Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

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

Open to Public

A	For	the 2014 ca	alendar year, or tax year beginning , 2014, and ending			1
<u>₿</u> _	7	of applicable	C Name of organization		D Employer	identification number
⊢	1	ss change	FRIENDS OF BIG CREEK		61-1	606049
-	1	change	Number and street (or P O. box, if mail is not delivered to street address) Room/suite	-	E Telephone	
⊢	Initial	return turn/terminaled	P.O. BOX 609272		(216	661-7706
⊢	4	ded return	City or town, state or province, country, and ZIP or foreign postal code			
\vdash	•	ation pending			F Group E	xemption
<u>_</u>		unting Meth		L Chack		organization is not
ı		_	ww.friendsofbigcreek.org	i .		Schedule B
i			ww.111ends01b1gc1eex.01g (check only one) — X 501(c)(3)			Z, or 990-PF).
<u>к</u>		of organiza		I	· · · · · · · · · · · · · · · · · · ·	
L	Add	lınes 5b. 6c	, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	or if total	▶ \$	18,650.
Ď,			ue, Expenses, and Changes in Net Assets or Fund Balances (see			
- Jan 6			he organization used Schedule O to respond to any question in this Part I			
	1	Contribution	ons, gifts, grants, and similar amounts received		1	6,225.
	2		service revenue including government fees and contracts			9,500.
	3		nip dues and assessments			2,925.
	4		nt income		4	
	5 a	Gross amo	ount from sale of assets other than inventory 5 a		20 Sept.	
	ı		or other basis and sales expenses			
	l		s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c	
	6		nd fundraising events			
Ŗ	a	-	ome from gaming (attach Schedule G if greater than \$15,000) 6 a			
R E V			ome from fundraising events (not including \$ of contribu	tions	15.5	
E NUE		from fundr	raising events reported on line 1) (attach Schedule G if the sum oss income and contributions exceeds \$15,000) 6 b			
_	С	_	ct expenses from gaming and fundraising events 6 c			
		6b and sul	e or (loss) from gaming and fundraising events (add lines 6a and btract line 6c)		6 d	
	7 a	Gross sale	es of inventory, less returns and allowances			
			of goods sold			
	С		fit or (loss) from sales of inventory (Subtract line 7b from line 7a) . RECEIL:	ال) (المتعادد	7c	
	8	Other reve	enue (describe in Schedule O)		8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> 015 · · · </u>	. ► 9	18,650.
	10	Grants and	d similar amounts paid (list in Schedule O)		10	
	11	Benefits pa	aid to or for members	مر معتصم	· j 11	
Ē	12	Salanes, o	other compensation, and employee benefits		12	
ê	13	Profession	al fees and other payments to independent contractors		13	29,425.
EXPENSUE O	14		y, rent, utilities, and maintenance			1,950.
Ē	15	Printing, pi	ublications, postage, and shipping		15	1,813.
٠,	16		enses (describe in Schedule O)			3,786.
	17		enses. Add lines 10 through 16			36,974.
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			-18,324.
AS SET S	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with endited on prior year's return)	d-of-year	19	47,752.
דַּדַ	20		nges in net assets or fund balances (explain in Schedule O)			1111021
٠	21		or fund balances at end of year Combine lines 18 through 20			29,428.
BAA			k Reduction Act Notice, see the separate instructions.	-		Form 990-EZ (2014)

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Form	990-EZ (2014) FRIENDS OF BIG	CREEK		61	-16060)49 Pagė 2
Par	tella Balance Sheets (see the inst	tructions for Part II)	to a to the or Don't H			. 🛛
	Check if the organization used Sched	dule O to respond to any quest		(A) Beginning of yea		(B) End of year
22	Cash, savings, and investments			17., 651		- 29,495.
23	Land and buildings			· "· · 0		
_24	Other assets (describe in Schedule O) .	Şee L-24 Stı	m.t	30,180		
, 25	Total assets			47,831	. 25	~ ·s. 29,495.
26	Total liabilities (describe in Schedule O)			' 79		67.
	Net assets or fund balances (line 27 of			47,752	. 27	29,428.
Par	LIII Statement of Program Service A	ccomplishments (see the in:	structions for Part III)	· —		Expenses
140 -4 3	Check if the organization used Sch					d for section 501
Desc	s the organization's primary exempt purpose? CON ribe the organization's program service accurred by expenses. In a clear and concise rited, and other relevant information for each	complishments for each of its the	ING RECOGNITION TO THE B nree largest program se provided, the number of	IG CREEK WATERSHED. rvices, as persons		d 501(c)(4) itions; optional s)
28	CONTINUE TO IMPLEMENTED WATERSHED !		PESS FINANTING FRASI	ON AND WATER		
	QUALITY CONCERNS THROUGH IN					
	BIG CREEK WATERSHED COMMU					
	(Grants \$ 0.) If th	is amount includes foreign grai	nts, check here		28 a	28,791.
29	IMPLEMENTED STORM WATER F	RETROFIT RANKING PE	ROJECT WITHIN :	THE		
	BIG CREEK WATERSHED COMMU					
	(Grants \$ 0.) If th	is amount includes foreign gran	nts, check here		29 a	6,400.
30	BIG CREEK I-71 RELOCATION			NG		
	<u>REPORT WITH CONCEPT PLANS</u>	SGRAPHIC _RENDERIN	<u> </u>			
	COST ESTIMATES.	is amount includes foreign gran			30 a	
31	(Grants \$ 2,500.) If the Other program services (describe in Schei				30 a	0.
31		is amount includes foreign grar			31 a	
32	Total program service expenses (add lin				32	35,191.
	List of Officers, Directors,					
<u> </u>	Check if the organization used School	edule O to respond to any ques	stion in this Part IV.	en il not compensated —		
	Check if the ordanization daed acris					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	/ee (e	e) Estimated amount of other compensation
BOB	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ	/ee (e	e) Estimated amount of
		(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defer	/ee (e	e) Estimated amount of
PRO	(a) Name and title GARDIN	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	vee (e	e) Estimated amount of other compensation
PRO MAR	(a) Name and title GARDIN JECT MANAGER	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	vee (e	e) Estimated amount of other compensation
PRO MAR CHA JEF	(a) Name and bite GARDIN JECT MANAGER Y ELLEN STASEK IRWOMAN F LENNARTZ	(b) Average hours per week devoted to position 42.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	(e med	e) Estmated amount of other compensation 0.
PRO MAR CHA JEF VIC	(a) Name and bite GARDIN JECT MANAGER Y ELLEN STASEK IRWOMAN F LENNARTZ E CHAIRMAN	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer compensation	(e med	e) Estmated amount of other compensation
PRO MAR CHA JEF VIC DAV	(a) Name and bite GARDIN JECT MANAGER Y ELLEN STASEK IRWOMAN F LENNARTZ E CHAIRMAN ID McBEAN	(b) Average hours per week devoted to position 42.00 8.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer compensation	0 . 0 .	e) Estmated amount of other compensation 0. 0.
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_	H 990-EZ (2014) FRIENDS OF BIG CREEK	61-160604			age 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement require the instructions for Part V) Check if the organization used Schedule O to respond to any que		<u></u>		. []
33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O		33		X
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		34		X
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from (such as those reported on lines 2, 6a, and 7a, among others)?	m business activities	35 a		X
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explain		35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6	033(e) notice,	1		_
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		35 c		<u>X</u> _
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions		37 b	عَثَدُهُ فَدُ	
	b Did the organization file Form 1120-POL for this year?		370	وَحُوْمُ رُعِدٍ ۗ وَ	X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this b If 'Yes,' complete Schedule L, Part II and enter the total	s retum?	38 a		X
	amount involved	38 b			
	Section 501(c)(7) organizations. Enter	tilai.			
	a Initiation fees and capital contributions included on line 9	39 a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b Gross receipts, included on line 9, for public use of club facilities	39 b		***	
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year section 4911. ► , section 4912. ► , section 4915.				
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any sec	ction 4958 excess		412	
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b		X
•	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organ managers or disqualified persons during the year under sections 4912, 4955, and 4958	zation 			, , , , , , , , , , , , , , , , , , ,
1	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbi	ursed ►			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax ∽ shelter transaction? If 'Yes,' complete Form 8886-T		40 e		السلمات X
. 41	and the second s				
	a The organization's books are in care of DAVID McBEAN Localed at 4352 PEARL RD CLEVELAND b At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country.	Telephone no (216) OH ZIP+4 44109 er authority over a al account)?	661- 42b	-770 Yes	6 NoX
•	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial At any time during the calendar year, did the organization maintain an office outside the U S ? If 'Yes,' enter the name of the foreign country.		42 c		X
	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year	43		Yes	No
	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must b of Form 990-EZ		44 a	7.22.2.2.2	X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 mu instead of Form 990-EZ		44 b		<u>X</u>
	c Did the organization receive any payments for indoor tanning services during the year?		44 c	Sales de la	X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		44 d		X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45 a		X
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	of section 512(b)(13)? If 'Yes,'	45 b	25.5.4	X

Form 990-E	Z (2014) FRIENDS OF BIG CREE	K		61-160	06049	P	age 4
46 Did th	ne organization engage, directly or indirectly	un political campaign a	ctivities on behalf of or in	opposition to		Yes	No
	idates for public office? If 'Yes,' complete So				46		X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s must answer que			•		
	Check If the organization used Schedule	O to respond to any que	stion in this Part VI	<u> </u>	• • • • •	 T.Z	
	ne organization engage in lobbying activities slete Schedule C, Part II				47	Yes	No X
48 Is the	organization a school as described in secti	on 170(b)(1)(A)(ıı)? If 'Y	es,' complete Schedule E		48		Х
b If 'Yes	ne organization make any transfers to an ex s,' was the related organization a section 52 plete this table for the organization's five hig byees) who each received more than \$100,0	7 organization? hest compensated empl	oyees (other than officers	s, directors, trustees and	. 49 b	1	X
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NONE							
-			_				
 .		 					
51 Comr	number of other employees paid over \$100 olete this table for the organization's five hig ensation from the organization. If there is no	hest compensated inder	pendent contractors who	eacn received more than	n \$100,000 (of	
	(a) Name and business address of each independent cont	ractor	(b) Type o	of service	(c) Com	pensation	·
NONE _							
52 Did th	number of other independent contractors ea ne organization complete Schedule A? Note leted Schedule A	. All section 501(c)(3					
Under penalties true, correct, ar	s of perjury, I declare that I have examined this return, included complete. Declaration of preparer (other than officer) is	uding accompanying sched based on all information of					
	X4) mil mise						
Sign Here	Signature of officer X DAULO MCBEAN Type or print name and title	TREAS					
	Print/Type preparer's name	Preparer's signature					
Paid		KEN MOSS CPA					
Preparer	Firm's name ► WAYNE SMITH TAX						
Use Only	Firm's address > 2032 W SCHAAF RE)					
May the IRS	S discuss this return with the preparer show	n above? See instru					
							

, ,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public

Employer identification number

FRI	ENI	OS OF BIG CREEK					61-1606049	9
		Reason for Public Cha					art.) See instruction	ıs.
The o	rgar	nization is not a private foundat	ion because it is. (For	lines 1 through 11, checl	conly on	e box.)		
1		A church, convention of church	hes, or association of d	churches described in se	ction 17	0(b)(1)(A)(i).	
2		A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E)				
3	П	A hospital or a cooperative ho	spital service organiza	tion described in section	170(b)(1)(A)(iii)) .	
4	П	A medical research organization	on operated in conjunc	ction with a hospital desc	nbed in s	section	170(b)(1)(A)(iii) Enter th	ne hospital's
		name, city, and state:						
5		An organization operated for the 170(b)(1)(A)(iv). (Complete P	art II.)					I in section
6	Ш	A federal, state, or local gover						
7	X	An organization that normally in section 170(b)(1)(A)(vi). (6	Complete Part II.)		governn	nental ur	nit or from the general pu	iblic described
8		A community trust described in						
9		An organization that normally from activities related to its exinvestment income and unrela June 30, 1975. See section 5	empt functions — subje ted business taxable ii 09(a)(2). (Complete Pa	ect to certain exceptions, ncome (less section 511 art III.)	and (2) tax) from	no more n busines	than 33-1/3% of its supposses acquired by the org	ort from gross
10		An organization organized and	d operated exclusively	to test for public safety \$	See sect	ion 509	(a)(4).	
11		An organization organized and or more publicly supported org lines 11a through 11d that des	ianizations described i	n section 509(a)(1) or se	ection 5	09(a)(2).	See section 509(a)(3).	
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	tion operated, supervisegularly appoint or elec	sed, or controlled by its si	upported	organiz	ation(s), typically by givir	ng the supported tion You must
b		Type II. A supporting organiza management of the supporting must complete Part IV, Section 11.	organization vested ii	trolled in connection with n the same persons that	its supp control o	orted or r manag	ganization(s), by having le the supported organiz	control or ation(s) You
С		Type III functionally integrat organization(s) (see instruction	ed. A supporting organ	nization operated in connecte Part IV, Sections A,	ection w D, and E	ith, and	functionally integrated w	ith, its supported
d		Type III non-functionally inte functionally integrated The or instructions). You must comp	ganization generally m	ust satisfy a distribution i	connecti equirem	on with i ent and	its supported organizatio an attentiveness require	n(s) that is not ment (see
е		Check this box if the organization integrated, or Type III non-fund	ion received a written	determination from the IF	RS that is	з а Туре	I, Type II, Type III function	onally
f	En	ter the number of supported or						
g	Pro	ovide the following information:	about the supported or	ganızatıon(s).				
		(I) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organization in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)			-			-		
(C)								
(D)						-		
E)								
	•			34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Fotal					1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	18642		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support			,			
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')		83,150.	51,678.	55,678.	18,650.	209,156.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		83,150.	51,678.	55,678.	18,650.	209,156.
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					-	
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4	, ,					200 156
500				<u> </u>	<u></u>		209,156.
Cale	tion B. Total Support ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4		83,150.	51,678.	55,678.	18,650.	209,156.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		79.				79.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					20.	20.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)		543.	5,696.	51.		6,290.
11	Total support. Add lines 7 through 10						215,545.
12	Gross receipts from related activition	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and st						▶ □
	tion C. Computation of Pul						
	Public support percentage for 2014						97.04%
15	Public support percentage from 20	13 Schedule A, Pa	art II, line 14			15	96.76%
16 a	33-1/3% support test — 2014. If t and stop here. The organization q						
b	33-1/3% support test — 2013. If the and stop here. The organization of	ne organization did Jualifies as a public	not check a box o ly supported orgar	n line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization methe organization meets the 'facts-a	ets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Exp	lain in Part VI how	
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-circumstances' and companization meets the 'facts-and-circumstances' and circumstances' and circumstan	eets the 'facts-and- circumstances' test	circumstances' tes The organization	t, check this box as qualifies as a publ	nd stop here. Exp licly supported org	laın in Part VI how anizatıon	the ▶ □
18	Private foundation. If the organiza	ation did not check	a box on line 13, 1	16a, 16b, 17a, or 1		and see instruction	

61-1606049

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

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning In) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include						
•	any 'unusual grants ')						
2	Gross receipts from admis- sions, merchandise sold or	·					
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the		-				
·	organization's benefit and						
	either paid to or expended on its behalf			-			
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1,						-
	2, and 3 received from disqualified persons						
h	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						
	Add lines 7a and 7b		Nome of the	10 V 40 V	1 to 10 to 1		
8 -	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	Talka San San San San San San San San San Sa	- side la sersai su	1.52 h 5 4	1	· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(0) 2010	(0) 20 11	(5) 55 1	(-)	(-,	(-)
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royallies and income from similar sources						
ь	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,				į		
	regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in	.					
	Part VI.) · · · · · · · · · · ·						
13	Total support. (Add lines 9,						
4.4	10c, 11 and 12.) First five years. If the Form 990 is	o for the committee	n's first seems t	hird fourth or feet	toy year as a seet	IOD 501/c)/3)	
14	organization, check this box and s						▶ □
Sect	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 2014			3, column (f))		15	ફ
16	Public support percentage from 20)13 Schedule A, Pa	rt III, line 15			16	o o
Sect	tion D. Computation of Inv	estment Incon	ne Percentage	3			
	Investment income percentage for))	17	용
18	Investment income percentage fro	m 2013 Schedule /	A, Part III, line 17		,	18	ક
	33-1/3% support tests - 2014. If	the organization di	d not check the bo	ox on line 14, and li	ine 15 is more thar	33-1/3%, and line	17
	is not more than 33-1/3%, check the	his box and stop he	ere. The organizat	ion qualifies as a p	oublicly supported of	organization	▶ [_]
þ	33-1/3% support tests - 2013. If	the organization di	d not check a box	on line 14 or line 1	19a, and line 16 is	more than 33-1/3%,	and _ □
20	line 18 is not more than 33-1/3%, or Private foundation. If the organization						
∠ U	rivate foundation. If the organization	adon did not check	a box on line 14,	isa, oi isu, check	una pox and see I		

Schedule A (Form 990 or 990-EZ) 2014

Page 4

Part IV Supporting Organizations
(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sections A, D, and E. II you checked 11d of 1 art I, complete Sections A and D, and complete	uit v.,		
Section A. All Supporting Organizations		,	
	F 2	Yes	No
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	1		
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	. 2		
described in section 509(a)(1) or (2)	2		, r = e
3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	3a		
and (c) below	1	i de	
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	3b	· , * · * · · ·	
	7		<u> </u>
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	3c		
4 a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			ř.,
ıf you checked 11a or 11b ın Part I, answer (b) and (c) below	. 4a		, ,
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	ر کُریْنَ	- ",	\$
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	4b		**************************************
		- ;	, co
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	4c	. J. J.	326 1
all support to the foreign supported organization was used exclusively for section 170(c)(2)(b) purposes	07 (C)	7.	E JA
5 a 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	ا الروايس مريخ الروايس		8 1 2 1 2 4
organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	. 5a		*
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?	. 5b	15.	* ` - ;
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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	6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			* * * · ·
regard to a substantial contributor? If Yes, 'complete Part I of Schedule L (Form 990)	. 7		
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)		```	
	F (25)	1. 1	
9 a 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	. 9a	··· · · ·	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the			
supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	, <u> </u>	1,
c Did a disqualified person (as defined in line 9(a)) 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		<u> </u>	£
10 a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	. 10a		5 . sq. 3
h Did the organization, have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine	40	تـــــــــــــــــــــــــــــــــــــ	22.20
whether the organization had excess business holdings)	10b	i	1

Pai	rt IV Supporting Organizations (continued)		-		
L <u></u>			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?		*		
	a 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			
	c 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			
-	tion B. Type I Supporting Organizations	1			
Sec	sion 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		162	NO	
•	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.				
	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				
000	Mon of Type if cupperting 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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	, I	. Om		
	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. E	,		
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 supported organizations played				
	in this regard	3			
Sec	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 year (see instructions).				
•					
i	The organization satisfied the Activities Test Complete line 2 below				
ı	The organization is the parent of each of its supported organizations. Complete line 3 below				
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ons)			
2	Activities Test. Answer (a) and (b) below.		Yes	No	
. *	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? If 'Yes,' then in Part VI identify 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			
1	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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.				
2	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	 		 -	
	each of the supported organizations? Provide details in Part VI	3a		ļ	
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its				
•	supported organizations? If Yes, 'describe in Part VI the role played by the organization in this regard	3ь		i	

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	itions			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sec	tion 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				
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	tion B - Minimum Asset Amount	l	(A) Pnor 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)	٠ د د د				
а	Average monthly value of securities	1 a				
b	Average monthly cash balances	1 b				
c	Fair market value of other non-exempt-use assets	1 c				
d	Total (add lines 1a, 1b, and 1c)	1 d				
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				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion C – Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	(本文) [2]			
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5	图5 李维、数字图5.			
6	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 (see instructions)	d Тур				
BAA			Schedule A (For	m 990 or 990-EZ) 2014		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	itions (continued)	
Sect	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpositions		<u> </u>	
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity		· '	
3	Administrative expenses paid to accomplish exempt purposes of suppo-	rted organizations		
4	Amounts paid to acquire exempt-use assets	<u></u>		
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			
	Distributions to attentive supported organizations to which the organization Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
	Distributable amount for 2014 from Section C, line 6		,	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)	,		
3	Excess distributions carryover, if any, to 2014	***		
а		. `	, × .	
b			, 5°, 7	
С			*** ****	•
d	The state of the s		- 7	
е	From 2013			
f	Total of lines 3a through e			<u> </u>
g	Applied to underdistributions of prior years	<u> </u>		
h	Applied to 2014 distributable amount	1		
i	Carryover from 2009 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7: \$	<u> </u>		······································
	Applied to underdistributions of prior years	5 34	5 2 x x 354 x x 1	
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4	· · · · · · · · · · · · · · · · · · ·	55.	
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		-	
7	Excess distributions carryover to 2015. Add lines 3j and 4c			·
8	Breakdown of line 7			,
а				
b				
	, , , , , , , , , , , , , , , , , , , ,			
	Excess from 2013			
	Excess from 2014			

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

Pt II Ln 10 Other Income Part II, Line 10 Description: FUND RAISING ACTIVITY 2011: 543. 2012: 5696. 2013: 51.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No \$1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

61-1606049

FRIENDS OF BIG CREEK

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ	
Form 990-EZ, Part I, Line 16 Other Expenses	

Other expenses (describe in Schedule O)	
SUPPLIES	556.
CONFERENCE AND MEETINGS	218.
TELEPHONE	799.
INSURANCE	923.
BANK FEES	5.
REGISTRATION & MEMBERSHIP FEES	272.
EDUCATION & OUTREACH PROGRAM EXPENSE	1,013.
Total	3,786.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
GRANTS RECEIVABLE	30,180.	

Total 30,180.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
SUPPLIES	556.
CONFERENCE AND MEETINGS	218.
TELEPHONE	799.
INSURANCE	923.
BANK FEES	5.
REGISTRATION & MEMBERSHIP FEES	272.
EDUCATION & OUTREACH PROGRAM EXPENSE	1,013.
Total	3,786.