** PUBLIC DISCLOSURE COPY **

Form 990

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

2016

OMB No. 1545-0047

	artment of the	eneasury	not enter social security numbers ormation about Form 990 and its	4.1			Open to Public Inspection			
-		016 calendar year, or tax yea		and endi						
В	Check if applicable:	C Name of organization				D Employer identific	cation number			
	Address	BIG LIFE FOUNDATION	USA	· · · · · · · · · · · · · · · · · · ·	11 - 12 - 12	Mar Contractor Tra				
	Name change	Doing business as			n Inga	27-345	5389			
	Initial	Number and street (or P.O.	box if mail is not delivered to street add	dress) Roor	n/suite	E Telephone number				
L	Final return/ termin-	1715 NORTH HERON DRI	(VE	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1.4652	971-323				
	ated		ince, country, and ZIP or foreign po	ostal code	é des r	G Gross receipts \$	3,108,313			
F	Ireturn	RIDGEFIELD, WA 9804			-	H(a) Is this a group re				
L	Applica- tion pending	F Name and address of prin	cipal officer:KIM MCCOY		10000	for subordinates				
	1000	SAME AS C ABOVE		40.47(-)(4)	1 507	H(b) Are all subordinates in				
		pt status: X 501(c)(3)	_ 501(c) ()	4947(a)(1) or	527		list. (see instructions)			
		WWW.BIGLIFE.ORG	Trust Association	Other	Vaar	H(c) Group exemption				
		Ganization. [x] corporation [Outer	L Year	of formation: 2010	State of legal domicile: WA			
			's mission or most significant activ	HIGH ON THE GRO		N AFRICA				
& Governance			IES TO PROTECT NATURE FOR			, AFRICA				
nar	-		organization discontinued its opera			than 25% of its not as	eate			
ver			ne governing body (Part VI, line 1a)				3013.			
ő			nembers of the governing body (Pa							
So			loyed in calendar year 2016 (Part V							
Activities			mate if necessary)				1:			
ctiv	7 a To	tal unrelated business revenu	e from Part VIII, column (C), line 12	2		7a	0			
4			ncome from Form 990-T, line 34				0			
			Prior Year	Current Year						
¢	8 C	ontributions and grants (Part V	(III, line 1h)	2,371,444.	2,996,290					
Revenue			(III, line 2g)		0.	- 0				
eve			lumn (A), lines 3, 4, and 7d)		295.	3,402				
£			(A), lines 5, 6d, 8c, 9c, 10c, and 1		2,277.	-38,033				
1	12 Te	tal revenue - add lines 8 throu	gh 11 (must equal Part VIII, column	n (A), line 12)	3.6 333	2,374,016.	2,961,659			
	13 G	ants and similar amounts paid	I (Part IX, column (A), lines 1-3)	*	11 1	1,373,810.	2,033,287			
	14 Be	enefits paid to or for members	(Part IX, column (A), line 4)			0.	0,			
S	15 Sa	laries, other compensation, er	mployee benefits (Part IX, column ((A), lines 5-10)		243,722.	226,599			
Expenses	16a Pr	ofessional fundraising fees (Pa	art IX, column (A), line 11e)			0.	0			
dx	b To	tal fundraising expenses (Part	IX, column (D), line 25)	128,885	•					
ш	11 0		(A), lines 11a-11d, 11f-24e)			163,324.	153,985			
	18 To	tal expenses. Add lines 13-17	(must equal Part IX, column (A), lin	ne 25)		1,780,856.	2,413,871			
		evenue less expenses. Subtrac	ct line 18 from line 12		593,160.	547,788				
S OL					Be	ginning of Current Year	End of Year			
Net Assets o	20 To	increased and the second se				1,583,980.	2,125,713.			
etA	21 To	tal liabilities (Part X, line 26)				10,954.	4,899. 2,120,814.			
	22 No	22 Net assets or fund balances. Subtract line 21 from line 20 1,573,026. rt II Signature Block								
		•	examined this return, including accomp	anving cohodulos and	ototom	ante and to the best of m	knowledge and belief it is			
			arer (other than officer) is based on all i				Knowledge and belief, it is			
uue	, correct, a	and complete. Declaration of prepa		mormation of which p	neparer		dia			
Cie		Signature of officer	CO4			Date				
Sig	CONTRACTOR OFFICE	KIM MCCOY, EXECUTIVE	DIRECTOR							
He		Type or print name and title	C							
		rint/Type preparer's name	Preparer's signat	ure	T	Date Check	I PTIN			
Pai		INNIFER BECKER HARRIS	JENNIFER BEC		0.	7/21/17 if self-employe	d P00183358			
	-	rm's name CLARK NUBER			<u> </u>	Firm's EIN	91-1194016			

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. 632001 11-11-16

Firm's address ▶ 10900 NE 4TH STREET, SUITE 1700

BELLEVUE, WA 98004

Use Only

Form 990 (2016)

No

X Yes

Phone no. 425-454-4919

Form	1990 (2016) BIG LIFE FOUNDATION USA	27-3455389 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>x</u>
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 USA SEEKS TO PROTECT AND SUSTAIN EAST	
	AFRICA'S WILDLIFE AND WILD LANDS, 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?	Yes X No
	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	s measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,272,810. including grants of \$1,219,973.) (Reven	nue \$)
	WILDLIFE SECURITY:	
	BIG LIFE FOUNDATION USA FUNDS PROGRAMS THAT SEEK TO PREVENT THE	
	POACHING OF ALL WILDLIFE WITHIN OUR AREA OF OPERATION ACROSS KENYA AND	
	TANZANIA. AMONG OTHER THINGS, WE FUND ONE OF THE LARGEST EMPLOYERS OF	
	LOCAL MAASAI IN THE AMBOSELI-TSAVO-KILIMANJARO ECOSYSTEM, WHOSE RANGERS	
	ARE EXPERTLY TRAINED AND WELL-EQUIPPED TO TACKLE A VARIETY OF WILDLIFE	
	CRIMES SPANNING APPROXIMATELY TWO MILLION ACRES OF WILDERNESS. WHEN	
	NECESSARY, THE RANGERS TRACK AND APPREHEND POACHERS AND COLLABORATE	
	WITH LOCAL PROSECUTORS TO ENSURE THAT THEY ARE PUNISHED TO THE FULLEST	
	EXTENT OF THE LAW. IN 2016, WE FUNDED 26 PERMANENT OUTPOSTS AND 5	
	MOBILE UNITS IN KENYA AND 8 OUTPOSTS IN TANZANIA, AND WE SUPPORTED THE	
	SALARIES, TRAINING, AND EQUIPMENT OF 350 TOTAL FIELD STAFF IN KENYA,	
4b	(Code:) (Expenses \$742,473. including grants of \$711,650.) (Reven	nue\$)
	HUMAN-WILDLIFE CONFLICT:	
	BIG LIFE FOUNDATION USA FUNDS COLLABORATIVE PROGRAMS TO HELP MITIGATE	
	THE NEGATIVE IMPACT OF HUMAN-WILDLIFE INTERACTION, SUCH AS CROP-RAIDING	
	BY HUNGRY ELEPHANTS, BOTH FOR THE PEOPLE AND THE ANIMALS. WE ALSO FUND	
	A PREDATOR COMPENSATION FUND VIA GRANTS TO BIG LIFE LIMITED (BIG LIFE	
	KENYA), A RELATED ORGANIZATION. FOR MAASAI HERDERS, THEIR CATTLE ARE	
	THEIR LIVELIHOOD. WHEN LIVESTOCK FALLS PREY TO PREDATORS, THE HERDERS	
	ARE FINANCIALLY DISADVANTAGED AND JUSTIFIABLY FRUSTRATED. TO PREVENT	
	LOSSES THAT LEAD TO HERDERS RETALIATING WITH SPEARS OR POISONED	
	CARCASSES, BIG LIFE FOUNDATION USA FUNDS PROGRAMS TO ENCOURAGE IMPROVED	
	FENCING AND HUSBANDRY PRACTICES. IN THE EVENT THAT AN ANIMAL IS LOST TO	
	A PREDATOR, THE HERDER IS COMPENSATED FOR A PERCENTAGE OF THE MARKET	
4c		nue\$)
	EDUCATION & SCHOLARSHIPS:	
	FIGHTING WILDLIFE CRIME HELPS THE ECOSYSTEM TODAY, BUT WINNING THE	
	HEARTS AND MINDS OF THE COMMUNITY AND PROVIDING A MUTUAL BENEFIT	
	THROUGH CONSERVATION IS THE ONLY WAY TO PROTECT WILDLIFE AND WILD LANDS	
	FAR INTO THE FUTURE. BIG LIFE FOUNDATION USA INVESTS IN THE FUTURE OF	
	PARTICIPATING COMMUNITIES BY FUNDING TEACHERS' SALARIES AND PROVIDING	
	EDUCATIONAL SCHOLARSHIP FUNDS FOR HUNDREDS OF LOCAL MAASAI STUDENTS IN	
	KENYA. THESE SALARIES AND SCHOLARSHIPS ARE DISTRIBUTED TO BIG LIFE	
	KENYA WHO ALSO SELECTS THE RECIPIENTS. WHEN THE ENTIRE COMMUNITY	
	BENEFITS FROM CONSERVATION EFFORTS AND RECOGNIZES THE VALUE OF	
	PROTECTING THE ECOSYSTEM, ENFORCEMENT BECOMES SELF-POLICING. IN 2016,	
	BIG LIFE FOUNDATION USA PROVIDED FINANCIAL ASSISTANCE FOR 175 STUDENTS	
4d	Other program services (Describe in Schedule O.)	,
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,121,350.	

Form	990	(2016)

	990 (2016) BIG LIFE FOUNDATION USA 27-3455389		Р	age 3
Pa	rt 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?	2	Х	
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) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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," 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 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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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 and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		-
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x

 19
 X

 Form 990 (2016)

Part M Checklist of Plequired Schedules (continued) Yes, "complete Schedule H No. 20a Did the organization operate one or more hospital facilities? // Yes, "complete Schedule H 20a 20a <td< th=""><th>Form</th><th>990 (2016) BIG LIFE FOUNDATION USA 27-345538</th><th>9</th><th>Р</th><th>age 4</th></td<>	Form	990 (2016) BIG LIFE FOUNDATION USA 27-345538	9	Р	age 4
Sole Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule I,	Pa	t IV Checklist of Required Schedules (continued)			
b If 'Yes' to line 20a, did the organization statch a copy of its audited financial statements to this return? 20b 11 Did the organization report more than \$3,000 of grants or other assistance to any domestic organization or domestic organization control domestic organization report the coganization report three than \$3,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 / '''''''''', "complete Schedule (), Part I and III 22 X 23 Did the organization report more than \$3,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 / ''''se, '' complete Schedule (), Part I and III 22 X 24 Did the organization answer 'Yes' to Part VI, Section A, line 3, 4, or 5 about compensation of the organization scurent and former officers, directors, trustees, key employees, and highest compensation of the organization accurent and former officers, directors, trustees, key employees, and highest compensation of the organization accurent any time during the year 0. 24 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 2				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operation. Use the LX columa (k), their 21 // "sis, "complete Schedule / Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (k), the 27 // "res," complete Schedule / Parts I and II 22 X 23 Did the organization naves: Twist: Top ATV, Siscondra A, Ine 34, or a Baout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? // "res," complete Schedule / 23 X 240 Did the organization maves assued ater December 31, 2027 // "res," answer lines 24b through 24d and complete Schedule // (*res, top the 25a 24a X 241 D d the organization markinal an escrew account other than a refinding escrew at any time during the year to defaase any taxe-sempt bonds? 24d 24d 24d 25a Section 501(x)(3), 501(x)(4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction what a disqualified person during the year? If "res," complete Schedule I, Part I 25a X 25 Did the organization aware that It ongaged in an excess benefit transaction with a disqualified persons? If "res," complete Schedule I, Part I 25a X 26 X Did the organization organization exe	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17.8 "res," complete Schedule I, Parts I and II 21 X 22 Did the organization report meshten 55,000 drams for the assistance to or for domestic individuals on Part IX, column (A), line 27. II "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part IVI, Section A, line 3.4, or 5 about compensation of the organization scient and former different formations, increase and part VIS. 23 X 24 Did the organization answer Yes" to Part IVI, Section A, line 3.4, or 5 about compensation of the organization scient and commer different formations. 24 X 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 244 X 240 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 244 X 250 Did the organization nivest any proceeds of tax-exempt bonds beyond a temporary period exception? 244 X 251 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engine in a nexcess benefit transaction with a disqualified person during the yaar? If "Yes," complete Schedule I, Part I 25a X 252 Did the organization aver that engaged in an excess benefit transaction with a disqualified person? If "Yes," complete Schedule I, Part I 25a X 253 Did the organization aver that engaged in an excess benefit transaction with a organization aver that engag	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, complete Schedule / LPArt 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, trustee, key employees, and highest compensated employees? If 'Yes,' complete Schedule / LPArt III. 23 X 24 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 slowed after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule / LPArt III. 240 X 25 Did the organization invest as used after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule / LPArt III. 24d X 26 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X 27 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d X 26 Did the organization in period any organization is period exception? 24d X 27 Did the organization act as an 'on behail of'' issuer for bonds beyond a temporary period exception? 24d X 28 State organization issue after December 31, complete Schedule L, Part II 25a X <	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), Im 27 If Yes,' complete Schedule I, Part I and III 22 X 23 Did the organization answer Yes' to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustese, key employees, and hiphest compensated employees? If Yes,' complete Schedule I, Ves,' to III' the me Zsin 23 X 240 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 I, Ves,' to III' the me Zsin 24a X 240 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 250 Did the organization mantain an escrow account other than a rofunding escrow at any time during the year? 24d X 251 Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d X 253 Section 501(c)8), 501(c)(4), 401(c)(20) organizations. The taxaction with a disqualified person in a prory year, and that the transaction with a disqualified person nump excess benefit transaction with a disqualified person in a prory year, and that the transaction the negatization's prior Forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part I 25a X 250 Did the organization report any amount on Part X, Ine 5, 6, or 22 to receivabes from or payables to any current or former of		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
23 Did the organization answer "Yes" to Part VII. Section A, line 3.4, or 5 about compensation of the organization sourcent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24 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 X 25 Did the organization invest as an "on behalf Of" issuer for bonds outstanding at any time during the year 10 defease any tax-exempt bonds? 24d 24d 26 Did the organization invest as an "on behalf Of" issuer for bonds outstanding at any time during the year? 24d 24d 275 Section 501(c)(3), 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization sport or nay ourrent or former officer, director, trustee, key employees, highest compensated employees, or idsqualified person in a prory explained that the transaction as not token agrant selection committee member, or to a 35% controlled entity or family member of any of these person? If 'Yes,' complete Schedule L, Part I 26 X 27 Did the organization a prory to abusiness transaction with no edited file schedule L, Part IV 26 X 28 Did the organization approry to abusiness transaction with one	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Did the organization answer "Yes" to Part VII. Section A, line 3.4, or 5 about compensation of the organization sourcent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24 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 X 25 Did the organization invest as an "on behalf Of" issuer for bonds outstanding at any time during the year 10 defease any tax-exempt bonds? 24d 24d 26 Did the organization invest as an "on behalf Of" issuer for bonds outstanding at any time during the year? 24d 24d 275 Section 501(c)(3), 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization sport or nay ourrent or former officer, director, trustee, key employees, highest compensated employees, or idsqualified person in a prory explained that the transaction as not token agrant selection committee member, or to a 35% controlled entity or family member of any of these person? If 'Yes,' complete Schedule L, Part I 26 X 27 Did the organization a prory to abusiness transaction with no edited file schedule L, Part IV 26 X 28 Did the organization approry to abusiness transaction with one		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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 fines 24b through 24d and complete Schedule K. If 'No', go to line 25a 24a X 24b Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 24b Did the organization mixed any proceeds of tax-exempt bonds buyond a temporary period exception? 24d X 25c Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Do the organization engage in an excess benefit transaction than tangaged in an excess benefit transaction than tangaget in an excess benefit transaction with a disquilided person in a prise rom server seconds that dire angaged in an excess benefit transaction tax on been reported on any of the organization reports and may of the organization reports any amount on Part X, line 6, 6, or 22 for receivables from or payables to any complete Schedule L, Part I 25a X 27 Did the organization report any amount on Part X, line 6, 6, or 22 for receivables from or payables to any complete Schedule L, Part II 26a X 28 Was the organization provide a grant or other assistance to an officer, director, trustes, key employees, substantial or any of these parsons? If 'Yes,' complete Schedule L, Part II 26a X 29 Us that any of these parsons? If 'Yes,' complete Schedule L, Part II 26a X 20 Ub th organization receive anofficer, director	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
 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 x 24b Did the organization nimitation an escrow account ofter than a refunding escrow at any time during the year to defease any tax-exempt bonds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization animatina on escrow account ofter than a refunding escrow at any time during the year? 24d Did the organization axies an 'on behaf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization axies benefit transaction with a disqualified person during the year? If 'Yes," complete Schedule L, Part I 25a L X. 25b Is the organization axies 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 900 or 900 E27. If 'Yes," complete Schedule L, Part I 25b X. 26 Did the organization aver that it engaged in an excess benefit transactor with a disqualified person? If 'Yes," complete Schedule L, Part II 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or hey employee, furstantial 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 IV 28 Vas the organization aparty to a business transaction with an of the following parties (see Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28 A current or		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
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instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Z8a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Z8b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Z8b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Z9 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 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete 32 X 33 Did 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 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 X 35a		of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c 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 X 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 sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part II 31 X 33 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35a X 35a Did the organization neated organization make any transfers to an exempt non-charitable related organization? 35a X<	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c 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 key employee (or a family member thereof) was an 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 X 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 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I 31 X 33 Did the organization nealted to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b X 35a Did the organization sounduct more than 5% of its activities through an entity that is n		instructions for applicable filing thresholds, conditions, and exceptions):			
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		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Note. All Form 990 filers are required to complete Schedule O	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	Х	

BIG LIFE FOUNDATION USA

Form **990** (2016)

27-3455389

Form	990 (2016) BIG LIFE FOUNDATION USA 27-3455389		P	age 5
Pa	rt 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 1a 12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3	01-	v	
d	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	0-		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a or		^
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	10		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>л</u>
a	If "Yes," enter the name of the foreign country:			
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		- 21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
5	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	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	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 13b			
С	Enter the amount of reserves on hand 13c			_
14a		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 99	0 (2016)
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Form	990 (2016) BIG LIFE FOUNDATION USA 27-345538	9	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No" i		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
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	9		
	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		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6		6		x
	Did the organization have members or stockholders?	0		
78	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		x
	more members of the governing body?	7a		^ _
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_		
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	с с ,	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b		X
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 Internal Revenue Code.)			
			Yes	No
	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 filing the form?	11a	х	
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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
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	х	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	х	
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		x
	Other officers or key employees of the organization			x
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
a				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104		
800	exempt status with respect to such arrangements?	16b		1
-	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OR, NY, CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KIM MCCOY - 971-322-3326			
	1715 NORTH HERON DRIVE, RIDGEFIELD, WA 98642			

Form 990		27-3455389	Page 7
Part VI	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	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)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	not	Pos	itior) thon	000	Reportable	Reportable	Estimated
	hours per	box	do not check more than one box, unless person is both an			is bot	h an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	L_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) NICK BRANDT	40.00				Ť	1 0	<u> </u>			
DIRECTOR & PRESIDENT & CO-FOUNDER	5.00	x		x				0.	0.	0.
(2) KRISTINE BATY	5.00									
DIRECTOR & SECRETARY	0.00	х		х				0.	0.	0.
(3) TOM HILL	5.00									
DIRECTOR & TREASURER	5.00	х		х				0.	0.	0.
(4) RICHARD BONHAM	10.00									
DIRECTOR & CO-FOUNDER	5.00	х			<u> </u>			0.	0.	0.
(5) ORLA BRADY	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(6) DERECK JOUBERT	5.00									0
DIRECTOR (7) MEREDITH OGILVIE-THOMPSON	5.00	X			<u> </u>			0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(8) CHRIS SATTLER	5.00							· · ·	••	<u>.</u>
DIRECTOR	0.00	x						0.	0.	0.
(9) MIKE SILVESTRINI	5.00									
DIRECTOR	0.00	x						0.	0.	0.
(10) KIM MCCOY	80.00									
EXECUTIVE DIRECTOR	0.00			х				116,000.	0.	0.
		<u> </u>		-						
		1								

Form 990 (2016) BIG LIFE FOUN									27-3455	;389		P	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box,	not c , unle	ss per	ition more rson i	than o is boti pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	zations compen			e ion :ed
1b Sub-total								116,000.		0.			٥.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 116,000.		0. 0.			0. 0.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed at	oove	e) wh	io r	received more than \$100),000 of reportabl	е			1
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		x
4 For any individual listed on line 1a, is the su											0		
and related organizations greater than \$150										1	4		X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	•							•			5		x
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	acto	ors 1	that received more than	\$100.000 of com	pens	ation f	rom	
the organization. Report compensation for (A)											(0		
Name and business	address	NO	NE				_	Description of s	ervices	C	ompe		n
							_						
2 Total number of independent contractors (i \$100.000 of compensation from the organi		iot lir	nite	d to		se lis 0	stec	d above) who received m	nore than				

	990 (t VII	2010)	E FOUNDATION	USA			27-345538	9 Page
		Check if Schedule O cont		or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
and Other Similar Amounts	1 a	Federated campaigns	1a					
no	b	Membership dues	1b					
¥	с	Fundraising events	1c	126,891.				
lar	d	Related organizations	1d					
<u>i</u>	е	Government grants (contribut	ions) 1e					
S	f	All other contributions, gifts, gran	ts, and					
Ę		similar amounts not included abo	ve 1f	2,869,399.				
ĕ	-	Noncash contributions included in lines						
a	h	Total. Add lines 1a-1f		►	2,996,290.			
				Business Code				
	2 a							
Revenue	b							
en	С							
ě	d							
-	е							
	f	All other program service reve	enue					
\perp	g	Total. Add lines 2a-2f		►				
	3	Investment income (including						
		other similar amounts)		►	3,402.			3,4
	4	Income from investment of tax	x-exempt bond	oroceeds 🕨				
	5	Royalties	. <u></u>	►	2,632.			2,6
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)		►				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)		•••••				
		Gross income from fundraisin						
		including \$ 126	•					
3		contributions reported on line						
		Part IV, line 18	-	4,250.				
	b	Less: direct expenses						
2		Net income or (loss) from fund		►	-42,290.			-42,2
		Gross income from gaming ac			, .			,
	- 4	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	u	and allowances		101,299.				
	h	Less: cost of goods sold						
		Net income or (loss) from sale			1,185.			1,1
┢	<u> </u>	Miscellaneous Revenu		Business Code	_,			-,-
H	11 -	REIMBURSEMENTS		900099	440.			4
	n a b		<u> </u>		110.			
	U U			<u>├</u>				
	_							
	C							
	d	All other revenue			440.			

BIG LIFE FOUNDATION USA

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Sect	ion 501(c)(3) and 501(c)(4) organizations must comp		-		
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,033,287.	2,033,287.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	116,000.	33,350.	45,433.	37,21
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	92,682.	29,792.	24,384.	38,50
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	17,917.	6,436.	5,477.	6,00
1	Fees for services (non-employees):				
а	Management				
b	Legal	16,678.		13,497.	3,18
С	Accounting	35,283.		35,283.	
d	Lobbying				
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 0.)	34,705.	588.	18,497.	15,62
12	Advertising and promotion	17,353.	2,200.	173.	14,98
13	Office expenses	17,857.	6,874.	3,951.	7,03
14	Information technology	9,557.	1,314.	5,620.	2,62
5	Royalties				
16	Occupancy				
7	Travel	19,030.	7,509.	7,799.	3,72
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	3,522.		3,522.	
4	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 0.)				
а					
b					
С					
d					
	All other expenses	0.110.05			
.5	Total functional expenses. Add lines 1 through 24e	2,413,871.	2,121,350.	163,636.	128,88
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (
Part X	Balance	e Sheet

BIG LIFE FOUNDATION USA

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	27,266.	1	206,281.
	2	Savings and temporary cash investments	1,486,660.	2	1,772,516.
	3	Pledges and grants receivable, net	0.	3	60,000.
	4	Accounts receivable, net	69,985.	4	86,153.
	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 disgualified 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			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	69.	9	763.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,583,980.	16	2,125,713.
	17	Accounts payable and accrued expenses	10,954.	17	4,899.
	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	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iabi		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,954.	26	4,899.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ⊥ and			
ses		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	1,406,882.	27	1,719,248.
or Fund Balances	28	Temporarily restricted net assets	166,144.	28	401,566.
pu	29	Permanently restricted net assets		29	
Б		Organizations that do not follow SFAS 117 (ASC 958), check here			
°, or		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Ast	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	1,573,026.	33	2,120,814.
	34	Total liabilities and net assets/fund balances	1,583,980.	34	2,125,713.

Form **990** (2016)

Form	990 (2016) BIG LIFE FOUNDATION USA	27-3455389		Pa	ge 12
	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	2	,961	,659.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,413	,871.
3	Revenue less expenses. Subtract line 2 from line 1	3		547	,788.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,573	,026.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2	,120	,814.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

	S	Cŀ	IEI	DU	LE	Α
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(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.

2016
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/f	orm990.
	Emplo

Nam	e of t	the organization							r identification numbe	۶r
Ра	~+ I		FE FOUNDATION U						7-3455389	
		Reason for Public		-				S.		
	organ	ization is not a private found								
1		A church, convention of ch					1)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for		ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	ped in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma		antial part of its support f	rom a gov	rernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe								
9		An agricultural research org								
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state o	f the colleg	je or	
		university:								
10		An organization that norma								
		activities related to its exen								۱t
		income and unrelated busi		e (less section 511 tax) fr	om busine	esses acqu	ired by the o	ganization	after June 30, 1975.	
		See section 509(a)(2). (Co								
11		An organization organized								
12		An organization organized	-	-				-		
		more publicly supported or							Check the box in	
	_	lines 12a through 12d that								
а		Type I. A supporting orga	-	-	•					
		the supported organization		• • • •	a majority	of the dire	ctors or truste	ees of the s	supporting	
		organization. You must o								
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	oportea	
		organization(s). You mus	-					II into avait	ما النام م	
С		J Type III functionally inte						lly integrate	ed with,	
لم		its supported organizatio						rtad argani	ization(a)	
d	L	J Type III non-functionally						-		
		that is not functionally int requirement (see instruct	0	e ,	•		•	u an alleni	iveness	
е		Check this box if the orga	,	•	-					
e		functionally integrated, o					а туре ї, туре	n, type m		
f	Ente	er the number of supported								_
' n		vide the following information								_
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other	
	-	organization		(described on lines 1-10	Yes	ing document? No	support (see ir	nstructions)	support (see instructions	5)
				above (see instructions))						
										_

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1,239,996.	1,353,698.	1,896,754.	2,371,444.	2,996,290.	9,858,182.		
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 \dots								
4	Total. Add lines 1 through 3	1,239,996.	1,353,698.	1,896,754.	2,371,444.	2,996,290.	9,858,182.		
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)						1,862,583.		
	Public support. Subtract line 5 from line 4.						7,995,599.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4	1,239,996.	1,353,698.	1,896,754.	2,371,444.	2,996,290.	9,858,182.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	_							
	and income from similar sources \dots	7.	60,445.	609.	4,950.	6,034.	72,045.		
9	Net income from unrelated business								
	activities, whether or not the	0.024		105			0 350		
	business is regularly carried on	8,234.		125.			8,359.		
10	Other income. Do not include gain								
	or loss from the sale of capital			000			500		
	assets (Explain in Part VI.)			286.		440.	726.		
11	11 \$					10	9,939,312.		
12	Gross receipts from related activities,	•	,		-	12			
13	First five years. If the Form 990 is for	-	first, second, thir	a, fourth, or fifth ta	x year as a section	1501(0)(3)			
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Per	rcentage						
	Public support percentage for 2016 (I			olump (f))		14	80.44 %		
						15	<u> </u>		
	15 Public support percentage from 2015 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2015. If the c						······ • —		
-									
17a	and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"				•	•			
b	10% -facts-and-circumstances tes								
	more, and if the organization meets th	-							
	organization meets the "facts-and-circ				• •				
18	Private foundation. If the organizatio								
					Sche	dule A (Form 990	or 990-EZ) 2016		

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.)

Section A. Public Support

Page 2

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A Public Support

<u>Sec</u>	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization's	s first. second. thir	d. fourth. or fifth t	tax vear as a section	n 501(c)(3) or	ganization.
	check this box and stop here	0		, ,	,	()()	
Se	ction C. Computation of Publ						
	Public support percentage for 2016 (I			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Invest						,,
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the				e 15 is more than :		
	more than 33 1/3%, check this box a						
F	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
20	i mate roundation. If the organizatio	n aiu not crieck a	557 011 1110 14, 19	a, or roo, check l	INS DUA ANU SEE IN	30000015	

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a L	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	turiationa		
c A	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	liucions		No
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Julia		
5	of its supported organizations? If "Yes," describe in Part VI , the role played by the organization in this regard	3h		

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Part V	Type III Non-Fu	nctionall	v Inte	arated 500	(a)(
Schedule	A (Form 990 or 990-EZ) :	2016 BIG	LIFE	FOUNDATION	USZ

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	r ugo r
Secti	on D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			FIE-2010	
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
	From 2013			
	From 2014			
	From 2015			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
7	and 4c			
8	Breakdown of line 7:			
<u> </u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
-	Excess from 2016			
				Form 000 or 000 EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 BIG LIFE FOUNDATION USA	27-3455389	Pag
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See instructions.)	ction B, lines 1 and 2; Part IV, Section /, line 1; Part V, Section B, line 1e; F	ion C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS INCOME		
2014 AMOUNT: \$ 286.		
REIMBURSEMENTS		
2016 AMOUNT: \$ 440.		

Page **8**

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** PUBLIC DISCLOSURE COPY **

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 www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

27-3455389

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

shadula D

Name of the organization

Organization type (check one)

BIG LIFE FOUNDATION USA

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2016)

Name of organization			Employ	Employer identification number	
BIG LIFE Part I	FOUNDATION USA Contributors (See instructions). Use duplicate copies of Part I	if additional space is needed.	27-	3455389	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
1		\$3	77,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution	
2		\$3	<u>79,300.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution	
3		\$1	05,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution	
4		\$1	00,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
5		\$1	00,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
6		\$1	00,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

over identification number

Name of organization			Employer identification number		
BIG LIFE Part I	FOUNDATION USA Contributors (See instructions). Use duplicate copies of Part	Lifedditional analysis peeded	27-3455389		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
7		\$1	00,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
8		\$	81,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
9		\$	60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
10		\$	94,791.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)
Name of organization

Page 3

Employer identification number

BIG LIFE FOUNDATION USA

27-3455389

Part II	Noncash Property (See instructions). Use duplicate copies of Par	t 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
	PHOTOGRAPHY PRINTS		
10			
		\$94,791.	12/31/16
(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) (2016)

G LIFE I	FOUNDATION USA		27-3455389
art III		blumns (a) through (e) and the follo , charitable, etc., contributions of \$1,000 or	l in section 501(c)(7), (8), or (10) that total more than \$1,000 fo wind line entry. For granizations
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. 	Transferee's name, address, an	(e) Transfer of gif	t Relationship of transferor to transferee
-			
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address, an		Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, an		
-			Relationship of transferor to transferee

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

(Form	990)
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 Supplemental Financial Statements

 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

 ▶ Attach to Form 990.

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

OMB No. 1545-0047
0046
2016
Open to Public
Inspection

Nam	e of the organization BIG LIFE FOUNDATION USA		Employer identification number 27-3455389
Par		d Funds or Other Similar Funds or	
1 41			Accounts.Complete li the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	Tabel much an at an disference		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	lonly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose conf	erring
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation)	ly important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a o	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, rel		
-	year ►		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ŭ		handling of violations, and officially conserva	alon easements daming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	asements during the year
•	S		casements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section $170(h)(A)$	
0	1 ()	, , , , , , , , , , , , , , , , , , , ,	
0	and section 170(h)(4)(B)(ii)?		
9			
	include, if applicable, the text of the footnote to the organizat	ion's mancial statements that describes the c	rganization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Other	Similar Assets
I GI	Complete if the organization answered "Yes" on Form		olimital Assets.
Ia	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	bucation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre-		n, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		🕨 \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Schedule	D (I	Form	990)	2016	a
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Sche	dule D (Form 990) 2016 BIG LIFE F	OUNDATION USA				27-34553	89	Paç	ge 2
Par	t III Organizations Maintaining (Collections of A	rt, Historical T	reasures, or Oth	ner Simil	ar Asse	t s (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that are a	significant	use of its o	collectio	ı items	
	(check all that apply):								
а	Public exhibition	c		change programs					
b	Scholarly research	e	e 🛄 Other						
с	Preservation for future generations								
4	Provide a description of the organization's of					ose in Part	XIII.		
5	During the year, did the organization solicit						1		
	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arrar		ete if the organizat	ion answered "Yes" o	n Form 990	D, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa								
та	Is the organization an agent, trustee, custoo						1		N
h	on Form 990, Part X?					······	Yes		No
D	If "Yes," explain the arrangement in Part XII	and complete the to	blowing table:				Amount		
•	Paginning balance				1c		Amount		
	Beginning balance Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XII								
Par									
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	/ears back	(e) Four	years b	ack
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cu	rrent year end baland	ce (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
•	The percentages on lines 2a, 2b, and 2c she								
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are held	and administered for	the organi	zation	г	V	
	by: (i) unrelated organizations						20(1)	Yes	No
							3a(i) 3a(ii)		
h	(ii) related organizations						3b		
4	Describe in Part XIII the intended uses of th						55	I	
Par	t VI Land, Buildings, and Equipr		Swittent funds.						
	Complete if the organization answere		0, Part IV, line 11a.	See Form 990, Part 2	K, line 10.				
	Description of property	(a) Cost or c	· · · · ·		Accumulate	ed	(d) Bool	< value	
	· · · · · · · · · · · · · · · · · · ·	basis (investr	• • •		epreciation		.,		
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
e	Other								
Tota	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line	10c.)					0.

Schedule D (Form 990) 2016

27-3455389	Page 3
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Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII L

	dule D (Form 990) 2016 BIG LIFE FOUNDATION USA			27-3455389	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			<u> </u>	
1	Total revenue, gains, and other support per audited financial statements			1	3,107,961.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities		94,439.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	94,439.
3	Subtract line 2e from line 1			3	3,013,522.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	-51,863.		
с	Add lines 4a and 4b			4c	-51,863.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,961,659.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 124		Expenses per	Return.	
1	Total expenses and losses per audited financial statements			1	2,560,173.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
ے a	Donated services and use of facilities	2a	94,439.		
a b			51,105.		
	Prior year adjustments				
ر م	Other losses		51,863.		
d	Other (Describe in Part XIII.)		, -	0	146,302.
-	Add lines 2a through 2d			2e	,
3	Subtract line 2e from line 1			3	2,413,871.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,413,871.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			4; Part X, line 2	; Part XI,

PART XI, LINE 4B - OTHER ADJUSTMENTS:		
COST OF GOODS SOLD	-5,323.	
SPECIAL EVENT DEDUCTIONS	-46,540.	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-51,863.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
COST OF GOODS SOLD	5,323.	
SPECIAL EVENT DEDUCTIONS	46,540.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	51,863.	

Schedule D (Form 990) 2016	BIG LIFE FOUNDATION USA	27-3455389	Page
Part XIII Supplemental Inf	formation (continued)		

Department of the Treasury Internal Revenue Service Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.							en to Public	
Name of the organizatio		Information abo	out Schedule F	(Form 990) and its instructions is at	www.iis.gov/id			spection cation number
· ·								
BIG LIFE FOUNDATIO				taide the United Otates of		27-345538		
Part I General Form 990,			ictivities Ou	tside the United States. Comple	ete if the organ	lization answe	red "Ye	es" on
		•	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,		
the grantees' eligi	ibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	X	res 🗌 No
2 For grantmakers United States.	s. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistanc	e outsi	de the
3 Activities per Reg	jion. (Th	ne following Part		an be duplicated if additional space is r	needed.)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, e specific type (s) in the regio		(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	A –							
ANGOLA, BENIN,				CRANING NO DECEDIENTS				
BOTSWANA, BURKINA, FASO,	,	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION				2,033,287.
1160,			, v					2,033,207.
EUROPE (INCLUDING				FUNDRAISING: DIRECT				
ICELAND & GREENLAN	ND)	0	0	MAILINGS				259.
3 a Sub-total		0	0					2,033,546.
b Total from continues sheets to Part I		0	0					0.

Statement of Activities Outside the United States

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

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

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0

Schedule F (Form 990) 2016

2,033,546.

OMB No. 1545-0047

6

and 3b)

c Totals (add lines 3a

SCHEDULE F

(Form 990)

BIG LIFE FOUNDATION USA

27-3455389

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.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the lifts, or for which the grantee or counse has provided a saccion 501(c)(3) equivalency leter	1 (a) Name of organization	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
BENTH, BOTSHANA, EDUCATIONAL NURKINA, PASO, SCHOLARSHIPS 1,680,250. WIRE TRANSFER 0. SUBSAHAAN NFRICA - NNOLA, BENTI, BOTSHANA, BURKINA, PASO, BUIPMENT 1,680,250. WIRE TRANSFER 0. SUBSAHAAN NERLIA - NNOLA, BURKINA, PASO, BUIPMENT 353,037. WIRE TRANSFER 0. SUBSAHAAN NURKINA, PASO, BUIPMENT 353,037. WIRE TRANSFER 0. SUBSAHANAN NURKINA, PASO, BUIPMENT SUBSAHANAN SUBSAHANAN SUBSAHANAN NURKINA, PASO, BUIPMENT SUBSAHANAN SUBSAHAN			SUB-SAHARAN	WILDLIFE PROTECTION,					
UNKTINA, PASO, SCHOLARSHIPS 1,680,250,WTRE TRANSFER 0. SUB-SABARAN AFTI-FOACHING AND BURKINA, PASO, AFTI-FOACHING AND BURKINA, PASO, <			AFRICA - ANGOLA,	CONSERVATION,					
SUB-SANARAN NFRICA - ANGOLA, BERNIN, BOTSWANA, INTI-FOACHING AND BURKINA, FASO, BOUIPMENT 353,037, WIRE TRANSFER 0. Image: Sub-Sanara Su			BENIN, BOTSWANA,	EDUCATIONAL					
AFRICA - ANGOLA, BENTN, BOTSMARA, MITI-FOACHING AND BURKINA, FASO, SUITHENT 353,037, WIRE TRANSFER 0. Image: Superstant of the state of the st			BURKINA, FASO,	SCHOLARSHIPS	1,680,250.	WIRE TRANSFER	Ο.		
BETIN, BOTSWANA, ANTI-POACHING AND BURKINA, PASO, ROIPMENT 353,037. NIRE TRANSPER 0. Image: State of the			SUB-SAHARAN						
BURKINA, FABO, BQUIFMENT 353,037, WIRE TRANSFER 0. Image: State of the state			AFRICA - ANGOLA,						
Image: Section of recipient organizations listed above that are recognized as chartlies by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Image: Section 501(c)(3) equivalency letter			BENIN, BOTSWANA,	ANTI-POACHING AND					
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter			BURKINA, FASO,	EQUIPMENT	353,037.	WIRE TRANSFER	0.		
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
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the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									+
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	2 Enter total number of		l	recognized on charities by the	foreign country		wampt by		1
									°
									2

Schedule F (Form 990) 2016

Page 2

Dart III Gra	unts and Othor As	cictoroo t	o Indiv	<i>iduals</i> Outsid	o tho
Schedule F (Fo	orm 990) 2016	BIG	LIFE	FOUNDATION	USA

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 additional space is needed.

(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 3

Schedule F (Form 990) 2016

27-3455389

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 No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately 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; do not file with Form 990)</i>	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)	X Yes	No 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? <i>If</i> "Yes," <i>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)</i>	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 BIG LIFE FOUNDATION USA	27-3455389	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accou	-	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting meth		(c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional info	rmation. See instructions.	
PART I, LINE 2:		
THROUGH THE BOARD, THE ORGANIZATION WILL EXERCISE COMPLETE CONTROL AND		
SUPERVISION OF ALL GRANTS MADE THAT FURTHER THE ORGANIZATION'S 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		
ORGANIZATION THAT DEMONSTRATE THAT THE FUNDS WERE EXPENDED FOR APPROVED		
PURPOSES.		
(2) THE ABILITY OF THE ORGANIZATION, IN ITS SOLE DISCRETION, TO DECLINE		
TO FUND, FOR ANY REASON, A PREVIOUSLY APPROVED GRANT.		
(3) AUTHORIZATION FOR THE ORGANIZATION TO SOLICIT CONTRIBUTIONS, GRANTS		
AND GIFTS IN ORDER TO FUND THE GRANT.		
(4) THE ABILITY OF THE ORGANIZATION TO WITHDRAW ITS PRIOR APPROVAL OF THE		
GRANT AND/OR THE INTENDED USE OF THE FUNDS THEREUNDER.		
(5) THE ABILITY OF THE ORGANIZATION TO REFUSE TO ACCEPT GIFTS, GRANTS AND		
CONTRIBUTIONS THAT ARE EARMARKED FOR THE USE OF THE FOUNDATION. TO THE		
EXTENT THE ASSETS OF THE ORGANIZATION REASONABLY PERMIT, THE APPROPRIATE		
OFFICERS OR DIRECTORS OF THE ORGANIZATION MAY CONDUCT FIELD		
INVESTIGATIONS TO VERIFY ALL GRANTS ARE BEING UTILIZED FOR THE PURPOSES		
SET FORTH IN THE GRANT APPLICATION.		
PART I, LINE 3:		
THE ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES.		
SCHEDULE F, PART IV, LINE 1:		

FORM 926 IS NOT REQUIRED TO BE FILED BECAUSE THE TRANSFER

TO A FOREIGN CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN

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. See instructions.

THE IRC SEC 6038(A)(1)(A).

(Form 990 or 990-EZ) Department of the Treasury Letrend Device	ental Information Regarding e organization answered "Yes" on organization entered more than \$1 ► Attach to Form 990 about Schedule G (Form 990 or 990-EZ	Form 5,000 or Fo	990, F on Foi rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.	or 19,	or if the	OMB No. 1545-0047
Name of the organization) and its	sinsut		,01//10		entification number
BIG LIFE F0	OUNDATION USA					27-3455389	
Part I Fundraising Activities required to complete this par	Complete if the organization answer t.	ered "Y	'es" or	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Internet and email solicitations Phone solicitations In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, P If "Yes," list the 10 highest paid indir compensated at least \$5,000 by the 	e Solicita f Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra l (inclue profess	non-g gover aising o ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	aiser ustodv	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		1					
Total	on is registered or licensed to solicit	contrik	butions	s or has been notified	d it is	exempt from	registration

Schedule G (Form 990 or 990-EZ) 2016

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	131,141.			131,141.
	2	Less: Contributions	126,891.			126,891.
	3	Gross income (line 1 minus line 2)	4,250.			4,250.
	4	Cash prizes				
ş	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	41,715.			41,715.
	8	Entertainment	4,825.			4,825.
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	46,540.
_		Net income summary. Subtract line 10 from li				-42,290.
Pa	irt I		answered "Yes" on Form 9	990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.				

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ş	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
lirect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:		•		Yes No

Sch	nedule G (Form 990 or 990-EZ) 2016 BIG LIFE FOUNDATION USA 27-34	55389	Page 3
	Does the organization conduct gaming activities with nonmembers?	Υ	es 🗌 No
	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?	Y	'es 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 Y	es 🗌 No
	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \triangleright \$		
(c If "Yes," enter name and address of the third party:		
	Address 🕨		
16	Gaming manager information:		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🗀 Y	es 🛄 No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	lines 9, 9	b, 10b, 15b,

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2016

Department of the Treasury
Internal Revenue Service

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

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

Open To Public Inspection

Name of the organization

TC	ттрр	FOUNDARTON	TICA	

Employer identification number
27-3455389

BIG LIFE FOUNDATION USA

Par	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art	X	60		FMV			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
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							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14 45	Qualified conservation contribution - Other							
15	Real estate - Residential							
16 17	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19 00	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens Archeological artifacts							
24 25	Archeological artifacts	x	1	41,715.	EM(7			
25 26	Other (AUDIO EQUIP.)	X	1	,				
20 27	Other (DRONE)	X	1	1,316.				
28	Other ()			1,010,				
29	Number of Forms 8283 received by the organiz	zation during	l a the tax year for c	ontributions				
25	for which the organization completed Form 828						0	
		50, i uitiv, i					Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property re	oorted in Part L lines 1 throu	ah 28 that it		100	
000	must hold for at least three years from the date		•••••		-			
	exempt purposes for the entire holding period?					30a		х
h	If "Yes," describe the arrangement in Part II.					000		
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contrib	utions?	31	x	
	Does the organization hire or use third parties of							
	contributions?		•	· • ·		32a		x
	If "Yes," describe in Part II.			, ,,, , ,,, ,				
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.	4le e 1.e - 4		0	Schodulo M	(F	000) (0040

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

Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016) BIG LIFE FOUNDATION USA
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Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

THE NUMBER OF CONTRIBUTIONS OF WORKS OF ART REFERS TO THE NUMBER OF

ITEMS RECEIVED BY THE ORGANIZATION. THE NUMBER OF OTHER CONTRIBUTIONS

LISTED REFERS TO THE NUMBER OF CONTRIBUTIONS.

SCH	IEDU	LE O	

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



BIG LIFE FOUNDATION USA

Employer identification number 27-3455389

FORM 990, PART I, LINE 6: VOLUNTEERS

THERE WERE NINE VOLUNTEER BOARD MEMBERS AND FOUR VOLUNTEER NON-BOARD

MEMBERS DURING THE YEAR THAT PROVIDED FUNDRAISING, LEGAL, AND

ADVERTISING SUPPORT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POPULATIONS OF ELEPHANTS LEFT IN EAST AFRICA. THE FIRST ORGANIZATION TO

FUND COORDINATED ANTI-POACHING TEAMS IN EAST AFRICA OPERATING ON BOTH

SIDES OF THE KENYA-TANZANIA BORDER, BIG LIFE USA RECOGNIZES THAT

SUSTAINABLE CONSERVATION CAN ONLY BE ACHIEVED THROUGH A COMMUNITY-BASED

COLLABORATIVE APPROACH, WHICH IS AT THE HEART OF BIG LIFE USA'S

PHILOSOPHY: CONSERVATION SUPPORTS THE PEOPLE AND PEOPLE SUPPORT

CONSERVATION. BIG LIFE USA'S VISION IS TO ESTABLISH A SUCCESSFUL

HOLISTIC CONSERVATION MODEL IN THE AMBOSELI-TSAVO-KILIMANJARO ECOSYSTEM

THAT CAN BE REPLICATED ACROSS THE AFRICAN CONTINENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INCLUDING 250 TRAINED RANGERS, AS WELL AS 101 TRAINED RANGERS IN

TANZANIA. RANGERS IN KENYA PATROLLED 232,360 KM BY VEHICLE AND 78,574

KM ON FOOT. RANGERS IN TANZANIA PATROLLED 119,172 KM. 243 PEOPLE WERE

ARRESTED FOR 119 INCIDENTS IN KENYA. 481 POACHING TOOLS AND RELATED

ITEMS WERE CONFISCATED, ALONG WITH 410 KG OF IVORY, PLUS POISON AND

MARIJUANA. WE ALSO SUPPORTED THE LEGAL MONITORING OF COURT CASES

THROUGHOUT THE YEAR, INCLUDING 5 CASES ENDING IN CONVICTIONS/SENTENCING

AND 48 ONGOING CASES THAT ARE STILL BEING MONITORED.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (201

Name of the organization

BIG LIFE FOUNDATION USA

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

VALUE OF THE ANIMAL, USING FUNDS FROM THE PREDATOR COMPENSATION FUND.

THIS SMALL CONSOLATION IS SIGNIFICANT TO THE MAASAI, AND AS A RESULT,

RETALIATORY KILLINGS HAVE BEEN REDUCED SIGNIFICANTLY. IN 2016, WE

FUNDED THE SUCCESSFUL INTERVENTION BY RANGERS AGAINST 18 LION HUNTS AND

OUR GRANTS TO THE PREDATOR COMPENSATION FUND WERE USED TO REIMBURSE

PARTICIPATING COMMUNITY MEMBERS FOR THE QUALIFYING DEATHS BY PREDATION

OF 3,066 LIVESTOCK, WITH A COMPENSATION VALUE OF \$96,033.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AT VARYING LEVELS OF EDUCATION, AND PAID THE SALARIES OF 28 TEACHERS.

MULTIPLE CONSERVATION-ORIENTED STUDENT AND COMMUNITY MEETINGS WERE ALSO

HELD IN 2016.

FORM 990, PART VI, SECTION A, LINE 2:

NICK BRANDT AND ORLA BRADY HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

BIG LIFE FOUNDATION USA DOES NOT HAVE ANY COMMITTEES THAT ACT ON BEHALF OF

THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

BIG LIFE FOUNDATION USA'S EXECUTIVE DIRECTOR PROVIDES COMPREHENSIVE

ASSISTANCE AND OVERSEES THE PREPARATION OF THE 990. BIG LIFE USA'S BOARD

OF DIRECTORS MEMBERS ARE PRESENTED WITH THE FORM 990 BEFORE IRS SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page Employer identification number
BIG LIFE FOUNDATION USA	27-3455389
BIG LIFE FOUNDATION USA HAS A FORMAL CONFLICT OF INTEREST POLICY WHICH	
DEFINES AN INTERESTED PERSON AND REQUIRES EACH DIRECTOR, OFFICER, AND KEY	
EMPLOYEE TO ANNUALLY COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE	
STATEMENT. THE STATEMENT REQUIRES DISCLOSURE OF ANY ACTUAL OR POTENTIAL	
CONFLICTS AND AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF, READ, AND	
UNDERSTANDS THE CONFLICT OF INTEREST POLICY, AND HAS AGREED TO COMPLY WITH	
THE CONFLICT OF INTEREST POLICY. THE BOARD WILL REVIEW EACH CONFLICT AND	
DETERMINE THE APPROPRIATE ACTION. IF A CONFLICT ARISES, THE BOARD MEMBER	
WILL RECUSE HIM/HERSELF FROM ANY DISCUSSION OR VOTE ON THE MATTER.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST	
POLICY WILL BE MADE AVAILABLE UPON REQUEST.	

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.										
Internal Revenue Service	e In	formation about Schedule R (Form	990) and its instructions is a	at www.irs.gov/forr	n990.		nployer iden	Open to P Inspect	ion		
Name of the orgar	Name of the organization BIG LIFE FOUNDATION USA En										
Part I Identif	ication of Disregarded Entities. Comp	lete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity				r assets	Direc	(f) entity	g		
		_									
		_									
		_									
		_									
Part II Identif organiz	ication of Related Tax-Exempt Organizations during the tax year.	izations. Complete if the organizatio	n answered "Yes" on Form 990	0, Part IV, line 34 b	ecause it had one	or more	related tax-e	exempt			
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controll entity		cont	g) 512(b)(13) rolled tity?		
					501(c)(3))			Yes	No		
BIG LIFE LIMIT	TED SS PK, BLOCK D - UPPER FL	_		ED -		BIG LI	FE				
NAIROBI, KENYA	A 00200	ANTI-POACHING	KENYA	501(C)(3)		FOUNDA	TION USA	х			
		_									
		_									
		_									

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

Schedule R (Form 990) 2016

OMB No. 1545-0047

1

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)						
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	(related unrelated income		Disprop alloca	ortionate ttions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener manag partn	^{Il or} Percentag ^{ing} ownershi						
		country)		excluded from tax under sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No						
]																
]																
]																
]																
	1																
	1																
	1																

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile Cistate or entity			(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont eni	(i) ction (b)(13) trolled tity?
		country)		Type of entity (C corp, S corp, or trust)				Yes	No
									\square
									\square

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s M
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			Ŧ
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		+
k Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n		
 Sharing of paid employees with related organization(s) 			_
Reimbursement paid to related organization(s) for expenses	1p		
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BIG LIFE LIMITED	В	1,680,250.	воок
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2016 BIG LIFE FOUNDATION USA

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)				(f)	(g)	0	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501 (c orgs	all s sec	Share of	Share of		opor-	Code V-UBI	General o	Percentage
of entity	, , , , , , , , , , , , , , , , , , ,	(state or foreign	(related, unrelated,	501(c	c)(3)	total	end-of-year	tior alloca	opor- nate tions?	amount in box 20	managing partner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No		Yes NO	-

Schedule R (Form 990) 2016

Page 5 Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.