Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

Α	For t	the 2011 ca	lendar year, or tax year beginning , 2011, and	d ending		
B	Check	if applicable:	C Name of organization		D Employer is	dentification number
Ш		ss change	FRIENDS OF BIG CREEK		61-16	06049
		change	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone	number
A	Initial		P.O. BOX 609272		(216)	661-7706
\vdash	Termin	nated ded return	City or town, state or country, and ZIP + 4			
H			CLEVELAND OH	44109	F Group Ex	temption ►
G		unting Met				organization is not
		site: ► N				Schedule B (Form
			(ck only one) — X 501(c)(3) 501(c) () ◄(insert no.) 4947(a)(1) o	 laonid	990-EZ, or 99	0-PF).
	Chec		the organization is not a section 509(a)(3) supporting organization or a s		otion and its	arece receipts are
•			ore than \$50,000. A Form 990-EZ or Form 990 return is not required thou			
	instru	uctions). Bu	at if the organization chooses to file a return, be sure to file a complete re	eturn.	postoura, ma	y be required (occ
L	Add	lines 5b. 6d	c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200	0.000 or more, or if	total	
	asse	ts (Part II, I	line 25, column (B) below) are \$500,000 or more, file Form 990 instead o	of Form 990-EZ	▶ \$	84,092.
Pa	ırt I	Revenu	ie, Expenses, and Changes in Net Assets or Fund Balanc	ces (see the ins	structions f	or Part I.)
		Check if t	the organization used Schedule O to respond to any question in this Part	1		X
	1		ons, gifts, grants, and similar amounts received			1,340.
	2	Program s	service revenue including government fees and contracts		2	81,221.
	3	Membersh	nip dues and assessments		3	589.
	4		nt income			79.
	5a		ount from sale of assets other than inventory 5	1		
			t or other basis and sales expenses			
	1		s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	•	nd fundraising events			
R		•	ı	_		
REVENUE			ome from gaming (attach Schedule G if greater than \$15,000) 6			
Ė	D		• • • • • • • • • • • • • • • • • • • •	of contributions		
Ü		of such ar	raising events reported on line 1) (attach Schedule G if the sum oss income and contributions exceeds \$15,000)	h s	863.	
-	_		ct expenses from gaming and fundraising events	+	320.	
				<u> </u>	320.	
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and btract line 6c)		6 d	543.
	7.		es of inventory, less returns and allowances	1	6 u	343.
			<u> </u>			
			fit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
	8		enue (describe in Schedule O)			00.770
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			83,772.
	10		d similar amounts paid (list in Schedule O)			
_	11		aid to or for members			
X	12		other compensation, and employee benefits			
E	13		nal fees and other payments to independent contractors			38,325.
EXPEZOE O	14		y, rent, utilities, and maintenance			1,600.
E	15		oublications, postage, and shipping			708.
-	16		enses (describe in Schedule O)see Farm			4,235.
	17		enses. Add lines 10 through 16			44,868.
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	38,904.
A	19	Net accets	s or fund balances at beginning of year (from line 27, column (A)) (must	agree with end-of v	/ear	
ES			orted on prior year's return)			8,777.
NSET S	20	Other cha	nges in net assets or fund balances (explain in Schedule O)		20	
S	21		s or fund balances at end of year. Combine lines 18 through 20			47,681.
BA	4 For		k Reduction Act Notice, see the separate instructions.		· ·	Form 990-EZ (2011)

TEEA0812 02/14/12

Par	till Balance Sheets. (see the ins	tructions for Part II.)	stion in this Part II	·		X
23		(B) End of year				
22						12,681.
	Land and buildings					0.
	Total assets			9,1//		47,681.
	lotal liabilities (describe in Schedule O)	notumn (D) must paras with li	no 21\	<u>400</u> Ω 777		
Photo and the Park					. 27	
1 41						uired for section
What	is the organization's primary exempt purpose?	SERVING, ENHABCING, AND BRING	ING RECOGNITION TO THE BI	G CREEK WATERSHED.	501(c)(3) and 501(c)(4)
Desc mea bene	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of its manner, describe the service ach program title.	s three largest programes provided, the number	services, as of persons	4947	(a)(1) trusts; optional
	INPLEMENT WATERSHED MANA	GEMENT PROGRAM TO	ENHANCE WATER			
	(Grants \$ 35,000.) If the	is amount includes foreign gr	ants, check here		28 a	35,000.
29	INPLEMENT WATERSHED MANA	GEMENT PROGRAM TO	ENHANCE WATER			
	ABSORBTION AND DISCHARGE	THROUGH THE BIG C	REEK WATERSHED	·		
						
					29 a	2,329.
30						
						•
					20.0	
21					50 a	
31					31 a	
32	Total program service expenses (add li	nes 28a through 31a)	ants, check here	·····	32	37,329.
Pai	t IV List of Officers. Directors.	Trustees, and Key Emr	plovees. List each one ev	en if not compensated.	(see th	e instructions for Part IV.)
L	Check if the organization used Sc	hedule O to respond to any q	uestion in this Part IV .			
		(b) Title and average	(c) Reportable compensation			(e) Estimated amount of
	(a) Name and address	devoted to position	(If not paid, enter -0-)			other compensation
						•
	The state of the s	20.00	30,000.		0.	0.
		CUA TRUOMAN				
			_		0	0.
		10.00	0.			
		VICE CHATRMAN				
		1	0.		0.	0.
		TREASURER				
		3.00	0.		0.	0.
			 			
		1	1			
			-			

ı d	ift V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
•	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		
	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		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u>X</u>
	amount involved			
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities		1	
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►; section 4912 ►; section 4955 ►			
1	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40.5		v
	on any of its prior Forms 990 or 990-EŽ? If 'Yes,' complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	40 b		<u>X</u>
(d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
(e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	the state of the s	1 400		
42	a The organization's	c c 1	770	_
	books are in care of ► DAVID McBEAN Located at ► 4352 PEARL RD CLEVELAND Telephone no. ► (216) OH ZIP + 4 ► 44109	<u> </u>	-//0	6
ı				No
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	X
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	
		42 b	Yes	
		42 b	Yes	
		42b	Yes	
		42b	Yes	
	If 'Yes,' enter the name of the foreign country: ►	42 b	Yes	
(If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		Yes	X
•	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?		Yes	X
•	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?		Yes	X
•	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?		Yes	X
43	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:		Yes	X
	If 'Yes,' enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		Yes	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:		Yes	X
43 44;	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ			X
43 44;	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a 44a		X X X
43 44;	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?	42c		X X No
44:	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 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	44a 44a		X X No X X X
44:	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	442 c 444 a 444 b 444 c		X X X

							_	Yes	s No
46 Did th	ne organization	engage, directly or indirect	ctly, in political campaid	n activities o	on behalf of	or in opposition to			
candi	idates for public	office? If 'Yes.' complete	Schedule C. Part I				<u> </u>	46	<u> </u>
Part VI	- 501(c)(3) o	1(c)(3) organization organizations and second 52, and complete the second 52.	ction 494/(a)(1) no	nexempt (charitable	haritable trusts trusts must ansv	only. All wer ques	section stions	1
		organization used Schedul							
······	Check if the o	irganization used Schedul	e O to respond to any q	destion in th	is i ait vi .			Yes	
47 Did th	he organization olete Schedule C	engage in lobbying activit	ies or have a section 50	01(h) election	n in effect du	ring the tax year? If	'Yes,'	47	х
		school as described in se						48	X
49 a Did th	he organization	make any transfers to an	exempt non-charitable	related orga	nization?			49 a	X
		ted organization a sectior						49 b	
50 Comp empl	plete this table f oyees) who eac	or the organization's five h received more than \$10	highest compensated er 0,000 of compensation	mployees (of from the org	her than offi anization. If	cers, directors, trusto there is none, enter	ees and ke 'None.'	∌ y	
	(a) Name and address paid more th	ss of each employee an \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable (Forms W-2	compensation /1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	ee othe	stimated amo er compensa	ount of
NONE									
	_							18000	
								•	
				-					
			 	-					
e Total	number of other	er employees paid over \$1	00,000					.,	
51 Comp	plete this table t	for the organization's five	highest compensated in	dependent o	ontractors w	tho each received me	ore than \$	100,000 c	of
		the organization. If there in feach independent contractor pair			(b) Type	of service	(c) Compensat	tion
	name and address o	Teach independent contractor par	d more than \$100,000	-	(0) 1) po	01 001 1100			
NONE				-			:		
				-					
			·	-					
				-					
				100,000					
		er independent contractors complete Schedule A? N				7/a)/1) nonevemnt	,		
chari	itable trusts mus	st attach a completed Sch	iedule A		<u></u>			Yes	No
Under penaltie	es of perjury, I declar	re that I have examined this returnation of preparer (other than office	n, including accompanying sche	edules and stater	ments, and to the	e best of my knowledge and	d belief, it is		
auc, correct, e	Complete. Declar	action of property (other trial) office	.,	proposit					
Sign	Signature of o	fficer				Date			
Here									
		name and title.			Т		T		
	Print/Type prepare	er's name	Preparer's signature		Date	Check if	PTIN	07.10	
Paid	KEN MOSS		KEN MOSS CPA		05/02/	L2 self-employed	P0104	0748	
Preparer Use Only	Firm's name ►	WAYNE SMITH TA					► 21_1	26420	3
USE UIIIY	Firm's address	2032 W SCHAAF	אַ	ОН	44109-4	Firm's EIN 1608 Phone no. (.26439 98-662	
May the IT	OS discuss this :	CLEVELAND return with the preparer sl	nown above? See instru		44103-4	EUUU Priorie no. (<u> </u>	Yes	No
iviay the IR	o discuss tris r	eturn with the preparer si	IOWIT ADOVE: See ITSITU	CUOIIS				m 990-F7	

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

FRI	ENI	DS OF BIG CRE	EK						61-1	60604	9	
Par	t I	Reason for Pub	lic Charity Status	(All organizations	must o	comple	ete this	part.)	See i	nstruct	ions.	
The c	rgar	nization is not a priva	te foundation because	e it is: (For lines 1 through	gh 11, cl	heck on	y one bo	ox.)				
1	П	A church, convention	of churches or assoc	iation of churches descr	ribed in :	section	170(b)(1)(A)(i).				
2	П	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	.)							
3	П	A hospital or a coope	erative hospital service	e organization described	in sect	ion 170	(b)(1)(A)	(iii).				
4	П	A medical research of	organization operated	in conjunction with a ho	spital de	escribed	in secti	on 170(b)(1)(A)	(iii). Ente	er the hospital's	
	-	name, city, and state	•	•	,			•		, ,		
5			ated for the benefit of	a college or university	owned o	r operat	ed by a	governr	nental i	init descr	ribed in section	
6 7	X	An organization that		vernmental unit describ ubstantial part of its sup					or from t	the gener	ral public descri	bed
8				0(b)(1)(A)(vi). (Complete	e Part II.	· ·						
9	Ħ	•		more than 33-1/3% of		-	contribu	itions n	nembers	shin fees	and gross rece	eints
		from activities related investment income a	d to its exempt function	ens – subject to certain s taxable income (less s	exception	ns, and	(2) no r	nore tha	an 33-1/	3% of its	support from g	ross
10		An organization orga	nized and operated ex	xclusively to test for pub	lic safet	y. See s	section 5	509(a)(4).			
11		more publicly suppor	ted organizations des	xclusively for the benefit cribed in section 509(a) on and complete lines 1	(1) or se	ection 50)9(a)(2).	ions of, See se	or carry ction 50	out the 9(a)(3).	purposes of one Check the box	e or that
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a		er										
е	_	By checking this box other than foundation section 509(a)(2).	, I certify that the organ managers and other	anization is not controlle than one or more public	d directl	y or indi orted or	irectly by ganizatio	one or ons desc	more d	isqualifie section	ed persons 509(a)(1) or	
f		If the organization re		mination from the IRS th			Гуре II о	r Type I	II suppo	orting org	anization,	
g		Since August 17, 200	06, has the organization	on accepted any gift or	contribu	tion fror	n any of	the foll	owing p	ersons?		,
											Yes	No
		(i) A person who c	directly or indirectly co	ontrols, either alone or to ported organization?	ogether	with per	sons des	scribed	in (ii) ar	nd (iii)	. 11 g (i)	
		· -		ped in (i) above?								+
		• •	·	• •								+
L				described in (i) or (ii) ab							. 119 (11)	
<u>h</u>		_		supported organization	1							
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (Is the ration in	the organ	ou notify ization in (i) of ipport?	organiz colui organiz	Is the zation in mn (i) ed in the S.?	(vii) Amount of s	upport
					Yes	No	Yes	No	Yes	No		
(A)												
B)												
C)												
D)												
E)												
Total												

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

Schedule A (Form 990 or 990-EZ) 2011

Page 2

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						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')					83,150.	83,150.
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.	83,150.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						83,150.
Sec	tion B. Total Support	 	F *				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4					83,150.	83,150.
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						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					543.	543.
11	Total support. Add lines 7 through 10						83,772.
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here	<u></u>	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	► X
Sec	tion C. Computation of Pu						
14							<u>%</u>
15	Public support percentage from 2	2010 Schedule A,	Part II, line 14				%
16 a	33-1/3% support test — 2011. If t and stop here. The organization						
t	33-1/3% support test — 2010. If t and stop here. The organization	he organization di qualifies as a pub	id not check a boo licly supported or	k on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, che	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts	meets the 'facts-ai	nd-circumstances	' test, check this b	ox and stop here.	Explain in Part IV	how
	10%-facts-and-circumstances te or more, and if the organization reorganization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	' test, check this b tion qualifies as a	ox and stop here. publicly supported	Explain in Part IV organization	how the
18	Private foundation. If the organiz	zation did not ched	ck a box on line 1	3, 16a, 16b, 17a, o	•		
BAA					Sc	:hedule A (Form 99	U or 990-EZ) 2011

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			<u>·</u>			
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	′ (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 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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)			161 B F			
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10 a	Amounts from line 6				·		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			,			
13	Total support. (Add Ins 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)	(3)
Sec	tion C. Computation of Pu	hlic Support	Percentage				
	Public support percentage for 20			e 13 column (f)		1:	5 8
	Public support percentage from 2						
	tion D. Computation of Inv						- 1
	Investment income percentage for				nn (fl.)		7 8
	Investment income percentage fr	•	• • •	-			
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check	the organization	did not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, a	and line 17
b	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%	the organization	did not check a bo	ox on line 14 or lin	ne 19a, and line 1	6 is more than 3	33-1/3%, and
		,		- 5			

Schedule	A (Form 99	90 or 990-EZ) 201	1 FRIEN	DS OF B	IG CREE	K		61-1606049)	Page 4
Part IV	Supple Part II,	emental Inforr line 17a or 1 nstructions).	nation. Cor 7b; and Pa	mplete this rt III, line	s part to 12. Also	provide the e complete thi	explanations r s part for any	equired by Part I additional inforn	II, line 10; nation.	· · · · · · · · · · · · · · · · · · ·
Other	Income	Part II, I	Line 10							
Descr	iption:	FUND RAIS	NG ACTIV	<u>/ITY</u>						
2011:	543									
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

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

Pepartment of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number 61-1606049 FRIENDS OF BIG CREEK Pt III, Line 31 WILDFLOWER RESTORATION PROGRAM TO BE IMPLEMENTED IN 2012.

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	1,295.
OFFICE EQUIPMENT	1,267.
TELEPHONE	196.
INSURANCE	814.
BANK FEES	6.
BOOKS & SUPSCRIPTIONS	307.
REGISTRATION & MEMBERSHIP FEES	350.
Total	4,235.

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 RECIEVABLE	2,000.	35,000.
Total	2,000.	35,000.