#### BIGLIFE 11/13/2012 8:15 AM

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A	For the	011 calendar year, or tax year beginning , and ending					
В	Check if appl			D Emplo	yer identifi	ication numb	er
	Address char	ge Big Life Foundation USA		1			
	Name change	Doing Business As			<u>-3455</u>		
X	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		none numbe		
	initial return	5847 NE 75th, Suite A-104		20	<u>6-890</u>	<u>-0073</u>	<b>j</b> .
Ш	Terminated	City or town, state or country, and ZIP + 4					
	Amended reti			<b>G</b> Gross re	ceipts\$	705	5,969
同	Application p	F Name and address of principal officer:	sss-3 la Mila a				X No
LI	т фриосион тр	Wendie L. Wendt	H(a) Is this a	group return to	r amiliates?	Yes	
			H(b) Are all a	affiliates includ	ed?	Yes	No
			If "N	lo," attach a lis	st. (see instr	uctions)	
1	Tax-exempt	status: <b>X</b> 501(c)(3) 501(c) ( ) <b>◄</b> (insert no.) 4947(a)(1) or 527					
	Website:	www.biglife.org	H(c) Group e	exemption num	ber 🕨		
к	Form of orga		ar of formation: 2		T	of legal domici	ile: WZ
F	art I	Summary			· · · · · · · · · · · · · · · · · · ·	×	
230000		fly describe the organization's mission or most significant activities:		****		***************************************	
ø		oo Sahadula O					
2							
Governance							
Š	2 Ch	ck this box if the organization discontinued its operations or disposed of more than 25%				• • • • • • • • • • • • • • • • • • • •	
	2 1				3		
త	3 Nur	her of voting members of the governing body (Part VI, line 1a)			3		<del></del>
ties	4 Nur	ber of independent voting members of the governing body (Part VI, line 1b)			0		
Activities		Il number of individuals employed in calendar year 2011 (Part V, line 2a)					
Ą		I number of volunteers (estimate if necessary)			0		
		l unrelated business revenue from Part VIII, column (C), line 12					0
	b Net	unrelated business taxable income from Form 990-T, line 34					0
		Little Constant (Dat VIII Gos Ab)	Prior Ye	0		Current Year	,227
ē		tributions and grants (Part VIII, line 1h)		0		003,	
Ģ		gram service revenue (Part VIII, line 2g)		0			<u>0</u> 7
Revenue		stment income (Part VIII, column (A), lines 3, 4, and 7d)		0			
_	1	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· · · · · · · · · · · · · · · · · · ·				<u>,105</u>
		I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0			339
	1	nts and similar amounts paid (Part IX, column (A), lines 1–3)	<u></u>	0		323,	
		efits paid to or for members (Part IX, column (A), line 4)		0			0
S	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0		3,	,510
xpenses	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)		0			0
ğ.	<b>b</b> Tota	I fundraising expenses (Part IX, column (D), line 25) ▶ 731		_			
Ш	I .	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0			,055
	18 Tota	expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		0		329,	
	19 Rev	enue less expenses. Subtract line 18 from line 12		0		338,	<u>, 759</u>
t Assets or de Balances			Beginning of Cu			End of Year	750
Sage	20 Tota	assets (Part X, line 16)		0		338,	<u> 759</u>
#5 E	21 Tota	liabilities (Part X, line 26)		0			0
<u> </u>	CONTRACTOR STATE STATE OF THE S	assets or fund balances. Subtract line 21 from line 20		0		338,	759
	art II	Signature Block					
Ur tru	nder penaltie ie, correct, a	s of perjury, I declare that I have examined this return, including accompanying schedules and statements nd complete. Declaration of preparer (other than officer) is based on all information of which preparer has	s, and to the bo s any knowledo	est of my kn ge.	owledge a	ınd belief, it	: is
		www.		1/	1141	12	
Sig	ın 📗	Signature of officer		Date			
Hei	I .	Wendie L. Wendt Directo	or				
		Type or print name and title					
	Pri	t/Type preparer's name Preparer's signature	Date	Check	if P	TIN	
Paid	.		11/13	/12 self-em	L  "	20004998	۵
_	arer I	I L. Bogdanoff, CPA   Paul L. Bogdanoff, CPA		·	,501	. 0004998	
-	Only	500 E 96th St Ste 180		im's EIN ▶			
<b>-36</b>	- 1				217	-571-1	777
8.4			] F	hone no.			
		scuss this return with the preparer shown above? (see instructions)  Reduction Act Notice, see the separate instructions.			<u> </u>	X Yes	No
POR DAA	raperwor	reduction Act Notice, see the separate instructions.				Form 99	<b>U</b> (2011)

Pa	ort III Statement of Program S		art III	ē]
1 S	Briefly describe the organization's mission:  See Schedule O		art III	<u> </u>
				• • •
2	Did the organization undertake any cignific	ant program convices during the year which were	not listed on the	_
2	Com- 000 000 F70	ant program services during the year which were	□ v <sub>22</sub> ▼ N	ıo
	If "Yes," describe these new services on S	chedule O.		•
3		make significant changes in how it conducts, any	program	
	services?		Voc X N	lo
	If "Yes," describe these changes on Sched	lule O.		
4		e accomplishments for each of its three largest p	-	
		organizations and section 4947(a)(1) trusts are re		
	grants and allocations to others, the total e	expenses, and revenue, if any, for each program s	ervice reported.	
a o i t a r	nti-poaching operation only cross-boarder operation ts multiple fully equal hroughout the Ambosel errested some of the managery. As a result	n on both sides of the R ration of its kind in Ea Lipped teams in outposts i region, Big Life's tea Host ruthless and prolifi	strategically situated ms have apprehended and c long-term poachers in the t has sent a message that th	  
	·			
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
	•			
				٠.
	***************************************			• •
				••
	•			
40	(Code: ) (Expenses \$	including grants of \$	) (Rayanua \$	_
70	(Code:) (Expenses #	g grants or \$	) (Nevenue \$	,
				• •
	•			
	•			
				٠.
				• •
4d	Other program services. (Describe in Sche			
		including grants of \$ ) 323,486	(Revenue \$ )	
4e	Total program service expenses u	5/5-48D		

## Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Port III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vos." complete Schodule D. Bort I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment historic land areas or historic structures? If "Voe " complete Schodule D. Bort II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ū	complete Schodule D. Bert III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schodule D. Part IV	9		х
10		9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		х
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			v
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			3,5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18				
	Part VIII. Page As and 0.00 K IIVan II appeal to Ophysik II. O	18		х
19		1		х
19	If "Yes." complete Schedule G. Part III	19		
19 20a	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		

Form 990 (2011) Big Life Foundation USA

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Orbitalda I. David IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•		31		х
32	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
	complete Schodule N. Bort II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
•		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	505		<u></u>
-		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Dest VII	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31		122
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	
	10. Hote. 7 iii 1 offit 300 filoto are required to complete officedule O	_ J0		<u> </u>

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable \_\_\_\_\_\_ 0 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Х account)? **b** If "Yes," enter the name of the foreign country: **u** See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ... X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X If "Yes," did the organization notify the donor of the value of the goods or services provided?  $\mathbf{x}$ 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 9b b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders ..... а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ......

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

O. See instructions. Check if Schedule O contains a response to any question in this Part VI	"No" response to line 8a, 8b, or 10b below, descr	ibe the circumstances	, processes, or ch	nanges in Schedule
	O. See instructions. Check if Schedule O contains	a response to any qu	uestion in this Par	t VI

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	ነ?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		_	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	Revenue Co	de.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the fo	orm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to co	onflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>u None</b>					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3	)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest of the conflict of the co	erest po	olicy,			
	and financial statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of					
	organization: u Kathryn Fenley 3327 Blue Ash Lane					
<b>T</b> -	-di-manalia TN 469	J ()	217		n 7	$\alpha \alpha \alpha$

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

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

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

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

Check this box if neither the organization	anization nor an	y rel	ated	orga	aniza	tions	cor	npensated any current office	cer, director, or trustee.	
<b>(A)</b> Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Former  Institutional trustee			s both or/trust	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Nick Brandt President/Director	0.00	x	tee	x		nsated		0	0	0
(2) Meredith Ogilvio	D.UU	A D		^				0	0	0
Director	0.00	X						0	0	0
(3) Wendie L. Wendt	0.00							·	, and the second	
Director	0.00	x						0	0	0
(4) Kathryn Fenley										-
Treasure / Secretary	10.00			x				3,510	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Page	1
------	---

(A) Name and title	(B) Average hours per week (describe	bo	x, unle	Pos check ess pe	rson i	than o s both or/trust	an	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	a	from th rganizat and rela ganizati	tion ted	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b Sub-total							u u	3,510					
d Total (add lines 1b and 1c)	,						u	3,510					
2 Total number of individuals (in reportable compensation from				thos	e list	ted a	lbov	e) who received more than	\$100,000 in				
3 Did the organization list any for	ormer officer, dire	ector	, or	trust	ee, I	кеу с	empl	loyee, or highest compensa	ated	Г		Yes	
employee on line 1a? If "Yes,"  For any individual listed on line	' complete Schede 1a, is the sum	dule of re	J for	suc table	h ind	dividu npen:	ıal satio	on and other compensation	from the		3		X
organization and related orgar individual											4		x
5 Did any person listed on line for services rendered to the or	rganization? If "Y										5		x
Section B. Independent Contract  1 Complete this table for your fire	ve highest comp												
compensation from the organi.  Name and	zation. Report co (A) d business address	ompe	ensat	tion f	or th	ie ca	llenc		nin the organization's tax years.  (B)  tion of services	∍ar.	Con	<b>(C)</b>	 m
2 Total number of independent	•	_						se listed above) who					
received more than \$100,000	or compensation	tror	n the	e org	janiz	ation	<u>u</u>		0		Form	990	(2011)

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

_Pa	rt V	<u>'III State</u> n	nent of Reve	enue						
							(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated car	mnaigns	1a						3.2, 3.3, 3.3.
E J	h	Membership of		1b						
٥٤	b			-						
fts, A	С	Fundraising e		1c						
<u>a</u>	d	Related organ		1d						
Siğ,	е	Government grants	(contributions)	1e						
e di	f	All other contribution								
ള		and similar amounts	s not included above	1f		665,227				
Ę	g	Noncash contributio	ns induded in lines 1a	1-1f: \$	5	35,540				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	es 1a–1f			u	665,227			
_e						Busn. Code				
ē	2a									
æ	b									
8.	c									
<u>S</u>	q									
S	u									
যু	6									
Program Service Revenue			ram service reve							
_			es 2a–2f							
	3		come (including			-		_		
			ilar amounts)				7	7		
	4	Income from i	nvestment of ta	x-exemp	ot bond p	proceeds <b>u</b>				
	5	Royalties				u				
			(i) Real		(ii)	Personal				
	6a	Gross rents								
	b	Less: rental exps.								
	С	Rental inc. or (loss)								
	d	Net rental inco	ome or (loss)			u				
	7a	Gross amount from	(i) Securities			) Other				
		sales of assets other than inventory								
	b	Less: cost or other								
	_	basis & sales exps.								
	С	Gain or (loss)								
			L							
	d	-	OSS)	Г		u				
ue	oa		rom fundraising ev							
Re			reported on line 10			- 10-				
ē			:18			5,195				
Other Rever			xpenses			2,090				
Ŭ			r (loss) from fun	Г	events .	u	3,105			
	9a		rom gaming activiti							
			19							
	b	Less: direct ex	xpenses	b						
	С	Net income or	r (loss) from gar	ning ac	tivities	u				
	10a		f inventory, less							
		returns and al	llowances	а		35,540				
	b	Less: cost of	goods sold	b		35,540				
	С	Net income or	(loss) from sale	es of inv	entory	u				
		Mis	cellaneous Revenue			Busn. Code				
	11a									
	b									
	С									
	d		nue							
	-		es 11a-11d			u				
			e. See instruction				668,339	7	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX										
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising						
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S. See Part IV, line 21										
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the	202 215	202 215								
	U.S. See Part IV, lines 15 and 16	323,015	323,015								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	2 510	451	0 200	E 2.1						
	trustees, and key employees	3,510	471	2,308	731						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
_	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
a		324		324							
b	Legal	345		345							
c d	I alaba dia a	313		313							
e											
f	Investment management fees										
g	Other										
12											
13	Office expenses	2,208		2,208							
14	Information technology	178		178							
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses. Itemize expenses not covered										
	above. (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
a											
b	•										
C	•										
d	All other synance			+							
е 25	All other expenses	329,580	323,486	5,363	731						
25 26	Total functional expenses. Add lines 1 through 24e	329,300	323,700	2,303	/31						
_•	organization reported in column (B) joint costs										
	from a combined educational campaign <u>and</u> fundraising solicitation. Check here <b>u</b> if										
	following SOP 98-2 (ASC 958-720)										
	2 , , , , , , , , , , , , , , , , , , ,										

Part X **Balance Sheet** (B) (A) End of year Beginning of year 338,759 1 Cash—non-interest bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 **5** Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_\_\_10a b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 338,759 Total assets. Add lines 1 through 15 (must equal line 34) ..... 16 16 Accounts payable and accrued expenses \_\_\_\_\_ 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities ..... 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 26 Total liabilities. Add lines 17 through 25 ..... 0 26 Organizations that follow SFAS 117, check here  $\mathbf{U}[\mathbf{X}]$  and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 338,759 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets Organizations that do not follow SFAS 117, check here u and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 0 338,759 33 338,759 Total liabilities and net assets/fund balances ... 34

Form **990** (2011)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	66	58,3	339
2	Total expenses (must equal Part IX, column (A), line 25)	2	32	29,5	580
3	Revenue less expenses. Subtract line 2 from line 1	3	33	38,T	759
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	33	38,T	759
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2011)

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

Public Charity Status and Public Support

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Big Life Foundation USA

Employer identification number 27-3455389

_														
Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this pa	art.) Se	ee ins	truction	ns.			
The	orgai	nization is not	a private foundation becaus	e it is: (For lines 1 through 11, o	check only	one box	.)							
1		A church, co	nvention of churches, or ass	sociation of churches described	in <b>sectio</b> i	170(b)( <sup>2</sup>	1)(A)(i).							
2		A school des	cribed in section 170(b)(1)(	(A)(ii). (Attach Schedule E.)										
3		A hospital or	a cooperative hospital servi-	ce organization described in se	ction 170	(b)(1)(A)(	iii).							
4		A medical re	search organization operated	d in conjunction with a hospital	described	in section	n 170(k	o)(1)(A)(i	iii). Ente	er the h	ospital'	s name	·.	
		city, and stat	e.				`	<i>,</i> , , ,	,		•		•	
5		•		of a college or university owned	or operat	ed by a d	overnme	ental uni	t descri	bed in				
·	ш	•	(b)(1)(A)(iv). (Complete Part	•	o. opo.a.	ou 2, u g		a. a						
6				governmental unit described in s	ection 1	70/h\/1\/A	W							
_	x		-					from the	gonor	مالطييم ام				
7	77	_	•	substantial part of its support fro	Jili a gove	emmemai	uriit Oi	nom me	genera	ai public	,			
			section 170(b)(1)(A)(vi). (C	'										
8	Н	-		170(b)(1)(A)(vi). (Complete Part	,									
9	Ш	•	• ,	1) more than 33 1/3% of its sup	•					•	oss			
		•		npt functions—subject to certain	•		•							
			•	nd unrelated business taxable in	•			k) from t	ousines	ses				
			•	0, 1975. See <b>section 509(a)(2)</b>			,							
10	Ш	•	•	exclusively to test for public safe	•									
11	Ш	•	•	exclusively for the benefit of, to				•						
			. ,	ted organizations described in s		` , ` ,		` ' '	,	section	1			
		<b>509(a)(3).</b> Ch	neck the box that describes t	the type of supporting organizati	on and co	omplete lir	nes 11e	through	11h.					
		a Type	I <b>b</b> Type II	<b>c</b> Type III–Function	ally integr	ated	d	Тур	e III–O	ther				
е	Ш	By checking	this box, I certify that the org	ganization is not controlled direc	tly or indir	ectly by o	one or m	nore disc	qualified	l person	IS			
		other than fo	undation managers and other	er than one or more publicly sup	oported or	ganizatior	ns descr	ibed in s	section	509(a)(	1)			
		or section 50	9(a)(2).											
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
		organization,	check this box											
g		Since August	17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne							
		following pe	rsons?											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descri	bed in (	ii) and					Yes	No
		., .	•	supported organization?			,					11g(i)		
			member of a person describ									11g(ii)		
				described in (i) or (ii) above?								11g(iii)		
h				the supported organization(s).								113(-7		I
	) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did	ou notify	(vi)	ls the		(vii) Amo	ount of	
		anization	(") = " \	(described on lines 1–9	` '	sted in your	the orga	nization in	organizat	ion in col.		supp		
				above or IRC section	governing	document?		of your oort?		ized in the S.?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
(A)							. 30		1.50	""				
(~)														
(B)										$\vdash$				
(D)														
(C)														
(C)														
(D)														
(D)														
(E)														
( <b>-</b> )														
Tota	ı													

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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	s listed below,	please complet	e Part III.)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) u	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					665,227	665,227
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					665,227	665,227
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						665,227
	tion B. Total Support		ı	ı	T		
Cale	ndar year (or fiscal year beginning in) u	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4					665,227	665,227
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					7	7
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					_	665,234
12	Gross receipts from related activities, etc.	(see instructions)				12	40,742
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax ye	ar as a section 50°	1(c)(3)	_
	organization, check this box and stop her						▶
Sec	tion C. Computation of Public St						
14	Public support percentage for 2011 (line 6			nn (f))		14	100.00%
15	Public support percentage from 2010 Sche						<u> </u>
16a	33 1/3% support test—2011. If the organ						<b>.</b> 57
	box and <b>stop here.</b> The organization qual						► <u>X</u>
b	33 1/3% support test—2010. If the organ						
170	check this box and <b>stop here.</b> The organi						▶ ∟
17a	10%-facts-and-circumstances test—201	•					
	10% or more, and if the organization mee						
	Part IV how the organization meets the "fa			•			▶ □
b	organization  10%-facts-and-circumstances test—201						F L
D	15 is 10% or more, and if the organization	-					
	Explain in Part IV how the organization m				-		
				ū		•	<b>▶</b> □
18	Private foundation. If the organization did					 9 <b>6</b>	L
-	instructions						▶□
							· · · · · · · · · · · · · · · · · · ·

Page 3

#### 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.

Sec	tion A. Public Support	quality drider t	ine tests listed	below, please c	ompicie i ait i	1.)	
	ndar year (or fiscal year beginning in) u	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(,)	(1)	(1)		()
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	( ) 0007	#1 0000	( ) 0000	( 1) 0040	1 () 0044	(O T : 1
	ndar year (or fiscal year beginning in) u	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9	Amounts from line 6						
10a	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						
С	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 lines 9, 10c, 11,						
14	First five years. If the Form 990 is for the	e organization's fire	st. second. third. fo	urth, or fifth tax ve	ar as a section 50	)1(c)(3)	
	organization, check this box and stop here	o .					▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2011 (line 8	, column (f) divide	ed by line 13, colun	nn (f))		15	%
16	Public support percentage from 2010 Scho						%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2011 (I	ine 10c, column (f	f) divided by line 13	B, column (f))		17	%
18	Investment income percentage from 2010	Schedule A, Part	III, line 17			18	%
19a	33 1/3% support tests—2011. If the orga	nization did not ch					-
	17 is not more than 33 1/3%, check this be	-	-				▶ ∟
b	33 1/3% support tests—2010. If the orga						, —
	line 18 is not more than 33 1/3%, check th		=				▶  _
20	<b>Private foundation.</b> If the organization did	d not check a box	on line 14, 19a, or	r 19b, check this bo	ox and see instruc	tions	

Schedule A (F	orm 990 or 990-EZ)	2011 <b>Big</b>	Life Fou	ndation U	SA	27-345		Page 4
Part IV	Supplemental Part II, line 17a instructions).	Information or 17b; and	n. Complete thit Part III, line 1	is part to provid 2. Also comple	de the explanation te this part for ar	ns required by Par ny additional inform	t II, line 10; nation. (See	
	mion donorio).							
•								
•								
•								
•								
•								
•								
•								
•								

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Name of the organization

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

Big Life Foundation USA 27-3455389 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)( **3** ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

**>** \$ .....

Page 1 of 1 of Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization Employer identification number Big Life Foundation USA 27-3455389 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1 Nick Brandt Person Payroll 37,040 X Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 2 Person Payroll 45,000 Noncash (Complete Part II if there is a noncash contribution.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 3 Person Payroll **\$** 175,000 Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution 4 Tusk USA, Inc. Person 9 Village Lane Payroll 351,675 Noncash Santa Fe NM 87505 (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 5 Person Payroll 22,902 Noncash (Complete Part II if there is a noncash contribution.) (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 6 Person Payroll 25,000 Noncash (Complete Part II if there is a noncash contribution.)

Page 1 of 1 of Part I

Name of organization

Big Life Foundation US

Employer identification number

Big Life Foundation USA 27-3455389 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) Photograph Prints 1 \$ 32,170 12/20/11 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) Photograph Books 1.... \$ 3,370 10/12/11 (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ ..... (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ .....

#### SCHEDULE F (Form 990)

Statement of Activities Outside the United States

u Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047 2011

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

u Attach to Form 990. u See separate instructions.

Open to Public Inspection

Big Life Foundation USA 27-3455389 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to

For	m 990, Part IV, line	14b.				
		ation maintain records	to substantiate th	ne amount of its gr	ants and other	
assistance, the	e grantees' eligibility fo	or the grants or assista	nce, and the sele	ction criteria used	to award the	
grants or assi	stance?					X Yes No
		V the organization's pr				
_	tside the United States			J	•	
3 Activities per F	Region. (The following	Part I, line 3 table car	be duplicated if	additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	region (by fundraising, pro investr grants to	gram services, nents, recipients	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Sub-Saharar	Africa		located in	rie region)		
(1)		2	Grants to	recipients	Anti-poaching	323,015
-						
(2)						
(3)						
_(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
•						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)		_				202 25=
3a Sub-total		2				323,015
<b>b</b> Total from continuation sheets to Part I						
c Totals (add						
lines 3a and 3b)		2				323,015

	0) 2011 Big Life			27-3455389				Page <b>2</b>
			ations or Entities Outside					
			ved more than \$5,000. Che	eck this box if no one r	ecipient receive	ed more than \$5,0	000	u ∐
	II can be duplicated if							(i) Method of
1 (a) Name of organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of non-cash	(h) Description of non-cash	valuation (book, FMV,
organization	(if applicable)		giant	cash grant	disbursement	assistance	assistance	appraisal, other)
			Anti Poaching	222,191	Cash			,
(1)		Sub-Sahara						
			Anti Poaching	100,824	Cash			
(2)		Sub-Sahara	Africa				1	
(3)								
(4)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(.0)				1		I	_1	l
			re recognized as charities by the					
	or wnich the grantee or coun ber of other organizations or		section 501(c)(3) equivalency lett	<del>С</del> І			u	

Pa	art IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	. Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	. Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	. Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	. Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	. Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	X No

Schedule F (Form 990) 2011

#### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds  Part 1, Line 2 - Monitoring of funds:
Through the board the Corporation will exercise complete control and supervision of all grants made that further the Corporations exempt status. Each grant must be evidenced in writing and reviewed by the board with at minimum the following terms and conditions:
(1) requirement that grantee furnish periodic accountings to the Corporation that demonstrate that the funds were expended for approved purposes.
(2) the ability of the Corporation, in its sole discretion, to decline to fund, for any reason, a previously approved grant.
(3) authorization for the Corporation to solicit contributions, grants and gifts in order to fund the grant.
(4) the ability of the Corporation to withdraw its prior approval of the grant and/or the intended use of the funds thereunder.
(5) the ability of the Corporation to refuse to accept gifts, grants and contributions that are earmarked for the use of the foundation.
To the extent the assets of the Corporation reasonable permit, the appropriae officers or directors of the Corporation may conduct field

#### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

investigations to verify all grants are	being utilized for the purpose set
forth in the grant application.	
Part I, Line 3 - Activities per Region	
Paradam	Expenditures Investments
	\$ 323,015 \$ 0
Sub-Saliaran Allica	ş 323,015 ş 0
•	

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

2011

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**U** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. U Attach to Form 990.

Big Life Foundation USA

Employer identification number 27-3455389

Pa	art I Types of Property									
		(a)	(b)	(c)			(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on		Method o	f determining			
		applicable	items contributed	Form 990, Part VIII, line 1g		noncash con	tribution amounts			
1	Art—Works of art	X	40	32,170	Fair	market	value			
2	Art—Historical treasures									
3	Art—Fractional interests									
4	Books and publications	X		3,370	Fair	market	value			
5	Clothing and household									
	goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities—Publicly traded									
10	Securities—Closely held stock									
11	Securities—Partnership, LLC,									
	or trust interests									
12	Securities—Miscellaneous									
13	Qualified conservation									
	contribution—Historic									
	structures									
14	Qualified conservation									
	contribution—Other									
15	Real estate—Residential									
16	Real estate—Commercial									
17	Real estate—Other									
18	Collectibles									
19	Food inventory									
20 21	Drugs and medical supplies									
22	Taxidermy									
23	Historical artifacts Scientific specimens									
24	Archeological artifacts									
25	Other <b>u</b> ()									
26	Other <b>u</b> ()									
27	Other <b>u</b> ()									
28	Other <b>u</b> ( )									
29	Number of Forms 8283 received by	the organiz	zation during the tax yea	r for contributions for						
	which the organization completed Fo	-	•		29					
				• • • • • • • • • • • • • • • • • • • •				Y	'es	No
30a	During the year, did the organization	receive by	contribution any proper	ty reported in Part I, lines 1	1-28 that					
	it must hold for at least three years f	rom the da	ate of the initial contributi	on, and which is not require	ed to be					
	used for exempt purposes for the er	ntire holding	g period?				3	0a		<u> </u>
b	If "Yes," describe the arrangement in									
31	Does the organization have a gift ac	ceptance p	policy that requires the re	eview of any non-standard						
	contributions?							31		<u> </u>
32a	Does the organization hire or use the	ird parties	or related organizations	to solicit, process, or sell n	oncash					
	contributions?							2a		<u> </u>
b	If "Yes," describe in Part II.									
33	If the organization did not report an	amount in	column (c) for a type of	property for which column (	a) is check	ed,				
	describe in Part II.									

Schedule M (Form		Life Found			27-3455389	Page <b>2</b>
Part II	Supplemental and 33, and wh	nether the organiza	tion is reporting ir	Part I, column (b)	ation required by Part I, , the number of contrib	lines 30b, 32b, utions, the
	number of item	is received, or a co	moination of both	. Also complete thi	is part for any additiona	i information.
•						

#### 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.

u Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Big Life Foundation USA

Employer identification number 27-3455389

Form 990 - Organization's Mission or Most Significant Activities
Big Life Foundation seeks to conserve and sustain the wildlife and the wild
lands of the Amboseli-Tsavo ecosystem of East Africa through innovative
conservation strategies that address the greatest threats while - at the
same time - satisfying the economic interests of the resident Maasai people
in ways that improve the quality of life for the entire community.
Big Life recognizes that sustainable conservation can only be achieved
through a community-based collaborative approach, whether the goal is to
mitigate human-wildlife conflict, greatly reduce the loss of wildlife to
poaching, defeat the ivory trade, protect the great predators, or manage
scarce and fragile natural resources.
Big Life's vision is to establish a successful holistic conservation model
Big Life's vision is to establish a successful holistic conservation model in Amboseli-Tsavo that can be replicated across the African continent.
in Amboseli-Tsavo that can be replicated across the African continent.
in Amboseli-Tsavo that can be replicated across the African continent.  Form 990, Part III, Line 4a - First Accomplishment
in Amboseli-Tsavo that can be replicated across the African continent.  Form 990, Part III, Line 4a - First Accomplishment
in Amboseli-Tsavo that can be replicated across the African continent.  Form 990, Part III, Line 4a - First Accomplishment  As of December 31, 2011, Big Life had:
in Amboseli-Tsavo that can be replicated across the African continent.  Form 990, Part III, Line 4a - First Accomplishment  As of December 31, 2011, Big Life had:  * 100 rangers across the two countries
in Amboseli-Tsavo that can be replicated across the African continent.  Form 990, Part III, Line 4a - First Accomplishment  As of December 31, 2011, Big Life had:  * 100 rangers across the two countries  * 11 ranger outposts
<pre>in Amboseli-Tsavo that can be replicated across the African continent.  Form 990, Part III, Line 4a - First Accomplishment As of December 31, 2011, Big Life had:  * 100 rangers across the two countries  * 11 ranger outposts  * 11 anti-poaching vehicles</pre>
<pre>in Amboseli-Tsavo that can be replicated across the African continent.  Form 990, Part III, Line 4a - First Accomplishment As of December 31, 2011, Big Life had:  * 100 rangers across the two countries  * 11 ranger outposts  * 11 anti-poaching vehicles  * Aerial Support and monitoring operating in both countries; sharing in the</pre>

Name of the organization

Big Life Foundation USA

Employer identification number
27-3455389

- \* Latest technology, including night-vision equipment, GPS and other necessary equipment for the ranger teams
- \* Large network of informers
- \* 167 poachers arrested
- \* 870 tools/weapons confiscated or recovered

Tracker Dogs: As part of Big Life's anti-poaching program, Big Life constructed a ranger post and kennels to accommodate the arrival of four highly trained tracker dogs used to help track and apprehend elephant poachers. After completing six months of intensive training, these elite dogs have become a formidable opponent in the war against poachers. Once deployed the dogs are able to track a poacher's scent for up to 10 hours and approximately 20 miles at a time. Moreover, the dogs can pick up the poacher's scent for up to two weeks after the poaching occurs and can lead the rangers directly to the door of the poacher's home. These dogs have proven themselves to be an effective weapon needed to track and apprehend poachers.

Two of the tracker dogs are based in Tanzania; this is the first time tracker dogs have been used in that country to combat poachers. In 2011, the remaining two dogs were based in Kenya, the only tracker dogs that cover two million acres. In addition to working in the geographical area covered by Big Life rangers, the dogs also aid other NGOs who require help tracking poachers.

Because of Big Life's tracker dogs, approximately 11 poachers were arrested in 2011.

ame of the organization  Big Life Foundation USA	Employer identification number 27-3455389
Form 990, Part VI, Line 11b - Organization's Process to	Review Form 990
Big Life's founder and key personnel review the initial	Form 990 draft.
Any questions are directed to Big Life's executive directed	ctor, treasurer and
CPA for discussion and possible revision. Once the Form	1 990 is in final
draft form, it is circulated to Big Life's board of dire	ectors for final
review and comments. Once Big Life's board members appr	ove the Form 990,
it is finalized for IRS submission.	
Form 000 Down WI line 12g Enforcement of Conflicts I	
Form 990, Part VI, Line 12c - Enforcement of Conflicts I	
Any director, principal officer, member of a committee v	
delegated powers who has a direct or indirect financial to disclose the existence of the conflict as each potent	
arises. The board will review each conflict and determin	
action. Big Life's Conflict of Interest policy will be	
request.	uo uvullusio upo
. <del></del>	
Form 990, Part VI, Line 19 - Governing Documents Disclos	sure Explanation
Governing documents will be made available upon request.	

BIGLIFE Big Life Foundation USA

27-3455389

## **Federal Statements**

11/15/2012 2:53 PM

FYE: 12/31/2011

	Descript	ion					
			Amount	Unrelated Business Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Bank	Interest						
		\$	•	7			
	Total	\$	,	- 7 <b>-</b>			

11/15/2012 2:53 PM

## **Federal Statements**

FYE: 12/31/2011

## Schedule A, Part II, Line 1(e)

Description	Amount
Miscellaneous Small Cash Donations Nick Brandt	\$ 8,610
Cash Contribution Photograph Prints Photograph Books	1,500 32,170 3,370
Cash Contribution	45,000
Cash Contribution Tusk USA, Inc.	175,000
Cash Contribution	351 <b>,</b> 675
Cash Contribution	22,902
Cash Contribution	 25,000
Total	\$ 665,227

## Schedule A, Part II, Line 12

Description		Amount
Bank Interest	\$	7
Fundraising Events	•	5,195
Sale of Prints and Books		35,540
Total	\$	40,742