Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).						

Schedule A (Form 990 or 990-EZ) 2019

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	
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	Total annual distributions. 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
DAA		Schodulo A (Fo	rm 990 or 990 E7) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

	THE FROGS!		26-2655709
	ation type (check one)		
Filers of	: -	Section:	
Form 99	0 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
Form 99	0-PF	527 political organization	
		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		ered by the General Rule or a Special Rule . 1, (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General	Rule		
X		ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special	Rules		
	under sections 509(a) received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, ling contributor, during the year, total contributions of the greater of (1) \$5,000 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that
	during the year, tota	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recoll contributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III.	
	during the year, con \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recent tributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such consider that contributions that were received during the year pose. Don't complete any of the parts unless the General Rule applies to this sively religious, charitable, etc., contributions totaling \$5,000 or more during the second sec	ntributions totaled more than or for an <i>exclusively</i> religious, organization because
		isn't covered by the General Rule and/or the Special Rules doesn't file Sched No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form	

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

SAVE THE FROGS!

1 Employer identification number

26-2655709

Part I Co	ontributors (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	HELEN & ALLAN RIDLEY TRUST 3131 RIVERA STREET SAN FRANCISCO, CA 94116	\$ 6,500.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	GESTER GLOBAL MOTION FUND AVENUE OF THE AMERICAS, 41 FL NEW YORK, NY 10036	\$ <u>5,160.</u>	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		.\$	Person Payroll 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	(d) Type of contribution	
		.\$	Person 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.)	

1

Name of organization Employer identification number

SAVE THE FROGS! 26-2655709

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u> _			
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _{\$}	
(a) No. from	(b)		(d)
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
		-	
		 \$	

	3 (Form 990, 990-EZ, or 990-PF) (2019)		1 1 Page 4		
Name of organ	nization IE FROGS!		Employer identification number 26-2655709		
		he year from any one contributo ompleting Part III, enter the total of (Enter this information once. See in	ations described in section 501(c)(7), (8), r. Complete columns (a) through (e) and exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
	Transferee's name, addres	(e) Transfer of gift s. and ZIP + 4	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		
	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) Transferee's name, address, and ZIP + 4		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		

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

VE THE FROGS!	26-2655	709	
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Pa	id In Excess of \$5,000		
Donee's Name: Donee's Address: Cash Amount Given:	GILBERT ADUM KS 15924	\$	9,697
Donee's Name: Donee's Address:	ECOPUBLIC HEALTH FOUNDATION ET AL HOUSE NO: 26 BANANI DHAKA Bangladesh		
Cash Amount Given:	3	\$	6,910
Form 990-EZ, Part I, Line 16 Other Expenses			
CONTINUING EDUCATION Depreciation ECO-TOUR EXPENSES Information Technology Insurance LICENSE FEES OTHER PROGRAM-RELATED OUTSIDE CONSULTANTS PAYROLL PROCESSING FEES	S	\$	3,145. 999. 1,421. 46,914. 6,916. 3,623. 474. 1,006. 17,325. 456. 232.
	Total	\$	4,817 87,328
Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or	r Fund Balances		
Net Unrealized Gains and	Losses on Investments	\$ \$	3,725. 3,725.
Form 990-EZ, Part II, Line 24 Other Assets			
	_ Beginning		Ending
	\$ 1,22°) <u>.</u>	1,30, 1,30,
Form 990-EZ, Part II, Line 26	Total \$ 2,64	7. <u>\$</u>	1,30
Total Liabilities			
	Beginning		Ending
Accounts Payable and Accr PAYROLL LIABILITIES	72	3. \$ 2	1,165 1,051 2,216
	Total \$ 790). \$	2,216

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

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.

Educational Presentations:

In 2019, SAVE THE FROGS! staff and volunteers held 85 educational events in 19 countries (Argentina, Australia, Bangladesh, Brazil, Colombia, Estonia, Ghana, India, Ireland, Italy, Madagascar, Malaysia, Nepal, Perú, Portugal, Spain, Uganda, United Kingdom and the USA), in celebration of Save The Frogs Day and throughout the year, as well as leading a number of online discussions on amphibian conservation.

Ecotours:

SAVE THE FROGS! led a group of 12 nature enthusiasts on an 12 day ecological journeys through Costa Rica, and a group of 7 nature enthusiasts on an 11-day journey through Costa Rica. We visited frog habitats, learned about amphibians, and contributed to the communities

SAVE THE FROGS!

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

that protect the rainforests and cloud forests. SAVE THE FROGS! Ecotours were featured in a number of international magazines, including National Geographic and National Geographic Traveler, serving to spread the word of the importance of rainforests, amphibians and ecotourism to the worldwide public.

Grants & Awards:

SAVE THE FROGS! provided \$17,687 in grants to amphibian conservationists in six countries (Argentina, Bangladesh, Ghana, India, Nepal, Nigeria) to assist their efforts protecting amphibians and educating citizens in their home countries.

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.

Website Development:

The SAVE THE FROGS! website (www.savethefrogs.com) has educated millions of visitors worldwide about amphibians. In 2019 we continued developing the site by publishing 45 articles about amphibians and ways to save them from extinction. In 2019, our website had 94,782 visitors from 203 countries, who viewed a total of 231,356 pages, and spent 134,014 minutes on the site.

Name of the organization

SAVE THE FROGS!

Employer identification number
26-2655709

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