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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2012
Open to Public

Inspection A For the 2012 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number X Address change Ridge Protectors Name change 51-0549079 Doing Business As]initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 481 Kettle Farm Road 802-744-2345 Amended 98,052 City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-Westfield_, VT 05874 H(a) Is this a group return Pendina Yes X No F Name and address of principal officer: Steve Wright for affiliates? PO Box 81, Craftsbury Common, VT 05827 H(b) Are all affiliates included? _lYes L Tax-exempt status X 501(c)(3) 501(c) (527 4947(a)(1) or If "No," attach a list (see instructions)) ◀ (insert no.) J Website: ▶ H(c) Group exemption number ▶ Other > Year of formation: 2006 M State of legal domicile: VT K Form of organization: Corporation Trust Association Part I | Summary Briefly describe the organization's mission or most significant activities To secure the protection of SCANNED JUN 0 4 2013 Expenses Revenue Activities & Governance local land & nature. Check this box Fig. 1 if the organization discontinued its operations or disposed of more than 25% of its net assets 0 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0. Prior Year **Current Year** 182,516 98,052. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 182,516 98,052. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 181,023. 89,055. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 181,023. 89,055. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A); lin Revenue less expenses Subtract line 18 from line 12 1,493. 8,997. Assets or I Balances Beginning of Current Year **End of Year** E2-632 lò 14,351 13,695. 20 Total assets (Part X, line 16) MAY 1 5 2013 Ò Total liabilities (Part X, line 26) n Net 351. Net assets or fund balances. Subtract line 21 from line 20 695 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Steve Wright, President Type or print name and title Date PTIN Check X Print/Type preparer's name Preparer's symature 04/26/13 self-employed P01279816 Paid James K Lang Firm's name Peter B. LaVoice Preparer Firm's EIN 02-0419224 Use Only Firm's address 49 Swiftwater Road Phone no. 603-747-3613 Woodsville, NH 03785 Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

990 (2012)

	n 990 (2012) Ridge Protector			<u>51-0549079</u>	Page 2
Pá	rt III Statement of Program Service Accor	•			
	Check if Schedule O contains a response to any	question in this Part III			
1	Briefly describe the organization's mission.				
	Protection of Land & Nature				
	······································				
	Did the organization undertake any significant program	services during the year w	hich were not listed on		
_	the prior Form 990 or 990-EZ?	solvisos dainig and your n		Yes	X No
	If "Yes," describe these new services on Schedule O				
3	Did the organization cease conducting, or make signific	ant changes in how it con-	ducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.	-			
4	Describe the organization's program service accomplish	ments for each of its three	e largest program services, as	measured by expenses	3
	Section 501(c)(3) and 501(c)(4) organizations are require	ed to report the amount of	grants and allocations to othe	rs, the total expenses,	and
	revenue, if any, for each program service reported.				
4a	(Code) (Expenses \$	including grants of \$) (Revenu	re \$)
				<u></u>	
					
					
			<u></u>		
		· · · · · · · · · · · · · · · · · · · 			
4b	(Code) (Expenses \$	unallyding grants of \$) (Payany		1
70	(Code) (Expenses 3	including grants of \$			
		- ·		· · · · · · · · · · · · · · · · · · ·	
					
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			<u> </u>	<u>.</u>	
		·			
4c	(Code) (Expenses \$	including grants of \$) (Revenue	e\$)
		- <u>-</u>			
		·			
		·			
					
		·-···		· · · · · · · · · · · · · · · · · · ·	
					
					 -
					
- 4d	Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$;) (Revenue \$)	
<u>4</u> е					
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			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_ <u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			-
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>_x</u> _
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u> _
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1	v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u> _
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	_11e_		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
10a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
.20	Schedule D, Parts XI and XII	12a		Х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	- 1	
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ĺ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	l		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
10 -	complete Schedule G, Part III	19		$\frac{X}{X}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Form	990 (2	20121
		OHII	JJU (2	-014)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			7.
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete]	7.5
	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			v
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		ŀ	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		Х
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		
26	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions).	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u> </u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C		28c	İ	X
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 in hor-cash contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	Contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u> _
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ŀ		
	Note. All Form 990 filers are required to complete Schedule O	38		<u>X</u>
		Form 9	990 (2	2012)

Pa	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		V -	ليار
4_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		.	İ
٠	(gambling) winnings to prize winners?	1c	,	j
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	[x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	_X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	 ∤	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	İ		
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b	\rightarrow	
7	Organizations that may receive deductible contributions under section 170(c).	7.	i	х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
٠	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year		\neg	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	
	Did the organization make any taxable distributions under section 4966?	9a	 ∤	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter		ŀ	
	Initiation fees and capital contributions included on Part VIII, line 12	l	İ	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		- 1	
		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
¢	Enter the amount of reserves on hand			
	* '''	14a		X
ь	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form !	990 (2	2012)

ra	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.	"NO" I	espon	se						
	·			$\overline{\mathbf{x}}$						
Sec	Check if Schedule O contains a response to any question in this Part VI			<u> </u>						
	Months dotorning body and management		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	and the second s									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>Х</u>						
6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		<u>X</u> _						
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	•								
	persons other than the governing body?	7b_		<u>X</u> _						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a		<u>X</u>						
	Each committee with authority to act on behalf of the governing body?	8b_		<u>X</u> _						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>						
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No_						
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u> _						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401								
11.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u>x</u>						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	120		X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120								
•	in Schedule O how this was done	12c	1							
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14	1	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u> _						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		<u>X</u>						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	,	1							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ŀ							
	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
	List the states with which a copy of this Form 990 is required to be filed None									
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е							
	for public inspection. Indicate how you made these available. Check all that apply.									
_	Own website Another's website W Upon request Other (explain in Schedule O)	I &.:-	!							
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	tinan	cıaı							
	statements available to the public during the tax year	or ►								
	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion 📂								
	Pat Sagui 481 Kettle Farm Road, Westfield, VT 05874									
2008	481 Kettle Farm Road, Westfield, VT 05874									

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both a officer and a director/trustee				than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Steve Wright	0.00								•	
President	- 0 00							0.	0.	0
(2) Pat Sagui	0.00									0
Treasurer	0.00	-		_			_	0.	0.	0
(3) Robbin Clark	0.00	1						0.	0.	0
Secretary (4) Robert Holland	0.00						_	0.	0.	
Director	0.00							0.	0.	0
(5) Mike Nelson	0.00							<u> </u>		
Director								0.	0.	0
										·

232007 12-10-12

<u>. a</u>	rt VII Section A. Officers, Directors, Trus (A)	(B)	ριος		((C)		st C	Compensated Employe (D)	es (continued) (E)		((F)	
	Name and title	Average hours per week (list any	offi	not c	ss pe	more rson	than is bot or/trus	h an		Reportable compensation from related organization	nc b	amo ot	mated unt of ther ensation	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		fror organ and r	n the nization related izations	
			_											
													,, , , , , , , , , , , , , , , , , , ,	
							_							
			ļ 											
							Ĺ		0		0		0.	
С	Sub-total Total from continuation sheets to Part VI	I, Section A					>		0.		0.	. 0.		
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	10 (6	0. eceived more than \$100	,000 of reportab	0. le		0.	
	compensation from the organization											Y	es No	
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3	x	
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	for such individual			4	x	
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-		elat	ed organization or indivi	dual for services	<u> </u>	5	х	
Sec 1	tion B. Independent Contractors Complete this table for your five highest co										npensa	ition froi	m	
	the organization Report compensation for (A)					<u>ith c</u>	or wi	thir	(B)			(C)		
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices		ompens	ation	
								-						
									····					
									<u>. </u>					
								+	· //					
2	Total number of independent contractors (ii	ncluding but ne	ot lır	nited	d to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	zation)				F	orm 9 9	0 (2012)	

		00 (2012) Ridge	e Protec	tors			51-054	9079 Page
Pa	ırt V	VIII Statement of Reve	nue					
		Check if Schedule O con	tains a response	to any question				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1	a Federated campaigns	1a					
ğ		b Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising events	1c					
ar Gift		d Related organizations	1d					
š.iĒ		e Government grants (contribu-	tions) 1e					
is is		f All other contributions, gifts, gran	nts, and					
章美		similar amounts not included abo	ove 1f	98,052.				1
E S		g Noncash contributions included in lines	s 1a-1f \$	<u>. </u>				
<u>ठ ह</u>	<u> </u>	h Total. Add lines 1a-1f			98,052.			
	ŀ			Business Code	}			1
<u>ç</u>	2	a			·			 -
re S		b						
Program Service Revenue		с						
eg.	ŀ	d					·	<u></u>
rog L		e		 				
۵.		f All other program service reve	enue	L				ļ
		g Total. Add lines 2a-2f						
	3	, ,	ı dıvıdends, ınter	est, and				
		other similar amounts)		•				
	4	Income from investment of ta	x-exempt bond ;	proceeds -				
	5	Royalties						<u> </u>
	_		(i) Real	(ii) Personal				
		a Gross rents	 					
		b Less rental expenses						
	•	c Rental income or (loss)						
	_ '	d Net rental income or (loss)		_ _	<u></u>			
	7 :		(i) Securities	(ii) Other				
		assets other than inventory	<u> </u>					
	l	b Less: cost or other basis						
		and sales expenses	ļ					
		c Gain or (loss)	L	I				
		d Net gain or (loss)						
ine	8 8	a Gross income from fundraising	_	1	ł	1		
Š		including \$ contributions reported on line]				
۳		Part IV, line 18						
Other Revenue		b Less. direct expenses	a b					
δ		c Net income or (loss) from fund						
		a Gross income from gaming ac	=					
	•	Part IV, line 19	а					
		b Less direct expenses	b					
		c Net income or (loss) from gam						
ł		a Gross sales of inventory, less					 	
		and allowances	а	:				
	ŀ	b Less. cost of goods sold	b					
		c Net income or (loss) from sale	_					
Ì		Miscellaneous Revenu		Business Code				
İ	11 a				1			
j		b						
		c						
	(d All other revenue	 _					
- }	•	e Total. Add lines 11a-11d		>				

0.

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	her organizations must co	omplete column (A)	
	Check if Schedule O contains a respor	ise to any question in th	is Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				:
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)			· 	
7	Other salaries and wages		· · · ·		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	· · · · · · · · · · · · · · · · · · ·			
10	Payroll taxes				
11	Fees for services (non-employees)				
a b	Management Legal	51,421.	51,421.		
c	Accounting	400.	400.		
d	· · · · · · · · · · · · · · · · · ·	400.	100.		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					<u> </u>
•	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	21,972.	21,972.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses		i		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				······································
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				·
23	Insurance	· · · - · · · · · · · · · · · · · · · ·			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Expert Witness	15,262.	15,262.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	89,055.	89,055.	0.	0.
26	Joint costs. Complete this line only if the organization	}			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	14,351.	1	13,695.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	ĺ	employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	···
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,351.	16	13,695.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
တ္တ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
iabi		key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	·	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
3ala	28	Temporarily restricted net assets		28	
שַׁל	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ► X			
ō		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
et/	32	Retained earnings, endowment, accumulated income, or other funds	1,493.	32	10,490.
z	33	Total net assets or fund balances	1,493.	33	10,490.
	34	Total liabilities and net assets/fund balances	1,493.	34	10,490.

Form **990** (2012)

Forr	m 990 (2012) Ridge Protectors	51-05	19079	Pag	_{де} 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	98	, 0	<u>52.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	89	, 0	55.
3	Revenue less expenses Subtract line 2 from line 1	3	8	, 9	<u>97.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	. , 4	93 .
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	_8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	10	, 4	<u>90.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\square
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			⁄es	No_
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	} }	- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		Ī	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		į	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		За		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		T	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (2	2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

			Protectors						5	<u> 51-0549</u>	<u> 3079</u>)
Part I	Reason	for Public Cha	rity Status (All organi	zations mu	ıst comple	te this pai	t.) See ins	tructions				
The orga	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one l	box.)					
1 🗀			es, or association of chui).				
2	A school described in section 170(b)(1)(A)(ii), (Attach Schedule E)											
з 🗔			oital service organization			170(b)(1	(A)(iii).					
4			operated in conjunction)(b)(1)(A)(i	iii). Enter	the hospita	l's nar	ne.
	city, and sta		,		•				•	•		
5	•		benefit of a college or u	niversity o	wned or o	perated by	v a govern	mental un	ıt descril	bed in		
	section 170(b)(1)(A)(iv). (Complete Part II)											
6			nent or governmental uni	it describe	d in sectio	n 170(b)(1)(A)(v).					
7 X												
	•)(b)(1)(A)(vi). (Compl	•	• •		•			J	•		
8 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗔	An organizat	tion that normally re	ceives (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembersh	ıp fees, a	and gross re	ceipts	from
	activities rela	ated to its exempt fu	inctions - subject to certa	ain excepti	ons, and (2) no more	e than 33 ⁻	1/3% of its	s suppor	t from gross	inves	tment
	income and	unrelated business	taxable income (less sec	tion 511 ta	x) from bu	isinesses	acquired b	y the orga	anızatıon	after June (30, 19	75.
	See section	509(a)(2). (Complet	e Part III.)									
10 🔲	An organizat	tion organized and o	perated exclusively to te	st for publ	ıc safety. S	See sectio	on 509(a)(4	4).				
11 🔲	An organizat	tion organized and o	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	or to car	y out the	e purposes o	of one	or
	more publicl	y supported organiz	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2) See se e	ction 509	(a)(3). Ch	neck the box	that	
	describes th	e type of supporting	organization and compl	ete lines 1	1e through	11h						
	a Type	। ь □ т	ype II c 🔲 T	ype III - Fu	nctionally	ıntegrated		ј 🔙 Тур	e III - No	n-functional	ly inte	grated
е 🔙	By checking	this box, I certify the	at the organization is not	controlled	I directly o	r indirectly	by one o	r more dis	qualified	persons oth	ner tha	an
	foundation m	nanagers and other	than one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 509	}(a)(2)	
f	If the organiz	zation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	organization, check t	his box									
g	Since Augus	st 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
	(i) A perso	on who directly or inc	directly controls, either al	one or tog	ether with	persons o	lescribed i	ın (II) and ((III) below	',	Yes	No
	the gov	erning body of the s	upported organization?							11g(i)	 	ļ
	(ii) A family	y member of a perso	n described in (i) above?							11g(ii)	—	ļ.,
	(iii) A 35%	controlled entity of a	a person described in (i) o	or (II) abovi	e?					11g(iii)		
h	Provide the f	following information	about the supported or	ganızatıon	(s)							
				1								
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization		•	(vi) la organizati	s the on in col	(vii) Amount	t of mo	netary
org	anization				sted in your document?			(i) organiz	ed in the	sup	port	
			(see instructions))	_				0.8	·			
			·	Yes	No	Yes	No	Yes	No			
								 	 -	 -		
			Į.	}						İ		
												
	 -								 			
				1		1		}				
					-					<u> </u>		
'atal		}			ļ							
<u>otal</u>		L	L	L								

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

51-0549079 Page 2

Schedule A (Form 990 or 990-EZ) 2012 Ridge Protectors 51-0549 (Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support								
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual grants.")	5,500.	47,310.	87,492.	182,516.	_	322,818.	
2	Tax revenues levied for the organ-							
	ization'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	5,500.	47,310.	87,492.	182,516.		322,818.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly	E						
	supported organization) included							
	on line 1 that exceeds 2% of the	1						
	amount shown on line 11,			1				
	column (f)							
6	Public support. Subtract line 5 from line 4						322,818.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4	5,500.	47,310.	87,492.	182,516.		322,818.	
8	Gross income from interest,	ļ						
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business			ı				
	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 IV)	-						
	Total support. Add lines 7 through 10	L					322,818.	
	Gross receipts from related activities,	•	•		L	12	·	
13	First five years. If the Form 990 is for	-	first, second, third	, fourth, or fifth ta	x year as a section	1 501(c)(3)		
800	organization, check this box and stop	here						
	ction C. Computation of Publi						100 00 -	
	Public support percentage for 2012 (I			olumn (f))	}-	14	100.00 %	
	Fublic support percentage from 2011 Schedule A, Part II, line 14 15 99.74 % Sia 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
16a		=		line 13, and line 1	4 is 33 1/3% or m	ore, check this b		
_	stop here. The organization qualifies		•		45 00 4 /00/		►X	
O	33 1/3% support test - 2011. If the o	~			ime 15 is 33 1/3%	or more, check t	nis dox	
170	and stop here. The organization qualifies as a publicly supported organization							
178	7a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization							
h	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization • Land organization • Land organization and organization and organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
J	b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the							
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization		=		-		ns 🔚	
							or 990-EZ) 2012	

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

Section A. Public Support			,			 _
Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and				}	1	
membership fees received. (Do not						
ınclude any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						İ
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose					•	
3 Gross receipts from activities that		-				
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-		-	-	 		
•						
ization's benefit and either paid to						
or expended on its behalf	-					
5 The value of services or facilities				Ì		
furnished by a governmental unit to						1
the organization without charge						
6 Total. Add lines 1 through 5		<u> </u>				
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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					1	
c Add lines 7a and 7b		 				
		· · · · · · · · · · · · · · · · · · ·			 	
8 Public support (Subtract line 7c from line 6) Section B. Total Support			<u></u>	l		
alendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
· · · · · · · · · · · · · · · · · · ·	<u>(a) 2000</u>	(b) 2009	(6) 2010	(0) 2011	(6) 2012	(n) rotal
9 Amounts from line 6			·		 	-
dividends, payments received on					1	
securities loans, rents, royalties					1	
and income from similar sources		<u> </u>			 	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						1
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on] i				
12 Other income. Do not include gain					1	
or loss from the sale of capital						
assets (Explain in Part IV)		 	· · · · · · · · · · · · · · · · · · ·	 -	 -	
Total support. (Add lines 9, 10c, 11, and 12)		- final control of	d &			
4 First five years. If the Form 990 is for the	ie organization'	s first, second, thire	a, rourth, or fifth ta	ix year as a secti	оп 501(с)(3) orga	nization,
check this box and stop here	0					
ection C. Computation of Public						
5 Public support percentage for 2012 (line		•	olumn (f))		15	
6 Public support percentage from 2011 S					16	
ection D. Computation of Invest	ment Incom	e Percentage				
7 Investment income percentage for 2012	line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	
8 Investment income percentage from 2011 Schedule A, Part III, line 17					18	
9a 33 1/3% support tests - 2012. If the or	ganization did r	not check the box o	on line 14, and line	15 is more than	33 1/3%, and lin	e 17 is not
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2011. If the or	<u>.</u>					6, and
line 18 is not more than 33 1/3%, check	-					
O Private foundation. If the organization of						▶ □
2023 12-04-12	and riot officer a		., <u>,, </u>			990 or 990-EZ) 20
2023 12-U4-12				30		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

Pidas Protestora 51-05/0070

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line	6						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds					
·	are the organization's property, subject to the organization's	-	Yes No					
6	Did the organization inform all grantees, donors, and donor ac							
Ū	for charitable purposes and not for the benefit of the donor or							
	impermissible private benefit?	action de la contract per per per per per per per per per per	Yes No					
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,						
1	Purpose(s) of conservation easements held by the organization							
•	Preservation of land for public use (e.g., recreation or ed		storically important land area					
	Protection of natural habitat	[tified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last					
_	day of the tax year	ed conscivation contribution in the form	TOTA GOTTON GASOMON ON THE LAST					
	day of the tax your		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
h	Total acreage restricted by conservation easements	2b						
~	Number of conservation easements on a certified historic stru	2c						
4	Number of conservation easements included in (c) acquired at							
u	listed in the National Register	2d						
3	· · · · · · · · · · · · · · · · · · ·	eased extinguished or terminated by th						
5	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year							
4	Number of states where property subject to conservation easi	ement is located						
5	Does the organization have a written policy regarding the period							
3	violations, and enforcement of the conservation easements it		Yes No					
6	•							
	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$							
7								
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	s satisfy the requirements of section 170	Yes No					
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense	e statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for					
	conservation easements							
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	ther Similar Assets.					
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ment and balance sheet works of art,					
	historical treasures, or other similar assets held for public exhibit	bition, education, or research in furthera	ince of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that describ	es these items.						
b	If the organization elected, as permitted under SFAS 116 (ASC	0 958), to report in its revenue statemen	t and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic service, provide the following amounts					
	relating to these items							
	(i) Revenues included in Form 990, Part VIII, line 1		> \$					
	(ii) Assets included in Form 990, Part X		► \$ ► \$					
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia						
	the following amounts required to be reported under SFAS 110	6 (ASC 958) relating to these items						
а	Revenues included in Form 990, Part VIII, line 1		> \$					
b	Assets included in Form 990, Part X		► \$ ► \$					

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

Schedule D (Form 990) 2012

-		rotectors	\r+ His	torical T	reactires	or Oth	er Simil			Page 2
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply).		. —							
a	=		d ⊣		change progr	rams				
b		ı	e	Other						
С	Preservation for future generations				_			_		
4	Provide a description of the organization's c			-				ose in Par	t XIII	
5	During the year, did the organization solicit of		-			ner simila	r assets	_	٦	
Da	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	ssets not	included	_	٦	
	on Form 990, Part X?							L_	_ Yes	∟_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table.						
								Amount		
C	Beginning balance						1c			
ď	Additions during the year						1d_			
е	Distributions during the year						1e			
f	Ending balance									
2a	· · · · y · · · · · · · · · · · · · · · · · · ·							L_	Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete		T							
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three <u>y</u>	ears back	(e) Four y	years back_
1a	,				_					
b	Contributions									
С	Net investment earnings, gains, and losses		ļ							·———
d	Grants or scholarships				ļ. <u></u> .					
е	Other expenditures for facilities					1				
	and programs									
f	Administrative expenses									<u> </u>
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment	· ·	%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	red for th	ne organiz	ation	_	
	by.								\	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X,	line 10.						
	Description of property	(a) Cost or o		` '	or other		cumulate	d	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings						<u> </u>			
С	Leasehold improvements									
d	Equipment							_		
е	Other						•			
otal.	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colun	nn (B), line 1	0(c).)					<u> </u>

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 Ridge Protectors t XI Reconciliation of Revenue per Audited Financial Statem	ents With R			0549079	Page 4
	Total revenue, gains, and other support per audited financial statements	TOTICS WILLIAM	evenue per m	1		,052.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			!		,032.
	Net unrealized gains on investments	2a				
a b	Donated services and use of facilities	2b				
•	Recoveries of prior year grants	2c				
C	Other (Describe in Part XIII.)	2d				
d e	Add lines 2a through 2d	<u>zu</u>		2e		0
3	Subtract line 2e from line 1			3	9.8	,052.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b				
	Add lines 4a and 4b	<u> </u>		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	9.8	,052.
	t XII Reconciliation of Expenses per Audited Financial States	nents With E	xpenses per			<u>, , , , , , , , , , , , , , , , , , , </u>
1	Total expenses and losses per audited financial statements		<u> </u>	1		055.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
- а	Donated services and use of facilities	2a				
_	Prior year adjustments	2b		ł		
c	Other losses	2c				
q	Other (Describe in Part XIII)	2d				
	Add lines 2a through 2d	40		2e		0.
3	Subtract line 2e from line 1		-	3	89	055.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					70001
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ŀ		
	Other (Describe in Part XIII)	4b		l		
	Add lines 4a and 4b			4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	89	055.
	t XIII Supplemental Information					
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b. Also complete this part to part XIII, lines 2d and 4b. Also complete this part to part XIII, lines 2d and 4b. Also complete this part to part XIII, lines 2d and 4b. Also complete this part to part XIII, lines 2d and 4b. Also complete this part to part XIII.					
		7		Sched	ule D (Form 9	90) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012
Open to Public Inspection

Name of the organization Employer identification number 51-0549079 Ridge Protectors Form 990, Part VI, Section B, Line 11 Form 990 is prepared by an independent accountant. All financial information is reviewed by the Board Of Directors. The final return is viewed and signed by the President of the Organization. Form 990, Part VI, Section C, Line 19 Form 990 is available for public inspection by request. Contact information is available on the website.