# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www irs gov/form990

Open to Public Inspection

A F	or the	e 2013 calendar year, or tax year beginning	and ending	_	
B	Check if applicable	C Name of organization		D Employer identifi	ication number
Г	Addre	ss BIG LIFE FOUNDATION USA			
	Name chang			27-345	55389
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Termir ated		A-104		0-0073
	Amend	City or town, state or province, country, and ZIP or foreign postal co	de	G Gross receipts \$	2,289,064.
	Applic	SEATTLE, WA 98115		H(a) Is this a group r	
	pendir			for subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates i	
$\overline{1}$	Гах-ехе	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 494	7(a)(1) or 527	<b>⊣</b> ` ′	list. (see instructions)
		te: WWW.BIGLIFE.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: WA
	art I	Summary	•	•	·
_	1	Briefly describe the organization's mission or most significant activities: B	IG LIFE FOUND	ATION SEEKS TO	
Activities & Governance		PROTECT AND SUSTAIN EAST AFRICA'S WILD LANDS AND WILDLI			
rna	2	Check this box  if the organization discontinued its operations or	r disposed of mor	e than 25% of its net a	ssets.
ove.		Number of voting members of the governing body (Part VI, line 1a)	•	1	4
Ğ		Number of independent voting members of the governing body (Part VI, lir			3
S		Total number of individuals employed in calendar year 2013 (Part V, line 2a			0
Ĭŧ		Total number of volunteers (estimate if necessary)			9
Ċţ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		1,239,966.	1,353,698.
ž	1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,739.	64,058.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,324.	-21,802.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin		1,251,029.	1,395,954.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		810,239.	876,749.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	s 5-10)	64,817.	86,601.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe		Total fundraising expenses (Part IX, column (D), line 25)			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,880.	45,002.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		889,936.	
	19	Revenue less expenses. Subtract line 18 from line 12		361,093.	387,602.
s or			В	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		695,879.	1,021,134.
it As	21	Total liabilities (Part X, line 26)		0.	816.
<u></u>	22	Net assets or fund balances. Subtract line 21 from line 20		695,879.	1,020,318.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying s			y knowledge and belief, it is
true	, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information	on of which prepare		
		Signature of officer		05/15/14 Date	
Sign		, and the second		Date	
Her	е	WENDIE L. WENDT, EXECUTIVE DIRECTOR  Type or print name and title			
				Date Check	PTIN
р		Print/Type preparer's name Preparer's signature		if Contact	
Paid		JANE M. SEARING JANE M. SEARING		05/15/14 self-employ	
	parer	Firm's name CLARK NUBER, P.S.		Firm's EIN ▶	91-1194016
use	Only	Firm's address 10900 NE 4TH STREET, SUITE 1700		Die	. 454 4010
	. Als . 25	BELLEVUE, WA 98004		Phone no.425	X Yes No.
1/12/	/ TOP II	RS discuss this return with the preparer shown above? (see instructions)			IVIA LADO I INU

27-3455389

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	USING INNOVATIVE CONSERVATION STRATEGIES AND COLLABORATING CLOSELY
	WITH LOCAL COMMUNITIES, PARTNER NGOS, NATIONAL PARKS AND GOVERNMENT
	AGENCIES, BIG LIFE FOUNDATION SEEKS TO PROTECT AND SUSTAIN EAST
	AFRICA'S WILD LANDS AND WILDLIFE, INCLUDING ONE OF THE GREATEST
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code:) (Expenses \$
	WILDLIFE SECURITY:
	EXPANSION: IN 2013, BIG LIFE INCREASED AND EXPANDED FUNDING OF RANGER
	OUTPOSTS FROM 24 TO 31 OUTPOSTS, ENABLING THEM TO INCREASE THE NUMBER
	OF EMPLOYEES FROM 280 TO MORE THAN 315 RANGERS. SINCE ITS INCEPTION,
	BIG LIFE HAS FACILITATED 1,030 ARRESTS, SOME OF WHO ARE THE MOST
	RUTHLESS AND PROLIFIC LONG-TERM POACHERS IN THE REGION, AND HAS
	CONFISCATED OR RECOVERED OVER 3,012 WEAPONS. BIG LIFE'S SUCCESS SENDS A
	STRONG MESSAGE TO POACHERS THAT KILLING WILDLIFE NOW CARRIES SWIFT AND
	SEVERE PUNISHMENT.
4b	(Code:) (Expenses \$ 76,515. including grants of \$ 75,000.) (Revenue \$)
	TARANGIRE/MANYARA:
	IN MARCH OF 2013, BIG LIFE EXPANDED ITS WILDLIFE SECURITY PROGRAM TO
	INCLUDE THE TARANGIRE/MANYARA REGION, BEGINNING WITH ANTI-POACHING
	SUPPORT FOR THE BURUNGE WILDLIFE MANAGEMENT AREA. BURUNGE PROVIDES A
	CRITICAL WILDLIFE CORRIDOR FOR ANIMALS, INCLUDING ELEPHANT, BUFFALO,
	AND WILDEBEEST, SEASONALLY MOVING BETWEEN TARANGIRE NATIONAL PARK AND
	MANYARA NATIONAL PARK. WITH POACHING ESCALATING IN TANZANIA FOR BOTH
	IVORY AND BUSH MEAT, WILDLIFE CORRIDORS LIKE BURUNGE HAVE COME UNDER
	INCREASED PRESSURE. IN SHORT ORDER, BIG LIFE'S EFFORTS HAVE ALREADY
	REALIZED SUCCESS AND PLANS ARE UNDERWAY TO EXPAND BIG LIFE'S OPERATIONS
	IN THE AREA. OUR PARTNERS HAVE ALREADY BEGUN TO SUPPORT RANGERS IN THE
	NEARBY MANYARA RANCH IN EXCHANGE FOR HAVING OCCASIONAL ACCESS TO THE
4c	(Code:) (Expenses \$282,344. including grants of \$) (Revenue \$)
	WILDLIFE SECURITY TANZANIA
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 896,255.

Part IV Checklist of Required Schedules BIG LIFE FOUNDATION USA 27-3455389 Page 3

1 Is the organization described in section S01(c)(3) or 4947(q11) (other than a private foundation?  1				Yes	No
2 Is the organization required to complete Schedule of Contributors?  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 as Section 501(c)(s) organizations. 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 as the organization as accions 501(c)(s), 501(c)(s), or 501(c)(s) or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such thrusk or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such thrusk or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such thrusk or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such thrusk or accounts for which donors have the right to provide advice on the distribution or investment or accounts for which donors have the right to provide advice on the distribution or investment or accounts for which donors have the right to provide schedule D, Part II but the organization report an amount in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV in the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part X, in the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Par	1				
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part I    4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i)(i) election in effect during the tax year? I "Yes," complete Schedule C, Part II    5 Is the organization a section 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reverue Procedure 98-191 if "Yes," complete Schedule C, Part II    5 Did the organization make any other oakveed funds or any similar unds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II    7 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part II    8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part II    8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part II    8 Did the organization in the Part X, line 21, for eacrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide aredit counseling, debt management, credit repairs, or debt negotiation services? If "Yes," complete Schedule D, Part IV    9 Did the organization serve to any of the following questions is "Yes," then complete Schedule D, Parts V    10 Did the organization saver to any of the following questions is "Yes," then complete Schedule D, Parts V, in 11 II    11 If the organization report an amount for land, buildings, and equipment in Part X, line 130 this 15% or more of its total assets reported in Part X, line 161 If "Yes," complete Schedule D, Part VII    2 Did the organization r	_				
A Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t)) election in effect during the tax year? If "Yes," complete Schedule C, Part II   X   X   X   X   X   X   X   X   X			2		
during the tax year / If "Yes," complete Schedule C, Part II  5	3	public office? If "Yes," complete Schedule C, Part I	3		х
5 Is the organization a section 501c()(4), 501c()(5), or 501c()(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9.1791 if "Yes," complete Schedule C, Part III	4				
similar amounts as defined in Revenue Procedure 98-19/8 if "Yes," complete Schedule C, Part III or briving advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such 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 "Yes," complete Schedule D, Part II or be determined. It is a such a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III or Both the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II or bright or amounts not listed in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV or blot the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V or the organization report an amount for investments - program related in Part X, line 107 If "Yes," complete Schedule D, Part V or blot the organization report an amount for investments - rotagen related in Part X, line 11 In the organization report an amount for investments - rotagen related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part X or the organization and a mount for lor other liabilities in Part X, line 15 If his is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part X or the organization and a mount for other assets in Part X, line 187 If "Yes," complete Schedule D, Part X			4		Х
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16	9				
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	202	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H			

Form 990 (2013)

BIG LIFE FOUNDATION USA

Part IV Checklist of Required Schedules (continued) BIG LIFE FOUNDATION USA 27-3455389 Page 4

24	Did the organization report more than \$5,000 of grants or other assistance to any demostic organization or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	21		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		х
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 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 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	1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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 Schedule L, Part 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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part 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, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

Page **5** 

27-3455389

# Form 990 (2013) BIG LIFE FOUNDATION USA Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b									
С	B110									
	(gambling) winnings to prize winners?									
2a	a 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	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)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country: ►									
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.									
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с								
6a	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 as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	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?	7a 7b	X							
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?									
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h								
н 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	711								
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	0								
	Did the organization make any taxable distributions under section 4966?	9a								
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:	35								
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?									
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	3 Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	a Is the organization licensed to issue qualified health plans in more than one state?									
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	<b>b</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									
С	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

Form 990 (2013) BIG LIFE FOUNDATION USA Governance. Management. and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. x Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 x of officers, directors, or trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? 6 Х 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? Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or x persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a 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 filing the form? 11a **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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? Х 13 13 Х 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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? 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

46239

KATHRYN FENLEY - 206.890.0073

3327 BLUE ASH LANE, INDIANAPOLIS, IN

Form 990 (2013) BIG LIFE FOUNDATION USA 27-3455389 Page **7** 

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A)	(B)			_ (0	<b>C</b> )			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any						ŕ	from the	from related organizations	other compensation
	hours for	direct				Đ		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	naltr		loyee	omp				and related
	(list any hours for related organizations below line)	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NICK BRANDT	15.00	<u>i</u>	Ë	₩	<u>a</u>	主当	요			
PRESIDENT/FOUNDER	15.00	X		х				0.	0.	0
(2) WENDIE L. WENDT	50.00	^		Δ.				0.	0.	0
EXECUTIVE DIRECTOR	30.00	x		х				60,000.	0.	0
(3) MEREDITH OGILVIE-THOMPSON	5.00	<del> </del>		<del></del>				33,300.		
DIRECTOR	2.30	x						0.	0.	0
(4) ORLA BRADY	5.00									_
DIRECTOR		х						0.	0.	0
(5) KATHRYN FENLEY	20.00									
TREASURER/SECRETARY		1		х				26,601.	0.	0
		ł								
		ł								
		ł								
		ł								
		1								
		L		L	L	L	L			
		L					L			
		] _								
				L						

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Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address NONE	<b>(B)</b> Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those liste		

0

\$100,000 of compensation from the organization

#### BIG LIFE FOUNDATION USA Form 990 (2013) 27-3455389 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) **(D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns **b** Membership dues ..... 1b 73,763. 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,279,935 336.740. g Noncash contributions included in lines 1a-1f: \$ 1,353,698 h Total. Add lines 1a-1f .... Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 60,445. 60,445. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) ..... d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 536,982 assets other than inventory b Less: cost or other basis and sales expenses 533,369, 3,613. c Gain or (loss) d Net gain or (loss) 3,613 3,613. 8 a Gross income from fundraising events (not Other Revenue including \$ 73,763. of contributions reported on line 1c). See Part IV, line 18 68,799 90,601. **b** Less: direct expenses -21.802 -21,802. **c** Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 269,140.

269 140

1,395,954.

Business Code

11 a b

**b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue

**d** All other revenue

Total. Add lines 11a-11d Total revenue. See instructions.

42,256.

### 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).

	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	876,749.	876,749.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	86,601.	17,456.	48,798.	20,347
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):				
а	Management				
b		2,080.		2,080.	
С	Accounting	2,758.		2,758.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,750.	1,750.		
12	Advertising and promotion	675.			675
13	Office expenses	7,800.		2,839.	4,961
14	Information technology	3,739.		3,739.	
15	Royalties				
16	Occupancy				
17	Travel	2,005.			2,005
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	1,351.		1,351.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FEES AND LICENSING	12,258.	300.	11,956.	2
b	FUNDRAISING EXPENSES	10,576.		-,	10,576
c	MEMBERSHIPS AND DUES	10.		10.	,
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,008,352.	896,255.	73,531.	38,566
26	Joint costs. Complete this line only if the organization	, ,	, ,	, 1	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2013)
Part X Balance Sheet BIG LIFE FOUNDATION USA 27-3455389 Page **11** 

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2.	1	85,546.
	2	Savings and temporary cash investments		2	935,538.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	50.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	1 201 121
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,021,134.
	17	Accounts payable and accrued expenses		17	816.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
iii		key employees, highest compensated employees, and disqualified persons.			
<u>.e</u>	22	Complete Part II of Schedule L		22	
	23 24	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		23	
	25			24	
	23	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	816.
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	695,879.	27	1,020,318.
ala	28	Temporarily restricted net assets		28	
ē	29	Permanently restricted net assets		29	
ᆵ		Organizations that do not follow SFAS 117 (ASC 958), check here			
٥		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances		33	1,020,318.
	34	Total liabilities and net assets/fund balances	695,879.	34	1,021,134.

Form **990** (2013)

Form 990 (2013) BIG LIFE FOUNDATION USA 27-3455389 Page **12** 

Pa	rt XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,395,	954.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,008,	352.
3	Revenue less expenses. Subtract line 2 from line 1	3		387,	602.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		695,	879.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	_			
7	Investment expenses	7			
8	Prior period adjustments	8		-63,	163.
9	Other changes in net assets or fund balances (explain in Schedule O)				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	,020,	318.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				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 Schedu				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	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 Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	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 rec	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

#### **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.

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

BIG LIFE FOUNDATION USA

Employer identification number 27-3455389

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) 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 to 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. d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

Total

Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			665,227.	1,239,966.	1,353,698.	3,258,891.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			665,227.	1,239,966.	1,353,698.	3,258,891.
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)						1,056,387.
6	Public support. Subtract line 5 from line 4.						2,202,504.
	ction B. Total Support		•				•
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4		` ′	665,227.	1,239,966.	1,353,698.	3,258,891.
	Gross income from interest,			,		, ,	
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			7.	3,805.	60,445.	64,257.
9	Net income from unrelated business				,	,	, -
Ŭ	activities, whether or not the						
	business is regularly carried on			3,105.	8,324.		11,429.
10	Other income. Do not include gain			1,-11	7		
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						3,334,577.
	Gross receipts from related activities,	oto (soo instructi	one)			12	684,120.
	First five years. If the Form 990 is for	•	,	rd fourth or fifth to			***************************************
10	organization, check this box and stor	-			•		<b>X</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (			column (fl)		14	%
	Public support percentage from 2012					15	%
	33 1/3% support test - 2013. If the o						
	stop here. The organization qualifies						
h	33 1/3% support test - 2012. If the o						
~	and <b>stop here.</b> The organization qual						
172	10% -facts-and-circumstances tes						
.,,	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
<b>L</b>							
i.	10% -facts-and-circumstances tes						10/0 UI
	more, and if the organization meets the						▶□
40	organization meets the "facts-and-circ		ŭ				
ΙÖ	Private foundation. If the organization	n dia not check a	DUX UIT IITIE 13, TE	oa, 100, 17a, 0r 17b	, crieck this box a	na see instructions	·

## 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

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	piete Part II.)				
_	endar year (or fiscal year beginning in)	(2) 2000	(b) 2010	(6) 2011	(4) 2012	(a) 2012	(f) Total
	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
^			+		+		
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose		1				
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
_	iness under section 513		1		1		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				1		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u> </u>				
	Total. Add lines 1 through 5		1		1		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				1		
k	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.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income				1		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business				1		
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain		1		†		
	or loss from the sale of capital						
12	assets (Explain in Part IV.)		<del> </del>		1		
	First five years. If the Form 990 is for	the organization	e firet econd this	d fourth or fifth t	tay year as a scoti-	n 501(c)(3) organi-	zation
1-7	_	-			•		Lation,
Se	check this box and stop herection C. Computation of Publi	ic Support Pa	ercentage		•••••	•••••	
	Public support percentage for 2013 (li			column (f))		15	%
	Public support percentage from 2012					16	
	ction D. Computation of Inves					10	90
_	•			20 12 00lumn /f\		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 2						% 17 in 17 th
198	a 33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶Ш

Schedule A	(Form 990 or 990-EZ) 2013 BIG LIFE FOUNDATION USA	27-3455389	Page 4
Part IV	(Form 990 or 990-EZ) 2013 BIG LIFE FOUNDATION USA  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1	7a or 17b; and Part III, lin	ie 12.
	Also complete this part for any additional information. (See instructions).		

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

**2013** 

Employer identification number

B	27-3455389				
Organization type (check	cone):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
• •	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in maplete Parts I and II.	oney or property) from any one			
Special Rules					
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the one in (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
total contribution	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.				
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes use exclusively for religious, charitable, etc., purposes, but these contributions did not to cked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because it ble, etc., contributions of \$5,000 or more during the year	tal to more than \$1,000.  If y religious, charitable, etc., t received nonexclusively			
but it <b>must</b> answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule Econ Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Forest the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

Name of organization Employer identification number

BIG LIFE FOUNDATION USA 27-3455389

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X Payroll

Name of organization Employer identification number

BIG LIFE FOUNDATION USA 27-3455389

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization **Employer identification number** 

BIG LIFE FOUNDATION USA

27-3455389

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	PHOTOGRAPHY PRINTS AND BOOKS	_	
		\$335,070.	12/31/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_ _ _ _	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		_   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		_	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number BIG LIFE FOUNDATION USA 27-3455389 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE F** (Form 990)

Department of the Treasury

Internal Revenue Service

### Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

BIG LIFE FOUNDATION USA 27-3455389 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? \_\_\_\_\_X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (e) If activity listed in (d) (a) Region (d) Activities conducted in region (f) Total expenditures émployees, offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region GRANTS TO RECIPIENTS SUB-SAHARAN AFRICA LOCATED IN THE REGION 876,749. 3 a Sub-total 0 876,749. **b** Total from continuation 0 sheets to Part I ...... c Totals (add lines 3a 0 and 3b) 876.749.

 Schedule F (Form 990) 2013
 BIG LIFE FOUNDATION USA
 27-3455389
 Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
			ANTI-POACHING	526,749.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ANTI-POACHING	350,000.	WIRE TRANSFER	0.		
			 recognized as charities by the n 501(c)(3) equivalency letter		recognized as tax-e			2

3 Enter total number of other organizations or entities

 Schedule F (Form 990) 2013
 BIG LIFE FOUNDATION USA
 27-3455389
 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if ac	dditional space is neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

# Schedule F (Form 990) 2013 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)	X Yes	□ 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) 2013

#### Part V | Supplemental Information

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.

PART I, LINE 2:

EXPLANATION: 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 WRITNG 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 INVESTIGATIONS

TO VERIFY ALL GRANTS ARE BEING UTILIZED FOR THE PURPOSE SET FORTH IN THE

GRANT APPLICATION.

PART I, LINE 3:

EXPLANATION: THE CASH METHOD IS USED TO ACCOUNT FOR EXPENDITURES

SCHEDULE F, PART IV, QUESTION 1

EXPLANATION: FORM 926 IS NOT TO BE FILED BECAUSE THE TRANSFER TO A

FOREIGN CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN IRC

#### **SCHEDULE G**

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990

Employer identification number BIG LIFE FOUNDATION USA 27-3455389

Part I Fundraising Activities required to complete this par	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.					
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities	Check all that apply	,	
a Mail solicitations				overnment grants		
<b>b</b> Internet and email solicitations				nment grants		
			-	-		
	g ∟ Special	iuriur	aisiriy	events		
d In-person solicitations		l /: l	ے یہ جنالہ	fficana dinastana tur.	-4	
2 a Did the organization have a written of						
key employees listed in Form 990, P						
<b>b</b> If "Yes," list the ten highest paid ind		uant t	o agre	ements under wnich	the fundraiser is to	be
compensated at least \$5,000 by the	e organization.					
(i) Name and address of individual	(ii) Activity	have c	Did raiser ustody	(iv) Gross receipts	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (fundraiser)			ntrol of utions?	from activity	listed in col. (i)	organization
		Yes	No	-		
Total			•			
3 List all states in which the organization			oution	s or has been notifie	d it is exempt from r	egistration
or licensing.						

Schedule G (Form 990 or 990-EZ) 2013 BIG LIFE FOUNDATION USA 27-3455389 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NYC - HASTED NONE (add col. (a) through KRAEUTLER col. (c)) (event type) (event type) (total number) Revenue 142,562. 142,562. 1 Gross receipts 2 Less: Contributions 73,763 73,763. 68.799 68,799. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages ..... 8 Entertainment 90,601. 90,601. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 90,601. -21,802. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses \_\_\_\_\_ Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G	(Form	990 or	990-	.F7)	201:

**b** If "Yes," explain:

Sch	ledule G (Form 990 or 990-EZ) 2013 BIG LIFE FOUNDATION USA 27-343	,,,,,,		Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	U No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
'	Enter the hame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party $\blacktriangleright$ \$			
,	of garming revenue retained by the time party ▶ ↓  If "Yes," enter name and address of the third party:			
•	on Tes, enternance and address of the till party.			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Coming manager companantian			
	Gaming manager compensation > \$			
	Description of services provided			
	Description of services provided P			
	Director/officer Employee Independent contractor			
	independent contractor			
17	Mandatory distributions:			
	•			
č	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No
	retain the state gaming license?	. —	103	
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year > \$		<u> </u>	01 451
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	nes 9,	9b, I	UD, 15D,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			

Schedule G (Form 990 or 990-EZ) BIG LIFE FOUNDATION USA	27-3455389	Page 4
Schedule G (Form 990 or 990-EZ)  BIG LIFE FOUNDATION USA  Part IV Supplemental Information (continued)		

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

BIG LIFE FOUNDATION USA

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public . Inspection Employer identification number

27-3455389

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	_
		applicable		Form 990, Part VIII, line 1	noncash contribu	ution amo	ounts	•
1	Art - Works of art	Х	100	331,640.	FMV			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		3,430.	FMV			
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	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organization completed Form 828		•	1 1			0	
	for which the organization completed Form 828	oo, Part IV, I	Donee Acknowled	gement [ 29 ]		T <sub>v</sub>	_	No
302	During the year, did the organization receive by	, contributio	on any proporty ro	ported in Part Llings 1 29	that it must hold for		es	NO
ooa	at least three years from the date of the initial of							
	the entire holding period?					30a		Х
h	If "Yes," describe the arrangement in Part II.					000		
31		oolicy that re	equires the review	of any non-standard contr	butions?	31		Х
	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  31 X  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is	checked,			
	describe in Part II.	. , .	71 1 1	(-4)	•			

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

BIG LIFE FOUNDATION USA 27-3455389 FORM 990, PART I, LINE 6: VOLUNTEERS EXPLANATION: THREE UNPAID BOARD MEMBERS AND 6 FUNDRAISING VOLUNTEERS FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: POPULATIONS OF ELEPHANTS LEFT IN EAST AFRICA. THE ONLY ORGANIZATION IN EAST AFRICA THAT HAS COORDINATED ANTI-POACHING TEAMS OPERATING ON BOTH SIDES OF THE KENYA-TANZANIA BORDER, BIG LIFE RECOGNIZES THAT SUSTAINABLE CONSERVATION CAN ONLY BE ACHIEVED THROUGH A COMMUNITY-BASED COLLABORATIVE APPROACH, WHICH IS AT THE HEART OF BIG LIFE'S PHILOSOPHY: CONSERVATION SUPPORTS THE PEOPLE AND PEOPLE SUPPORT CONSERVATION. BIG LIFE'S VISION IS TO ESTABLISH A SUCCESSFUL HOLISTIC CONSERVATION MODEL IN AMBOSELI-TSAVO THAT CAN BE REPLICATED ACROSS THE AFRICAN CONTINENT. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: EXPLANATION: IN MARCH OF 2013, BIG LIFE EXPANDED ITS WILDLIFE SECURITY PROGRAM TO INCLUDE THE TARANGIRE/MANYARA REGION, BEGINNING WITH ANTI-POACHING SUPPORT FOR THE BURUNGE WILDLIFE MANAGEMENT AREA. BURUNGE PROVIDES A CRITICAL WILDLIFE CORRIDOR FOR ANIMALS, INCLUDING ELEPHANT BUFFALO, AND WILDEBEEST, SEASONALLY MOVING BETWEEN TARANGIRE NATIONAL PARK AND MANYARA NATIONAL PARK. WITH POACHING ESCALATING IN TANZANIA FOR BOTH IVORY AND BUSH MEAT, WILDLIFE CORRIDORS LIKE BURUNGE HAVE COME UNDER INCREASED PRESSURE. IN SHORT ORDER, BIG LIFE'S EFFORTS HAVE ALREADY REALIZED SUCCESS AND PLANS ARE UNDERWAY TO EXPAND BIG LIFE'S OPERATIONS IN THE AREA. OUR PARTNERS HAVE ALREADY BEGUN TO SUPPORT RANGERS IN THE NEARBY MANYARA RANCH IN EXCHANGE FOR HAVING OCCASIONAL

Name of the organization BIG LIFE FOUNDATION USA	Employer identification number 27-3455389
ACCESS TO THE BIG LIFE - FUNDED MICROLITE, THE DOG SNIFFER TEAM, AND	
OTHER CRUCIAL EQUIPMENT. SUCH COLLABORATION HAS SET THE STAGE FOR A	
WINNING TEAM FOR YEARS TO COME.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
BIG LIFE - FUNDED MICROLITE, THE DOG SNIFFER TEAM, AND OTHER CRUCIAL	
EQUIPMENT. IN SHORT ORDER, BIG LIFE'S EFFORTS HAVE ALREADY REALIZED	
SUCCESS AND PLANS ARE UNDERWAY TO EXPAND BIG LIFE'S OPERATIONS IN THE	
AREA.	
FORM 990, PART VI, SECTION A, LINE 2:	
EXPLANATION: NICK BRANDT AND ORLA BRADY HAVE A FAMILY RELATIONSHIP	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: BIG LIFE'S EXECUTIVE DIRECTOR AND TREASURER PROVIDE	
COMPREHENSIVE ASSISTANCE AND OVERSEE THE PREPARATION OF THE 990. BIG	
LIFE'S BOARD DIRECTORS ARE PRESENTED WITH THE FORM 990 AFTER IRS	
SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: ANY DIRECTOR, PRINCIPAL OFFICER, MEMBER OF A COMMITTEE WITH	
GOVERNING BOARD DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL	
INTEREST HAS A DUTY TO DISCLOSE THE EXISTENCE OF THE CONFLICT AS EACH	
POTENTIAL CONFLICT ARISES. THE BOARD WILL REVIEW EACH CONFLICT AND	
DETERMINE THE APPROPRIATE ACTION. IF A CONFLICT ARISES THE BOARD MEMBER	
WILL RECUSE THEMSELVES OF ANY DISCUSSION OR VOTE ON THE MATTER.	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization BIG LIFE FOUNDATION USA	Employer identification number 27-3455389
EXPLANATION: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE	
MADE AVAILABLE UPON REQUEST	
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