Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-1150

2013

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COPY

A For the 2013 calendar year, or tax year beginning , 2013, and ending ,

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: RIDE NATURE CORPORATION

Number and street (or P.O. box, if mail is not delivered to street address): 3100 BAILEY LANE — Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: NAPLES FL 34105-2518

D Employer identification number: 27-2763553

E Telephone number: (239) 220-5857

F Group Exemption Number ► .....

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ►

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

I Website: ► N/A

J Tax-exempt status (check only one) — [X] 501(c)(3) [ ] 501(c) ( ) ◄(insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ..... ► $ 151,388.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ..... [X]

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	147,199.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a	4,189.	
	b	Less: cost of goods sold	7b	8,546.	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-4,357.
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9	142,842.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	11,962.
	15	Printing, publications, postage, and shipping		15	483.
	16	Other expenses (describe in Schedule O)	See Form 990-EZ, Part I, Line 16 Other Expenses	16	105,814.
	17	**Total expenses.** Add lines 10 through 16 ►		17	118,259.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	24,583.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	7,928.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	32,511.

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

Form **990-EZ** (2013)

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	7,928.	22	32,511.
23	Land and buildings	0.	23	0.
24	Other assets (describe in Schedule O)	0.	24	0.
25	**Total assets**	7,928.	25	32,511.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	7,928.	27	32,511.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? DEDICATED TO IMPACTING THE WORLD AND REACHING YOUTH THROUGH ACTION SPORTS OUTREACH, EVANGELISM AND DISCIPLESHIP.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

			Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28	LOCAL OUTREACH- EVENTS; SURF EXPO, SKATEBOARDING DAY, DEVELOPED ON EVANGELISM FILM "PURPOSE TO BE SHOWN AT OUTREACH EVENTS THE FILM SHARES CHRISTIAN TESTIMONIES OF 34 PROFESSIONAL BOARD ATHLETES (Grants $ 4,695.) If this amount includes foreign grants, check here ► ☐	28a	93,072.
29	INTERNSHIP DEVELOPMENT (4 INTERNS)- DEVELOPED SKILLS TO PROMOTE CAMPS PROVIDE CAMPS TO SEVERAL THOUSAND CHILDREN AND ADULTS SHARED BOARD CAMPS IN DOZENS OF DIFFERENT COUNTRIES (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	29a	25,187.
30	PRODUCTS/ MERCHANDISE SALES (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	30a	8,546.
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	126,805.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARK KOCH, JR FOUNDER/ DIRECTOR	50.00	0.	0.	3,100.

DO NOT FILE

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
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		X
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37 a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39 a			
b	Gross receipts, included on line 9, for public use of club facilities 39 b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ►			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed ►			

42 a The organization's books are in care of ► MARK KOCK, JR Telephone no. ► (239) 220-5857
Located at ► 3100 BAILEY LANE NAPLES FL ZIP + 4 ► 34185-2518

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ►	42 b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ►	42 c		X

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 . . . . . ► 43

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44 d		
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

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

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

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

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

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49 a		X
b If 'Yes,' was the related organization a section 527 organization?	49 b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ►

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

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

Sign Here

► Signature of officer — Date 04/11/14

► MARK A. KOCH, JR. — FOUNDER/ DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
RALPH N. BRESSLER, CPA	Ralph N Bressler, CPA	04/11/14		P01460606

Firm's name ► CYPRESS FINANCIAL OPERATION LLC (MB) — Firm's EIN ►

Firm's address ► 24932 FAIRWINDS LN BONITA SPRINGS FL 34135-9605 — Phone no. (239) 272-7452

May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☐ No

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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.**

► **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: RIDE NATURE CORPORATION

Employer identification number: 27-2763553

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [X] An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III — Functionally integrated d [ ] Type III — Non-functionally integrated

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . . . [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s).

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

DO NOT FILE

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

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 activities, etc (see instructions) . . . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . 15 %

16a **33-1/3% support test – 2013.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support test – 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2013.** 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 meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2012.** 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 did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

DO NOT FILE

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')				112,464.	151,389.	263,853.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5				112,464.	151,389.	263,853.
7 a 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						263,853.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6				112,464.	151,389.	263,853.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses 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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total Support.** (Add lns 9,10c, 11 and 12.)				112,464.	151,389.	263,853.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► [X]

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19 a **33-1/3% support tests — 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [ ]

b **33-1/3% support tests — 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [ ]

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► [ ]

DO NOT FILE

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

DO NOT FILE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
RIDE NATURE CORPORATION	27-2763553

DO NOT FILE

990-EZ, 990, 990-T and 990-PF Information Worksheet

2013

Part I – Identifying Information

Employer Identification Number . . 27-2763553

Name . . . . . RIDE NATURE CORPORATION

Doing Business As . . . . . .

Address . . . . . 3100 BAILEY LANE Room/Suite . .

City . . . . . NAPLES State . FL ZIP Code . . 34105-2518

Province/State . . . . . . Foreign Postal Code . .

Foreign Code . . . . . . Foreign Country . . .

Telephone Number . . . . . (239) 220-5857 Extension . . . . .
Fax . . . . . . E-Mail Address . .

[ ] **Eligible for hurricane tax relief legislation benefits, check here**

Part II – Type of Return

[X] Form 990-EZ **only**
[ ] Form 990 **only**
[ ] Form 990-PF **only**
[ ] Form 990-T **only**

[ ] **Form 990-EZ with Form 990-T**
[ ] Form 990 **with** Form 990-T
[ ] Form 990-PF **with** Form 990-T
[ ] Form 990-N (gross receipts $50,000 or less) **for Electronic Filing only**

[ ] **QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ , refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

[X] 501(c) Corporation/Association 3 (subsection number)
[ ] 501(c) Trust ___ (subsection number)
[ ] 4947(a)(1) Trust
[ ] 408(e) Trust
[ ] 401(a) Trust
[ ] Other _____ (describe)

[ ] 220(e) Trust
[ ] 408A Trust
[ ] 529(a) Corporation
[ ] 529(a) Trust
[ ] 530(a) Trust
[ ] 527 Organization
[ ] 501(c) Association

Part IV – Tax Year and Filing Information

[X] Calendar year
[ ] Fiscal year — Ending month . . . ____
[ ] Short year — Beginning date . . _____ Ending date . . . _____

[X] Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

DO NOT FILE

Part V – 2013 Estimated Taxes Paid

☐ Check this box if the organization is a private foundation

	Form 990-T	Form 990-PF
Amount of 2012 overpayment credited to 2013 estimated tax		

		Form 990-T		Form 990-PF	
Payment Quarters	Due Date	Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	04/15/13				
2nd Quarter Payment	06/17/13				
3rd Quarter Payment	09/16/13				
4th Quarter Payment	12/16/13				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

Electronic Filing:

[X] File the federal return electronically
[ ] File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically (coming in April)

Practitioner PIN program:

[X] Sign this return electronically using the Practitioner PIN
[ ] ERO entered PIN

Officer's PIN (enter any 5 numbers) . . 24932
Date PIN entered 04/11/2014

Electronic Filing of Extensions:

☐ Check this box to file **Form 8868** (application for extension of time to file return) electronically

Electronic Filing of Amended Return:

☐ File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically (coming in April)

Information required for Electronic Filing:

Officer's Name . MARK A. KOCH, JR.

Electronic Filing of Amended Return:

☐ Check this box to file **amended return** electronically

Part VII – Electronic Funds Withdrawal Information *(Form 990PF filers only)*

Yes	No	
☐	☐	Use **electronic funds withdrawal** of **federal balance due** (EF only)?
☐	☐	Use **electronic funds withdrawal** of **Form 8868 balance due** (EF only)?
☐	☐	Use **electronic funds withdrawal** of **amended return balance due** (EF only)?

If any options selected above, enter information below, **(Review transferred information for accuracy)**

Bank Information

Name of Financial Institution (optional) . . .

NOT FILE

Check the appropriate box . . . . . ☐ Checking ☐ Savings
Routing number . . . . . _____
Account number . . . . . _____

Payment Information

Enter the payment date to withdraw tax payment . . . . . _____
Balance due amount from this return . . . . . _____
Enter an amount to withdraw tax payment . . . . . _____
If partial payment is made, the remaining balance due . . . . _____
Payment date for amended returns . . . . . _____
Balance due amount for amended returns . . . . . _____

Part VIII – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date			

Letter Salutation . . _____

Part IX – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . 1
QuickZoom to Firm/Preparer Info . . . . . ► _____

QuickZoom to Form 990-EZ, Pages 1 through 4 . . . . . ► _____
QuickZoom to Form 990, Page 1 . . . . . ► _____
QuickZoom to Form 990-PF, Page 1 . . . . . ► _____
QuickZoom to Form 990-T, Page 1 . . . . . ► _____
QuickZoom to Form 990-N, e-PostCard . . . . . ► _____

QuickZoom to Client Status . . . . . ► _____

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DO NOT FILE

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____, _____

► **Do not send to the IRS. Keep for your records.**

► **Information about Form 8879-EO and its instructions is at *www.irs.gov/form8879eo.***

OMB No. 1545-1878

2013

Name of exempt organization: RIDE NATURE CORPORATION

Employer identification number: 27-2763553

Name and title of officer: MARK A. KOCH, JR. FOUNDER/ DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a Form 990 check here ►	☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1 b
2 a Form 990-EZ check here ►	☒	**b Total revenue,** if any (Form 990-EZ, line 9)	2 b 142,842.
3 a Form 1120-POL check here ►	☐	**b Total tax** (Form 1120-POL, line 22)	3 b
4 a Form 990-PF check here ►	☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4 b
5 a Form 8868 check here ►	☐	**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	5 b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter my PIN _____ (Enter five numbers, but do not enter all zeros) as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► _____ Date ► 04/11/2014

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . . . 60425960425 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► _____ Date ► 04/11/2014

ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2013)

DO NOT FILE

TEEA7401 10/07/13

IRS *e-file* Authentication Statement

► Keep for your records

2013

Name(s) Shown on Return	Employer ID Number
RIDE NATURE CORPORATION	27-2763553

A – Practitioner PIN Authorization

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer(s) entered PIN(s) . . . . . ► [X]

ERO entered Officer's PIN . . . . . ► [ ]

B – Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN 604259 Self-Select PIN 60425

C – Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2013 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 24932

Date 04/11/2014

DO NOT FILE

Electronic Filing Information Worksheet

► Keep for your records

2013

Name(s) shown on return: RIDE NATURE CORPORATION

Identifying number: 27-2763553

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return . . . . . ► 604259

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . . ►

ERO Name: CYPRESS FINANCIAL OPERATION, LLC

ERO Electronic Filers Identification Number (EFIN): 604259

ERO Address: 24932 FAIRWINDS LANE

ERO Employer Identification Number:

City: BONITA SPRINGS | State: FL | ZIP Code: 34135

ERO Social Security Number or PTIN: P01460606

Country:

Firm Name: CYPRESS FINANCIAL OPERATION LLC (MB)

Preparer Social Security Number or PTIN: P01460606

Preparer Name: RALPH N. BRESSLER, CPA

Employer Identification Number:

Address: 24932 FAIRWINDS LN

Phone Number: (239) 272-7452

Fax Number:

City: BONITA SPRINGS | State: FL | ZIP Code: 34135-9605

Country:

Preparer E-mail Address: rbcouncil@hotmail.com

Part IV — Amended Returns

Enter the payment date to withdraw tax payment . . . . . ►

Amount you are paying with the amended return . . . . . ►

☐ Check this box to file another **amended return** electronically

* Select the LA Partnership, MI, NY State or NY City Amended return to file electronically.

☐ File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically (coming in April)

Part V — Name Control

Name Control, enter here to override default . . . . . RIDE

cpov170\BCR 10/06/10

DO NOT FILE

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

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

Other expenses (describe in Schedule O)

WEB DESIGN EXPENSES	5,711.
BUSINESS EXPENSES FOR INTERNS	25,287.
OUTREACH EVENTS EXPENSES	26,586.
MISSION TRIPS/ CAMPS EXPENSES	17,793.
FUEL	3,449.
INSURANCE	2,315.
OTHER GENERAL MINISTRY EXPENSES	24,673.
Total	105,814.

DO NOT FILE