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# Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

In prographization may have to use a copy of this return to satisfy state reporting requirements.

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

OMB No 1545-1150

2011

Open to Public Inspection

~	r Or ti	ne zor i calendar year, or tax year beginning , zor i, and ending		<u> </u>
B_	Check	ıf applicable C	Employer ı	dentification number
	Addres	s change   QUAIL RIDGE WILDERNESS CONSERVANCY	68-01	84037
	Name o	change 25344 COUNTY RD 95	Telephone	number
	Initial r	eturn DAVIS, CA 95616		
	Termin	ated		
	Amend	led return F	Group Ex	xemption
$\perp$	Applica	ation pending	Number	<u> </u>
G	Αςςοι	unting Method $X$ Cash $A$ Accrual Other (specify) $\blacksquare$ H Check $\blacksquare$		e organization is <b>not</b>
ı	Webs	000 000		Schedule B (Form
J	Tax-ex	xempt status (ck only one) $-  X  501(c)(3)   501(c)(0)   4947(a)(1) \text{ or }   527   990, 990$	)-EZ, or 99	90-PF)
K	Checl	$k \rightarrow X$ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization	tion and it	ls gross receipts are
	norma	ally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-p	ostcard) n	nay be required (see
	ınstru	ictions) But if the organization chooses to file a return, be sure to file a complete return		_
L	Add I	incs 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if is (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total	
				30,802.
[Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instri	uctions f	or Part I)
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts grants, and similar amounts received	1 1	30,279.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	· · · · · · · · · · · · · · · · · · ·
	4	Investment income	4	523.
	'		<del>  -</del>	<u> </u>
	ļ .	· · · · · · · · · · · · · · · · · · ·	<b></b> -	
		Less cost or other basis and sales expenses 5b	_	
	Į.	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
_	1	Gaming and fundraising events		
R E V	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
Ę	b	Gross income from fundraising events (not including \$ of contributions		
N U		from fundraising events reported on line 1) (attach Schedule G if the sum	1 1	
Ĕ		of such gross income and contributions exceeds \$15,000) 6b		
	С	Less direct expenses from gaming and fundraising events  6c		
	۱ ،	Net income or (loss) from gaming and fundraising events (add lines 6a and		
	١	6b and subtract line 6c)	6 d	
	7 a	Gross sales of inventory, less returns and allowances 7a		
	1	Less cost of goods sold 7b		
	1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule Q)	8	
	-		▶ 9	30,802.
	9	Total revenue. Add tings 172,73 4, 5c 6d. 7c, and 8		30,602.
	10	Grans and Fritz and Mispaid (Usty) Schedule ()	10	
_	11	Benefits paid to or for members	11	
X	12	Salaries pther compensation land dipovee benefits	12	
P	13	Professional ices and other payment of independent contractors	13	535.
EXPENSE	14	Occupancy, rent, utilities, and maintenance	14	
Ě	15	Printing, publicing booking, and shipping	15	
5	16	Other expenses (describe in Schedule O)  See Schedule O	16	12,488.
	17	Total expenses. Add lines 10 through 16	▶ 17	13,023.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,779.
N S	19	Not assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y	ear   19	425,927.
N S E S T E	20	figure reported on prior year's return).	<del></del>	
3	5)	Other changes in net assets or fund balances (explain in Schedule O)  See Schedule O	20	2.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>►</b> 21 [	443,708.

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

Form 990-EZ (2011)

Par	t II Balance Sheets. (see the inst			_			
	Check if the organization used Sche	dule O to respond to any que	estion in this Part II	/A\ C		1	X X
22	Cash sayings and investments		-	(A) E	Beginning of yea		(B) End of year 83,066.
	Cash, savings, and investments  Land and buildings		}		358,854		
24	Other assets (describe in Schedule O)	See Schedule			330,034	24	
25	Total assets	see schedule	}	•	426,516		
	Total liabilities (describe in Schedule O)	See Schedule	٠ ،		589		<del></del>
	Net assets or fund balances (line 27 of c				425,927		
	t III   Statement of Program Serv			art III.)		.   /	Expenses
	Check if the organization used Sch	nedule O to respond to any q	juestion in this Part	III	X	(Red	guired for section
What i	s the organization's primary exempt purpose? See	Schedule O					(c)(3) and 501(c)(4)
Desc meas	s the organization's primary exempt purpose? See ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of i manner, describe the service	ts three largest process provided, the nu	gram s mber o	ervices, as of persons	494	7(a)(1) trusts, optional others)
bene	ited, and other relevant information for e	ach program title	AND DDECEDUA	TTON	T THE CHAIL	101 (	T T T T T T T T T T T T T T T T T T T
28	THE CONSERVANCY PROMOTES PURCHASE OF LAND WITH CON						
	EDUCATION PROGRAMS.	PEKANTION ENPEMENT	S, AND CONSE	RVAN			
		s amount includes foreign gr	ants check here		╌╌╌┈╢	28 a	11,539.
29	(Grants \$ ) If the	s amount includes foreign gr	ants, theth here			200	11,339.
23					. – – – – – -		
					·		
	(Grants \$ ) If thi	s amount includes foreign gr	ants check here			29 a	
30	(C) C/ (C	s amount molecus to orgin gr	arito, orroot trora				
	(Grants \$ ) If thi	s amount includes foreign gr	ants, check here			30 a	
31	Other program services (describe in Scho						
	(Grants \$ ) If the	s amount includes foreign gr	ants, check here		▶ □	31 a	n
32	Total program service expenses (add lin				•	32	11,539.
Par					f not compensated	(sec	he instructions for Part IV
	Check if the organization used Sci	···	·		11-11-1-1		<u></u>
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensa (Form W-2/1099-MISC (If not paid, enter -0-)	C) C	(d) Health benefit ontributions to emp benefit plans, an deferred compensa	lóyee id	(c) Estimated amount of other compensation
DR.	FRANK MAURER	Director					
253	344 COUNTY ROAD 95	4		0.		0.	0.
	/IS, CA 95616						
	LENORA TIMM	Director					
	344 COUNTY ROAD 95	6		0.		0.	0.
	/IS, CA 95616	T. D		_			
SAI	LLY SABOTTKA	Vice President		0.		0.	0.
182	00 HANOVER DR. #38 71S, CA 95616	U		٠.		υ.	0.
	GGY HOLM	Director		+			<del>                                     </del>
	OUTER CIRCLE	Dilector		0.		0.	0.
	7IS, CA 95616	U		١. ١		J.	
	LAND GLENNA	Director					
	RIDGE AVENUE	0		0.		0.	0.
	GUNITAS, CA 94938						
PII	ERRE MAUER	Director					
	BOX 243	0		0.		0.	0.
LAC	GUNITAS, CA 94938						
				-			
		<u> </u>					<del> </del>
		<del></del>	<del></del> -				
<b>-</b> - ·							
BAA		TEEA0812L (	02/14/12				Form <b>990-EZ</b> (2011)

Vec.   Section   Part V   Credit in the Organization   Section	34	V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Sch the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V	edu]	e C	5
33 Section 5016(c)(3) and 5016(c)(4) organizations. Briler amount of tax imposed in the organizations. Briler amount of tax imposed in the organizations. Briler amount of tax imposed in the organization in Scheduler (3) and 50 Section 501(c)(3) organizations. Briler amount of tax imposed on the organization for the pair of the organization and the organization for the pair of the organization of the organization for the pair of the organization o	34			Yes	Π,
a charge to the argenzation's name Otherwise, caption this charge or Schiddle ((see introtterios))  3	34	each activity in Schedule O	33		1
(Such as those reported on lines 2, 6.a., and 7a. among others)?  Bit 1'Yes, 1 on line 35a. has the organization flood a Form 990-T for the year? If 'No,' provide an explanation in Schedule O k Was the organization organization for organization as 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 'No,' complete Schedule C, Part III and and proxy tax requirements during the year? If 'No,' complete Schedule C, Part III and only the year? If 'No,' complete Schedule C, Part III and only the year? If 'No,' complete Schedule C, Part III and only the year? If 'No,' complete Schedule C, Part III and only the year? If 'No,' complete Schedule C, Part III and only the year? II' 'No,' complete Schedule C, Part III and only the total amount more were any such tools made an a prory year and still doubtained at the end of the tax year covered by this return?  37 b		Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
e Wes the organization a section 501(c)(6), 501(c)(6), or	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Ī
reporting, and proxy tax requirements during the year? if Yes, complete Schedule C, Part III 36. Did the organization undergo a liquistation, dissoplution of not assets during the year? If Yes, complete applicable parts of Schedule N maintain, or significant disposition of not assets during the year? If Yes, complete applicable parts of Schedule N maintain, or significant disposition of not assets during the year? If Yes, complete applicable parts of Schedule N maintain of the text year covered by this return?  37 a			35 b		I
year? If Yes, complete applicable parts of Schedule N 37a Entire amount of political expenditures, direct or indirect, as described in the instructions  37a Entire amount of political expenditures, direct or indirect, as described in the instructions  37b Did the organization file Form 112b-POL for this year?  38a Did the organization file Form 112b-POL for this year?  37b Bif Yes, complete Schedule L, Part II and enter the total amount involved  38b N/A  38a Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 - 0 , section 4912 - 0 , section 4912 - 0 , section 4912 - 0 , section 4915 - 0 , beceive the facilities of the organization during the year under section 4911 in the profession of the organization but the organization during the year under section 591(c)(3) and 591(c)(4) organizations. Did the organization engage in any section 4955 - 0 , b Section 591(c)(3) and 591(c)(4) organizations. Did the organization engage in any section 4956 excess benefit fransaction during the year or did I engage in an excess benefit fransaction in a prior year that has not been reported on any of its prior forms 990 or 990 E27 if Yes, "complete Schedule L, Preson i reganization and year or discupling the year or discupling the year under sections 4912, 4955, and 4998	c '	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		
b Did the organization file Form 1126-POL for this year?  37 b 38 a Did the organization between from, or make any loans to, any officer, director, trustee, or key employee or were any such toans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 a  b) If Yes, complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(7) organizations Enter  a initiation fees and capital contributions included on line 9  b) Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 *	<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  39 Section 501(c)/2) organizations. Entor a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities.  40a Section 501(c)/3) organizations. Entor amount of tax imposed on the organization during the year under section 4911 \(^{\infty}\) 0, section 4955 \(^{\infty}\) 0, section 4915 \(^{\infty}\) 5.  5 Section 501(c)/3) and 501(c)/4) organizations. Did the organization engage in any section 4955 \(^{\infty}\) 0, section 4915 \(^{\infty}\) 0, and section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mips and the organization of 405 \(^{\infty}\) 11 \(^{\infty}\) 111					
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 a   N/A   38 b   N/A   39 b   N/A   40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under   39 b   N/A   40 a 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 if engage in an excess benefit transaction during the year or did if engage in an excess benefit transaction during the year or did if engage in an excess benefit transaction in a prior year that has not been reported on any of this prior forms 900 or 990-E2 if If yes, complete Forted sections 4912, 495, and 495   40 b   40 b   40 b   40 c   41 c   42 c   43 the organization and the prior of did in engage in any section of tax imposed on organization and prior year did prior year under sections 4912, 495, and 495   41 usit the states with which a carey of this return is filled   NONE   42 a The organization   43 a the organization   44 b   45 a The organization   55 c the instructions for exceptions and filting requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial accounts)   44 c   45 a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-E2   65 c the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-E2   65 c the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		, , , , , , , , , , , , , , , , , , ,	37 b		4
amount involved  3 Section 501(c)(7) organizations. Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If 'Yes.' complete Schedule L. Part II and enter the total	38 a	_	
a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  33 a N/A 33 b N/A 33 b N/A 33 b N/A 34 Section 501(c)(3) and 501(c)(4) organizations. Plater amount of tax imposed on the organization during the year under section 4911 b 0 , section 4912 b 0 , section 4955 b 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 of did Longage in an excess benefit transaction during the year of did Longage in an excess benefit transaction of the foreign of the foreign of the properties of any of its prior Ferms 990 in 990-EZ in lieu of Ferms 1990 in a province of the foreign country (such as a bank account, or other financial account)?  40 c None  41 List the states with which a copy of this return is filed b None  42 a The organization' books are in care of DR. FRANK MAURER  42 a The organization' books are in care of DR. FRANK MAURER  42 a The organization' books are in care of DR. FRANK MAURER  43 b A any time during the calondar 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)?  44 any time during the calondar year, did the organization maintain an office outside of the U.S.?  45 c At any time during the calondar year, did the organization maintain an office outside of the U.S.?  46 c At any time during the calondar year, did the organization maintain an office outside of the U.S.?  47 section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  48 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year? If 'Yes,' Form 990 must be completed instead of Form 990					
b Gross receipts, included on line 9, for public use of club facilities  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 negages in an excess benefit transaction during the year or did it negages in an excess benefit transaction during the year or did it negages in an excess benefit transaction during the year or did it negages in an excess benefit transaction during the year or did it negages in any section 4958 excess benefit transaction during the year under sections 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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the lax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8386-1  List the states with which a copy of this return is filed * None  42a The organizations.  Located at * SAME AS ABOVE  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 accounts)  If Yes, enter the name of the foreign country * Located All Party Al		· · · · · · ·			
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 * 0					
section 4911 * 0 , section 4912 * 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-E27 if Yes; complete Schedule L, Part 1					
transaction during the year or did if engage in an excess bonefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L. Part I.  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons of under sections 4912, 4955, and 4958  d. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization on the section of the organization organizati					
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  d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organization  at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  List the states with which a copy of this return is filed None  10.  42a The organization's books are in care of DR. FRANK MAURER  Located at SAME AS ABOVE  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  See the instructions for exceptions and filing requirements for Form TD F90-22 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  3. Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43. Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  44b 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40 h		
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  41 List the states with which a copy of this return is filed  NONE  42a The organization's books are in care of  DR. FRANK MAURER  Located at  SAME AS ABOVE  DA 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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  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  As Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of lax-exempt interest received or accrued during the tax year  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of lax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b) Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c) Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c) Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c) Did the organization operate one or more hospit	С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			1
shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filled None  42 a The organization's books are in care of DR. FRANK MAURER  Located at SAME AS ABOVE  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  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  42 b  As Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 4/c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schodulo O  45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.			
42 a The organization's books are in care of > DR . FRANK MAURER  Located at > SAME AS ABOVE  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  See the instructions for exceptions and filling 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  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 4/c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O  45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
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  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	b	books are in care of ► DR. FRANK MAURER  Located at ► SAME AS ABOVE  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	 <sub> </sub>	Yes	
42c  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  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)?		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		_
and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  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)?				► T	]
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 c Did the organization receive any payments for indoor tanning services during the year? 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	43	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	44 a		_
c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  45a	<b>44</b> a	of Form 990-EZ			_
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	<b>44</b> a	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44 b		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  45a	44 a b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ			_
	44 a b c	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	44 c		_
	44 a b c d	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 c		

Form <b>990-I</b>	EZ (2011) QUAIL RIDGE WILDER	NESS CONSERVANC	Υ	68-018	34037	Page 4
						Yes No
	he organization engage, directly or indire idates for public office? If 'Yes,' complet				46	X
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and sec 47-49b and 52, and complete the second secon	ction 4947(a)(1) noi	nexempt charitable	haritable trusts on trusts must answe	<b>ly.</b> All sed r question	tion is —
	Check if the organization used Schedu	le O to respond to any	question in this Part VI		1	
47 Did tl	he organization engage in lobbying activ plete Schedule C, Part II	ities or have a section 5	01(h) election in effect	during the tax year? If	'Yes,' <b>47</b>	Yes No
	e organizalion a school as described in s		·	dule E	48	X
	he organization make any transfers to ai es,' was the related organization a sectio	•	related organization?		49 a 49 b	X
50 Complempl	plete this table for the organization's five loyees) who each received more than \$1	highest compensated on 00,000 of compensation	employees (other than of from the organization	officers, directors, truste If there is none, enter '	es and key None '	
·	(a) Name and address of each employee paid more than \$100 000	(b) Title and 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	(c) Estimate other com	d amount of pensation
None		ļ				
			,			
		<del> </del>				
		<u> </u>				
comp	plete this table for the organization's five pensation from the organization. If there Name and address of each independent contractor pai	is none, enter 'None '	ndependent contractors (b) Type		re than \$10	
None						
<b>52</b> Did t	I number of other independent contracto the organization complete Schedule A? I Itable trusts must attach a completed Sc	Note: All section 501(c)(		<b>4</b> 7(a)(1) nonexempt	► X Yes	
	res of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office		dules and statements, and to the	e best of my knowledge and be		
Sign Here	Signature of pricer law		rasuer	Date 11/14/12		
	Type or print name and title A. 11 Mr	n A			OT IAI	
	Print/Type preparer s name	Preserve signature	ADA (Ta	Check LIII	PTIN P00736651	
Paid	MARC C. BOLER, CPA, MBA(Tax)	MIRE OF WORKER,	TY HEIT(IL)		00730031	
Preparer	Firm's name Boler & Associates		my Fibrita			77
			The state of the s	Firm's EIN	68-01141 0) 756-173	35

#### 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

Open to Public

Employer identification number

QUAIL RIDGE WILDERNESS CONSERVANCY 68-0184037 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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) R 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 Type III - Functionally integrated Type III - Other 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) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 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) (II) EIN (III) Type of organization (IV) Is the (v) Did you notify (vi) Is the (vii) Amount of support (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) he organization in column (i) of your support? organization in organization in column (i) listed in your governing document? column (i) Yes Yes No No No Yes (A) (B) (C) (D) (E) **Total** 

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

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

			•	•	•		
Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support				1		<del></del>
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	uties, etc (see ins	structions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c	)(3) ► □
	tion C. Computation of Pu			11 1 (0)	<del></del>	1.14	1 0/
	Public support percentage for 20			ne II, column (I);	)	14	
	Public support percentage from						
	a 33-1/3% support test — 2011. If and stop here. The organization	qualifies as a pu	blicly supported o	organization			- [
ł	33-1/3% support test — 2010. If and stop here. The organization	the organization of qualifies as a pu	did not check a bi blicly supported c	ox on line 13 or 1 organization	6a, and line 15 is	33-1/3% or more	e, check this box
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts- s-and-circumstan	and-circumstance ces' lest. The org	es' test, check this anization qualifies	s box and <b>stop he</b> s as a publicly sup	re. Explain in Pa oported organiza	tion
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	box and <b>stop he</b> a publicly suppor	<b>re.</b> Explain in Pa ted organization	art IV how the
	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a			
BAA	<b>\</b>				Sc	cneaule A (Form	990 or 990-EZ) 2011

#### 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)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include any 'unusual grants ')	6,473.	125,788.	5,369.	7,441.	30,279.	175,350.
2	Gross receipts from admis-	0,473.	123, 100.	3,302.		30,273.	173,330.
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	1,849.	810.	333.			2,992.
3	Gross receipts from activities	1,045.	010.				2, 332.
	that are not an unrelated trade or business under section 513		İ				0.
4	Tax revenues levied for the			·		<del></del>	
	organization's benefit and				,	ļ	
	either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						2
_	organization without charge	0.222	106 500	F 700	7 441	20 270	0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1.	8,322.	126,598.	5,702.	7,441.	30,279.	178,342.
, ,	2, and 3 received from			0			^
_	disqualified persons	0.	0.	0.	0.	0.	0.
D	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or	j	Ì				
	1% of the amount on line 13			2			•
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b <b>Public support</b> (Subtract line	0.	0.		U.	<u> </u>	0.
	7c from line 6)						178,342.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
	Amounts from line 6	8,322.	126,598.	5,702.	7,441.	30,279.	178,342.
10 a	Gross income from interest dividends, payments received						
	on securities loans, rents,						
	royalties and income from similar sources	10,822.	1,905.	727.	465.	523.	14,442.
b	Unrelated business taxable						
	laxes) from businesses						
	acquired after June 30, 1975	10 022	1 005	707	ACE	- E22	0.
	Add lines 10a and 10b  Net income from unrelated business	10,822.	1,905.	727.	465.	523.	14,442.
.,	activities not included in line 10b,						
	whether or not the business is regularly carried on	i			İ		0.
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part IV) See Part IV	1	ł		17 222	1	17 220
		10 144	120 502	C 420	17,330.	20 002	17,330.
	Total support. (Add Ins 9, 10c, 11, and 12)	19,144.	128,503.	6,429.	25,236.	30,802.	210,114.
	First five years. If the Form 990 organization, check this box and	stop here	ation's first, secon	a, mra, rourm, o	i illiii tax year as	a section 501(c)(3	°′ <u>►</u>
	tion C. Computation of Pu				<u></u>		
	Public support percentage for 20		- · ·	e 13, column (f))		15	84.88 %
	Public support percentage from					16	81.84 %
	tion D. Computation of Inv						6 07 9
	Investment income percentage f				mn (1))	17	6.87 % 9.10 %
	Investment income percentage fit 33-1/3% support tests — 2011. If				and line 15 is more	18 <u> </u> 18	
	is not more than 33-1/3%, check	this box and <b>stop</b>	here. The organi	ization qualifies a	is a publicly suppo	orted organization	► <u>[X]</u>
t	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%	f the organization 6, check this box a	did not check a board stop here. The	ox on line 14 or li e organization qu	ine 19a, and line a alifies as a public	16 is more than 33 y supported organ	3-1/3%, and nization ►

Part IV	upplemental Information. Complete this part to provide the explanations required by Part II, line 10; lart II, line 12 Also complete this part for any additional information See instructions)
	·
	·
	·
	·
	·

Schedule A, Part IV - Supplemental Information Page 5 2011 68-0184037 QUAIL RIDGE WILDERNESS CONSERVANCY Part III, Line 12 - Other Income <u>Nature and Source</u> 2011 2010 2009 2008 2007 Total \$ 0. \$ 0. \$ 0. \$ 5

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2011

Open to Public Inspection

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.

Name of the organization	Employer identification number
QUAIL RIDGE WILDERNESS CONSERVANCY	68-0184037
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
LAND_CONSERVATION	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	entracts
(a) Did the organization, during the year, receive any funds,	directly or
<pre>indirectly, to pay premiums on a personal benefit contract?</pre>	No
(b) Did the organization, during the year, pay premiums, direc	tly or
indirectly, on a personal benefit contract?	<u>No</u>
	<b></b>

2011	Schedule O - Sup	plemental Information	Page 2
	QUAIL RIDGE WILD	DERNESS CONSERVANCY	68-0184037
Form 990-EZ, Part I, Other Expenses  DUES EQ RENT FEES/LIC Insurance PROPERTY TAXES REPAIRS/MAINT SUPPLIES WEBSITE	Line 16	\$ Total <u>\$</u>	250. 4,652. 73. 3,804. 236. 2,694. 459. 320.
Form 990-EZ, Part I, Other Changes In No	Line 20 et Assets Or Fund Balances	\$ Total <u>\$</u>	2. 2.
Form 990-EZ, Part II, Other Assets	, Line 24		
UNREALIZED LOSS	ON INVESTMENTS	$\begin{array}{c c} & \underline{\text{Beginning}} \\ \hline \$ & 0. \\ \hline \$ & 0. \\ \hline \end{array}$	Ending \$ 1,788. \$ 1,788.
Form 990-EZ, Part II Total Liabilities	, Line 26		
UNREALIZED GAIN	ON INVESTMENTS	Beginning \$ 589. Total \$ 589.	_