

Form **990-EZ**

Short Form  
**Return of Organization Exempt From Income Tax**

**CLIENT COPY**  
OMB No. 1545-1150  
**DO NOT FILE 2012**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

**A** For the 2012 calendar year, or tax year beginning , 2012, and ending , 2012, and ending

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C**  
**SAVE THE FROGS**  
**303 POTRERO STREET #51**  
**SANTA CRUZ, CA 95060**

**D** Employer identification number  
 26-2655709

**E** Telephone number  
 831-621-6215

**F** Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ www.savethefrogs.com

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **192,944.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5 a	5 b	5 c	6 a	6 b	6 c	6 d	7 a	7 b	7 c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
REVENUE	1	Contributions, gifts, grants, and similar amounts received		151,742.																												
	2	Program service revenue including government fees and contracts		1,412.																												
	3	Membership dues and assessments		8,788.																												
	4	Investment income		59.																												
	5 a	Gross amount from sale of assets other than inventory																														
	5 b	Less: cost or other basis and sales expenses																														
	5 c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														
	6	Gaming and fundraising events																														
	6 a	a Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	6 b	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			450.																											
6 c	c Less: direct expenses from gaming and fundraising events																															
6 d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			450.																												
7 a	7 a Gross sales of inventory, less returns and allowances			30,493.																												
7 b	b Less: cost of goods sold			22,411.																												
7 c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			8,082.																												
8	8 Other revenue (describe in Schedule O)																															
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			170,533.																												
EXPENSES	10	10 Grants and similar amounts paid (list in Schedule O)	See Schedule O	18,196.																												
	11	11 Benefits paid to or for members																														
	12	12 Salaries, other compensation, and employee benefits			74,396.																											
	13	13 Professional fees and other payments to independent contractors			2,019.																											
	14	14 Occupancy, rent, utilities, and maintenance			11,916.																											
	15	15 Printing, publications, postage, and shipping			943.																											
	16	16 Other expenses (describe in Schedule O)	See Schedule O		28,407.																											
17	17 Total expenses. Add lines 10 through 16			135,877.																												
ASSETS	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			34,656.																											
	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			32,253.																											
	20	20 Other changes in net assets or fund balances (explain in Schedule O)	See Schedule O		1,371.																											
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20			68,280.																											

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

Form 990-EZ (2012)



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
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).		X
35a 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)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
35b		
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.		X
35c		
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.		X
36		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
37b		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38a		
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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.	40e	X
41 List the states with which a copy of this return is filed ▶ None		

42a The organization's books are in care of ▶ KERRY KRIGER Telephone no. ▶ 831-621-6215  
 Located at ▶ 303 POTRERO STREET SANTA CRUZ CA ZIP + 4 ▶ 95060

	Yes	No
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)? If 'Yes,' enter the name of the foreign country: ▶	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44a	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.	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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.	44d	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No  
46

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No  
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If 'Yes,' was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee paid more than \$100,000	(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	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: KERRY KRIGER Date: \_\_\_\_\_  
 Type or print name and title: Executive Direc

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Patricia A. Beckwith, CPA	Patricia A. Beckwith, CPA			P00549411
Firm's name ▶	Patricia A Beckwith CPA		Firm's EIN ▶	263175104
Firm's address ▶	PO BOX 202 APTOS, CA 95001		Phone no.	(831) 661-0665

May the IRS discuss this return with the preparer shown above? See instructions. ▶  Yes  No

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization <b>SAVE THE FROGS</b>	Employer identification number <b>26-2655709</b>
---	---

**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 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  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 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III — Functionally integrated
  - d  Type III — Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11 g (i)	
(ii) A family member of a person described in (i) above? .....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') .....	2,324.	35,964.	92,487.	87,536.	151,742.	370,053.
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. ....	6,557.	21,745.	15,886.	28,194.	30,493.	102,875.
3 Gross receipts from activities that are not an unrelated trade or business under section 513. ....						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge. ....						0.
6 <b>Total.</b> Add lines 1 through 5. ....	8,881.	57,709.	108,373.	115,730.	182,235.	472,928.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons. ....	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. ....	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b. ....	0.	0.	0.	0.	0.	0.
8 <b>Public support</b> (Subtract line 7c from line 6.) .....						472,928.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6 .....	8,881.	57,709.	108,373.	115,730.	182,235.	472,928.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....					59.	59.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....						0.
c Add lines 10a and 10b .....	0.	0.	0.	0.	59.	59.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						0.
13 <b>Total support.</b> (Add lns 9, 10c, 11, and 12.) .....	8,881.	57,709.	108,373.	115,730.	182,294.	472,987.
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . ▶ <input type="checkbox"/>						

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	99.99 %
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	0.00 %

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	0.01 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	0.00 %

- 19a **33-1/3% support tests— 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶
- b **33-1/3% support tests— 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. .... ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. .... ▶

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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JONATHAN TOURZAN ----- 1367 GRANT AVE. #5 ----- SAN FRANCISCO, CA 94133 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
2	ESTATE OF MARIE KIRCHBERGER ----- 66 FAIRWAY DRIVE ----- NEWTON, MA 02465 -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
3	CHASE BANK ----- 270 PARK AVE ----- NEW YORK, NY 10017 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
4	HELEN & ALLAN RIDLEY TRUST ----- 3131 RIVERA STREET ----- SAN FRANCISCO, CA 94116 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)





Name of organization

SAVE THE FROGS

Employer identification number

26-2655709

**Part III**

**Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$ \_\_\_\_\_ N/A  
Use duplicate copies of Part III if additional space is needed.

(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, 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

(e) Transfer of gift	
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

(e) Transfer of gift	
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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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.

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

SAVE THE FROGS

Employer identification number

26-2655709

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 BOASTS OF THE FOLLOWING ACHIEVEMENTS:

1. SAVE THE FROGS DAY - AN ANNUAL EVENT INTENDED TO RAISE AWARENESS OF AMPHIBIAN EXTINCTION AND CREATE AN INTEREST AND APPRECIATION FOR AMPHIBIANS. OVER 200 SAVE THE FROGS! EVENTS TOOK PLACE IN 39 COUNTRIES (AND 34 STATES).

2. LECTURES ON THE AMPHIBIAN EXTINCTION CRISIS WERE HELD - DR. KRIGER GAVE 85 PRESENTATIONS TO A TOTAL OF 4,883 ATTENDEES.

3. POETRY CONTEST - CONTEST RECEIVED 770 ENTRIES FROM 33 COUNTRIES.

4. ART CONTEST - CONTEST RECEIVED 2266 ENTRIES FROM 31 COUNTRIES.

5. ON JUNE 12TH, 2012 SAVE THE FROGS! FOUNDER DR. KERRY KRIGER GAVE A 25 MINUTE PRESENTATION AT THE US ENVIRONMENTAL PROTECTION AGENCY'S HEARINGS ON THE EFFECTS OF ATRAZINE ON AQUATIC WILDLIFE IN ARLINGTON, VA.

Name of the organization

Employer identification number

SAVE THE FROGS

26-2655709

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

6. AT THE REQUEST OF SAVE THE FROGS!, ON JANUARY 24TH, 2012 THE CITY OF SANTA CRUZ BECAME THE FIRST CITY IN THE USA TO BAN BULLFROGS. ON FEBRUARY 28TH, 2012 THE SANTA CRUZ COUNTY BOARD OF SUPERVISORS FOLLOWED SUIT AND VOTED UNANIMOUSLY TO BAN THE IMPORTATION, SALE AND PURCHASE OF AMERICAN BULLFROGS IN THE COUNTY.

7. SAVE THE FROGS! SUPPORTERS BUILT SEVERAL FROG PONDS ON THEIR PROPERTY IN 2012.

8. COORDINATED GHANA'S FIRST SAVE THE FROGS DAY IN BOTH THE SOUTHERN AND NORTHERN PROVINCES OF THE COUNTRY.

9. FOUNDED A NEW SAVE THE FROGS! CHAPTER AT THE UNIVERSITY COLLEGE OF AGRICULTURE AND ENVIRONMENTAL STUDIES (UCAES), TO HELP CREATE THE ATEWA HILLS NATIONAL PARK FOR THE PROTECTION OF THE CRITICALLY ENDANGERED TOGO SLIPPERY FROG.

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

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

## SAVE THE FROGS

26-2655709

Form 990-EZ, Part I, Line 10  
Grants and Similar Amounts Paid In Excess of \$5,000

Donee's Name: SAVE THE FROGS! GHANA  
Cash Amount Given: \$ 11,566.

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

Advertising and Promotion.....	\$	2,153.
AWARDS/EVENT EXP.....		1,220.
BANK FEES.....		3,002.
Conferences, Conventions, and Meetings.....		4,153.
CONTINUING EDUCATION.....		501.
DUES AND MEMBERSHIPS.....		25.
ELECTRONICS.....		199.
FIELD EXPENSES.....		1,861.
FUEL.....		1,678.
GIFTS.....		62.
Information Technology.....		2,596.
Insurance.....		578.
Interest.....		171.
LICENSE FEES.....		1,743.
MISCELLANEOUS.....		197.
Office Expenses.....		419.
PARKING AND TOLLS.....		160.
Payments of Travel or Entertainment for Public Officials.....		3,595.
REGISTRATION FEES.....		158.
REPAIRS & MAINTENANCE.....		842.
SMALL EQUIPMENT.....		119.
TELEPHONE.....		2,266.
UTILITIES.....		709.
Total	\$	<u>28,407.</u>

Form 990-EZ, Part I, Line 20  
Other Changes In Net Assets Or Fund Balances

Prior Period Adjustments..... \$ 1,371.  
Total \$ 1,371.

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

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment.....	\$ 1,436.	\$ 1,436.
Pledges and Grants Receivable.....	25,000.	0.
Total	\$ <u>26,436.</u>	\$ <u>1,436.</u>

SAVE THE FROGS

26-2655709

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

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 3,982.	\$ 1,107.
PAYROLL LIABILITIES.....	2,702.	5,236.
Total	<u>\$ 6,684.</u>	<u>\$ 6,343.</u>