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Department of the Treasury

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)

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service NOV 2010 and ending OCT 31. For the 2010 calendar year, or tax year beginning D Employer identification number C Name of organization Check if Address change Big Rock Foundation, Name change 56-2189146 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 252-247-4055 Termin-3328 Bridges Street Amende return 201,237.City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-Morehead City, NC 28557 H(a) Is this a group return pending F Name and address of principal officer Ben Moore \_Yes X No for affiliates? 405 Evans Street, Morehead City, 28557 H(b) Are all affiliates included? \_ Yes ) ◀ (insert no ) 4947(a)(1) or [ Tax-exempt status: X 501(c)(3) ا (501(c) ( If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization X Corporation Association Other > L Year of formation 1999 M State of legal domicile NC Trust Part I Summary Briefly describe the organization's mission or most significant activities: Governance The organiation's primary exempt purpose is to provide assistance to SCANNED MAR 28.2012 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 ō Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year Prior Year** 0 Ō. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) <33,257.Þ 59,404. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 <33,257. 59,404. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 42,500. 36,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) Ō. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e)

Part II | Signature Block Under penalties of perjury, I declare that I have examined tins return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

0.

8,204.

50,704.

<83,961.b

**Beginning of Current Year** 

1,222,814.

1,222,814.

true, correc	t, and complete Degraration of preparer (other than office	r) is based on an information of which prepar	er nas any k	nowieage
Sign Here	Signature of princer  Ben Moore, President Type or print name and title	Kenneth C. Wagnet		March 7, 2612
Paid	Print/Type preparer's name  Leon T. Murdoch  Firm's name RSM McGladrey LLC		Date //03/	
Preparer Use Only	Firm's address   RSM McGladrey Electron's address   3621 John Platt   Morehead City, No	Drive		Firm's EIN  Phone no 252-726-0551
May the I	RS discuss this return with the preparer shown abo			X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

b Total End as ind spenses (Part IX, column (D), line 25)

22 Net assets or fund balances. Subtract line 21 from line 20

20 Totalassa Elega X 1 1 1 6) Total liabilities (Part X, line 26)

032001 02-22-11

Other expenses (Part-IX, column (A), lines 11a-11d, 11f-24f)

Total expenses Add lines 13 7 (must equal Part IX, column (A), line 25)
Revenue less expenses Supract line 18 from line 12

Form 990 (2010)

J No

8,989.

44,989.

14,415.

**End of Year** 

1,237,229

1,237,229

Big Rock Foundation, Inc

Form 990 (2010)

56-2189146

			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		X
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 98-197 If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			v
	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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
а	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	ııa		
U	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			<u> </u>
·	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			<u> </u>
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	]	X
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	* * * * * * * * * * * * * * * * * * * *			,,
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			U
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
4-	located outside the United States? 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,	47		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	<del>                                     </del>	<del>  ^-</del>
18	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,"	10	<del>                                     </del>	†*
15	complete Schedule G, Part III	19		x
20a	The state of the s	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			† <u></u>
_	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		
			990	(2010)

Form 990 (2010)

Big Rock Foundation, Inc

Part IV Checklist of Required Schedules (continued)

		- 1	1	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	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		Λ_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<sub>v</sub>
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		X
~~	If "Yes," complete Schedule N, Part I	31		Λ_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	- 55		
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
a	The second secon			
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990	(2010)

	Check if Schedule O contains a response to any question in this Part V							
				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			1			
	(gambling) winnings to prize winners?		1c					
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 0			1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X			
b	If "Yes," enter the name of the foreign country: ►	-						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b_		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	ļ	<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	}		١.,			
	any contributions that were not tax deductible?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			Ì			
	were not tax deductible?		6b	<del> </del>	<del> </del>			
7	Organizations that may receive deductible contributions under section 170(c).		7a		Х			
а	<ul> <li>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?</li> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> </ul>							
			7b		<del>                                     </del>			
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	<b>,</b> ,		X			
	to file Form 8282?	1 - 1	7c		^			
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		Х			
e	·		7f		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		7g	<u> </u>	X			
9	If the organization received a contribution of qualified interlectual property, did the organization mention of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		+			
8 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.				1			
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		1			
9	Sponsoring organizations maintaining donor advised funds.	, , , , , , , , , , , , , , , , , , ,			1			
a	Did the organization make any taxable distributions under section 4966?		9a		1			
	Did the 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	The state of the s	10b						
11	Section 501(c)(12) organizations. Enter:	1						
а	Gross income from members or shareholders	11a	1					
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)	11b	1					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	<del> </del>	-			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4					
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	<del> </del>	+-			
	Note. See the instructions for additional information the organization must report on Schedule O		1					
þ	- · · · · · · · · · · · · · · · · · · ·	1405						
	organization is licensed to issue qualified health plans	13b	1					
4.4-		13c	14a	+	X			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	u <sub>0</sub> 0	148	+	+			

Form 990 (2010) Big Rock Foundation, Inc 56-2189146 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

<ul> <li>b Enter the number of voting members included in line 1a, above, who are independent</li> <li>Did any officer, director, trustee, or key employee have a family relationship or a business relationship of officer, director, trustee, or key employee?</li> <li>3 Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 99t</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization's asset</li> <li>6 Does the organization have members or stockholders, or other persons who may elect one or more mem governing body?</li> <li>6 Are any decisions of the governing body subject to approval by members, stockholders, or other persons</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken due by the following.</li> <li>8 The governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be react organization's mailing address? If "Yes," provide the names and addresses in Schedule O</li> <li>Section B. Policies (This Section B requests information about policies not required by the Internal Rev</li> <li>10a Does the organization have local chapters, branches, or affiliates?</li> <li>10 If "Yes," does the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with those of the organization?</li> <li>11a Has the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>10 Does the organization have a written whistleblower policy?</li> <li>11 Does the organization have a written whistleblower policy?</li> <li>12 Does the organi</li></ul>	was filed? s?  pers of the  ns?  ring the year  ed at the	2 3 4 5 6		X X X X X X X X X X X X X X X X X X X
1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship or officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 991.  5 Did the organization become aware during the year of a significant diversion of the organization's asset 6 Does the organization have members or stockholders?  7a Does the organization have members, stockholders, or other persons who may elect one or more mem governing body?  5 Are any decisions of the governing body subject to approval by members, stockholders, or other person 2 Did the organization contemporaneously document the meetings held or written actions undertaken due by the following.  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach organization's mailing address? If "Yes," provide the names and addresses in Schedule O  5 Section B. Policies (This Section B requests information about policies not required by the Internal Rev  10a Does the organization have local chapters, branches, or affiliates?  b If "Yes," does the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with those of the organization?  11a Has the organization have a written conflict of interest policy? If "No," go to line 13  b Are officers, directors or trustees, and key employees required to disclose annually interests that could to conflicts?  c Does the organization h	th 16  with any other  was filed?  bers of the  ms?  ring the year	2 3 4 5 6 7 7 8 8 8 8 8	x	X X X X
<ul> <li>b Enter the number of voting members included in line 1a, above, who are independent</li> <li>Did any officer, director, trustee, or key employee have a family relationship or a business relationship of officer, director, trustee, or key employee?</li> <li>3 Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 99th.</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization's asset 6.</li> <li>6 Does the organization have members or stockholders, or other persons who may elect one or more mem governing body?</li> <li>6 Are any decisions of the governing body subject to approval by members, stockholders, or other persons.</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken due by the following.</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be react organization's mailing address? If "Yes," provide the names and addresses in Schedule O</li> <li>8 Section B. Policies (This Section B requests information about policies not required by the Internal Rev.</li> <li>10a Does the organization have local chapters, branches, or affiliates?</li> <li>10 If "Yes," does the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with those of the organization?</li> <li>11a Has the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>1b Are officers, directors or trustees, and key employees required to disclose annually interests that could to conflicts?</li> <li>1c Does the organization have a written whistleblo</li></ul>	th 16  with any other  was filed?  bers of the  ms?  ring the year	2 3 4 5 6 7 7 8 8 8 8 8 8	x	X X X X
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16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		15b		X
	<u> </u>		- 1	
_				17
taxable entity during the year?	nt with a	16a		<u>X</u>
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	nt with a			
in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organ	nt with a		1	
exempt status with respect to such arrangements?	nt with a  ate its participation zation's	16b		
Section C. Disclosure	nt with a  ate its participation zation's			
17 List the states with which a copy of this Form 990 is required to be filed None	nt with a  ate its participation zation's			
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (	nt with a  stellts participation ization's			
public inspection. Indicate how you make these available. Check all that apply	nt with a  stellts participation ization's	or		
Own website X Another's website X Upon request	nt with a  stellts participation ization's	or		
Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	nt with a ste its participation ization's  501(c)(3)s only) available for			
statements available to the public.	nt with a ste its participation ization's  501(c)(3)s only) available for		ıcıal	
20 State the name, physical address, and telephone number of the person who possesses the books and	nt with a  ate its participation ization's  501(c)(3)s only) available for	i finan	ıcıal	
Mike Thompson - 252-247-4055	nt with a  ate its participation ization's  501(c)(3)s only) available for	i finan	ıcıal	
3328 Bridges Street, Morehead City, NC 28557	nt with a  ate its participation ization's  501(c)(3)s only) available for	i finan	ncıal	

Form 990 (2010)

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

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

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

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

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

(A)	(B)			(C				(D)	(E)	(F) Estimated
Name and Title	Average hours per	(ct		Posi all t		app	lv)	Reportable compensation	Reportable compensation	amount of
	week (describe hours for related organizations in Schedule O)	rustee or director	Institutional frustee			Highest compensated employee		from the organization (W·2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Ben Moore									- ::	
Director	1.00	X						0.	0.	0.
Thomas S Bennett, Jr.			Į.							
Director	1.00	X						0.	0.	0.
Roger Crowe										
Vice-President	1.00	X		Х		<u> </u>		0.	0.	0.
Mike Thompson			İ						_	_
Treasurer	1.00	X		X			<u> </u>	0.	0.	0.
Randy Ramsey			1		Ì					_
Director	1.00	X				1_	<u> </u>	0.	0.	0
Casey Wagner										
President	1.00	X		X	_	ļ	ļ	0.	0.	0
Jim Bailey										
Director	1.00	X	<u> </u>			ļ	<u> </u>	0.	0.	0
Howard Basnight	1 00	١	1							
Director	1.00	X	<u> </u>	ļ		-	┡	0.	0.	0_
Joy Bell	1 00	١.,	İ		1					_
Director	1.00	X		ļ	<u> </u>	┼	<u> </u>	0.	0.	0
Dew Forbes	1 00	.,								
Director	1.00	X	-	<b>├</b>	-	1	1	0.	0.	0
Jack Jordan	1 00		1						0.	_
Director	1.00	X	₩	<del> </del>	-	+	-	0.	0.	0
Carol Lohr	1 00	l v						0.	_	_
Director	1.00	X	+-	$\vdash$	-	+	├	<u> </u>	0.	0
Billy Kornegay	1.00	\ v						0.	0.	0
Director	1.00	X	$\vdash$	$\vdash$	$\vdash$	╁	╁			<del>                                     </del>
Curtis Strange	1 00	V						0.	0.	
Director	1.00	┿	+	$\vdash$	$\vdash$	+	$\vdash$	0.		0
Dale Britt	1.00	x						0.	0.	0
Director	1.00	╁	+	+-	$\vdash$	+	$\vdash$	0.	1	- 0
Richard Crowe	1.00	x		X				0.	0.	0
Secretary	1.00	<b>↓</b> ↑	+	1	+	+	+		· ·	ļ

hours per week (describe hours for related organizations in Schedule O)    Description   Page	1. 61	(A)	(B)	3) (C)						(D) (E)			(F)		
Compensation   Com		Name and title	Average hours per	(cl					ly)	Reportable compensation	,				
1b Sub-total  c Total from continuation sheets to Part VII, Section A  D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			(describe hours for	a or director	stee			rsated		the organization	organization	s	comp fro	oensat	•
1b Sub-total  □ Total from continuation sheets to Part VII, Section A  □ Total from continuation sheets to Part VII, Section A  □ Total from continuation sheets to Part VII, Section A  □ Total from continuation sheets to Part VII, Section A  □ Total from continuation sheets to Part VII, Section A  □ Total from continuation sheets to Part VII, Section A  □ Total from continuation sheets to Part VII, Section A  □ Total from continuation sheets to Part VII, Section A  □ Total from continuation sheets to Part VII, Section A  □ Total from continuation is present to the state of the continuation of the c			organizations in Schedule	Individual truste	Institutional frus	Officer	Key employee	Highest comper employee	Former	(W-2/1099-MISC)			and	l relate	ed
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization      Yes   No			II, Section A					<b>&gt;</b>						<u></u> -	0.
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Polynomial (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Polynomial (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Polynomial (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Polynomial (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Polynomial (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Polynomial (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Polynomial (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Polynomial (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Polynomial (		Total number of individuals (including but r	not limited to ti	nose	e liste	ed a	bov	e) w	ho r		),000 in reportab				0
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A) (B) (C) Name and business address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  0	3				e, ke	у еп	nplo	yee,	or h	nighest compensated e	mployee on			Yes	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  (B)  (C)  Compensation  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  0	4	For any individual listed on line 1a, is the s	um of reportab	ole c						•	the organization				
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	5	Did any person listed on line 1a receive or	accrue compe	nsa	tion	from	an	y uni			ridual for services	3			
the organization NONE  (A) (B) (C) Compensation  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization						+				that reached may the	£100 000 of oos		ation f		
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  0	<u>'</u>	370375	ompensated in	uep	enu			racti	ors (	mat received more than		npens	alion	10111	
\$100,000 in compensation from the organization   0		* *	address								services	С			n
\$100,000 in compensation from the organization   0											- <del></del>				
\$100,000 in compensation from the organization   0															
\$100,000 in compensation from the organization   0															
\$100,000 in compensation from the organization   0			·						_						
	2			not l	limite	ed to	the	_	sted	d above) who received i	more than				

Pa	rt V	111	Statement of Rever	nue					~~
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t s	1	а	Federated campaigns	1a					· · · · · · · · · · · · · · · · · · ·
퉏딁		b	Membership dues	1b					
Contributions, gifts, grants and other similar amounts		c	Fundraising events	1c					
ar gir		d	Related organizations	1d					
ē.Ē		е	Government grants (contribut	tions) 1e					
is is		f	All other contributions, gifts, gran	its, and					
들칅			similar amounts not included abo	ove 1f					
19 2		9	Noncash contributions included in lines	s 1a-1f \$					
0 8		h	Total. Add lines 1a-1f		<u> </u>				
					Business Code				
ice	2	а			-				
le e		b							
E S		C			-				
Ra		d			_				<del></del>
Program Service Revenue		e	All add an annual annual annual		_				
_ {			All other program service reverse. Add lines 2a-2f	enue	<u> </u>				
$\rightarrow$	3	y	Investment income (including	dividends int		-			
	3		other similar amounts)	, dividends, int	erest, and	40,380.			40,380.
	4		Income from investment of ta	x-exempt bon					10,0001
	5		Royalties	o container com	<b>•</b>				
	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(ı) Real	(II) Personal				
	6	а	Gross Rents		,,				
		b	Less rental expenses			1			
		С	Rental income or (loss)						
		d	Net rental income or (loss)		<b></b>				
-	7	а	Gross amount from sales of	(i) Securitie					
			assets other than inventory	160,857	7 •				
ļ		þ	Less. cost or other basis	1.41.00					
			and sales expenses	141,833		<u> </u>			
			Gain or (loss)	19,024	· · · · · · · · · · · · · · · · · · ·	10 024			10 004
	_		Net gain or (loss)		<b>•</b>	19,024.		:	19,024.
e l	8	а	Gross income from fundraisir						
Other Revenue			including \$contributions reported on line						
<u>۾</u>			Part IV, line 18	e 10). See	a				
홅		h	Less direct expenses		ь	1			
ō			Net income or (loss) from fun	draising event		1	-		
	9		Gross income from gaming a	=					
			Part IV, line 19		a		· ·		
		b	Less: direct expenses		ь	]			
		С	Net income or (loss) from gar	ming activities	<b>•</b>		ļ		
	10	а	Gross sales of inventory, less	s returns					
			and allowances		a				
			Less: cost of goods sold		b	_			
		С	Net income or (loss) from sale						
			Miscellaneous Reven	ue	Business Code	4			
	11				-				
		Ь			_	ļ			
		C	All sales services		_		-		
		d	All other revenue			-			
	4.	е	Total Add lines 11a-11d			59,404.	0.	0.	59,404.
	12		Total revenue See instructions			1 37,404.	1	<u> </u>	00,404.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)								
	not include amounts reported on lines 6b, 3b, 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 governments and								
	organizations in the U.S. See Part IV, line 21	36,000.	36,000.						
2	Grants and other assistance to individuals in								
	the U.S. See Part IV, line 22				····				
3	Grants and other assistance to governments,								
	organizations, and individuals outside the U.S.								
	See Part IV, lines 15 and 16	*****			-an-				
4	Benefits paid to or for members	_							
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	· · · · · · · · · · · · · · · · · · ·							
7	Other salaries and wages								
8	Pension plan contributions (include section 401(k)								
	and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees)								
а	Management	· · · · · · · · · · · · · · · · · · ·							
b	Legal								
	Accounting								
	Lobbying								
_	Professional fundraising services See Part IV, line 17								
f	Investment management fees								
_	Other			<del> </del>					
12	Advertising and promotion								
13	Office expenses								
14	Information technology				-				
15	Royalties								
16	Occupancy	······································							
17	Travel								
18	Payments of travel or entertainment expenses								
40	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21 22	Payments to affiliates  Depreciation, depletion, and amortization								
23									
23 24	Insurance Other expenses Itemize expenses not covered								
24	above (List miscellaneous expenses in line 24f If line								
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )								
а	Designation Associate Monor	8,989.		8,989.					
b		- , <u>- ,</u>			<del></del>				
c									
d		<del></del>							
e									
f	All other expenses				1				
25	Total functional expenses. Add lines 1 through 24f	44,989.	36,000.	8,989.	0.				
26	Joint costs. Check here ▶ ☐ If following SOP								
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising								
	solicitation								

**Balance Sheet** Part X (A) (B) Beginning of year End of year 53,217. 34,464. 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a basis. Complete Part VI of Schedule D 10b 10c b Less accumulated depreciation 1,202,765. 1,169,597. 11 investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,222,814. ,237,229 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D 25 25 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 

X
and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 30 0.1 31 Paid-in or capital surplus, or land, building, or equipment fund 31 1,237,229. 1,237,229. 1,222,814. 32 Retained earnings, endowment, accumulated income, or other funds 1,222,814. 33 33 Total net assets or fund balances 1,222,814. 1,237,229. Total liabilities and net assets/fund balances

Form 990 (2010)

Form	990 (2010) Big Rock Foundation, Inc	56-218	39146	Pag	e 12			
Par	TXI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
		1						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 40 1, 98				
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,222	1,222,814.				
5								
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,237	7,22	<u> 29.</u>			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			1				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		1	х			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	{	1				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			1				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			ı			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			ı			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	į				

Form **990** (2010)

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

Department of the Treasury

Internal Revenue Service

**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. ► See separate instructions.

2010

Open to Public Inspection

Name of the organization

Big Rock Foundation, Inc

Employer identification number

56-2189146

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated d Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) is the (iv) is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organizátion in col organization n col (i) listed in your organization in col (I) organized in the organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990 EZ) 2010

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	zatıor
fails to qualify under the tests listed below, please complete Part III.)	

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	ı					
	membership fees received. (Do not	1					
	include any "unusual grants.")	<u> </u> -					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	-					
4	Total. Add lines 1 through 3						<del></del>
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)		. , ,				
	Public support. Subtract line 5 from line 4			<u> </u>	1	<u> </u>	
	ction B. Total Support			·T	· · · · · · · · · · · · · · · · · · ·	Т	
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		_	-			
8	Gross income from interest,				1	•	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			-			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	<u></u>	<u> </u>				
12	Gross receipts from related activities	, etc (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, th	ırd, fourth, or fıfth t	ax year as a section	on 501(c)(3)	
	organization, check this box and sto						<u>▶</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (	line 6, column (f) o	livided by line 11,	column (f))		14	%
15	Public support percentage from 2009	) Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010. If the c	rganization did no	t check the box of	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organization	on			▶
ı	33 1/3% support test - 2009.If the c	rganization did no	t check a box on	line 13 or 16a, and	i line 15 is 33 1/39	6 or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly	supported organi	zation			▶
17	a 10% -facts-and-circumstances tes	t - 2010.If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the orga	nızatıon
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as	a publicly supporte	ed organization		▶
1	o 10% -facts-and-circumstances tes	it - 2009. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circi	umstances" test,	check this box and	i stop here. Explai	n in Part IV how the	e
	organization meets the "facts-and-cir	cumstances" test	The organization	qualifies as a publ	licly supported org	janization	▶□
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17		•	
					Sah	adula A (Earm 99)	000 E71 2010

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	802,019.	270,610.	10,000.			1082629.
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 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	802,019.	270,610.	10,000.			1082629.
7 8	Amounts included on lines 1, 2, and			-			_
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						1082629.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	802,019.	270,610.	10,000.			1082629.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,824.	35,700.	45,323.	29,679.	40,380.	194,906.
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b	43,824.	35,700.	45,323.	29,679.	40,380.	194,906.
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		126.	73.			199.
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)	845,843.		55,396.	29,679.	40,380.	1277734.
	First five years. If the Form 990 is for			· · · · · · · · · · · · · · · · · · ·		· .	·
	check this box and stop here		,	.,,	,	(-,(-, -, -, -, -, -, -, -, -, -, -, -, -, -	▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				<u>. — .                                   </u>
15				olumn (f))		15	84.73 %
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	86.73 %
Se	ction D. Computation of Inve				<u> </u>		
17	Investment income percentage for 20	)10 (line 10c, colur	nn (f) divided by lin	ne 13, column (f))		17	15.25 %
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	13.26 %
19	a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and line	15 is more than	33 1/3%, and line	
	more than 33 1/3%, check this box a b 33 1/3% support tests - 2009. If the			•			<b>►</b> X
i	line 18 is not more than 33 1/3%, che	_				•	
20			•	•		•	
		3.2 0001 0					

2 Schedule I (Form 990) (2010) provide opportunities for levelopmently handicapped Employer identification number individuald to enjoy the 56-2189146 Open to Public OMB No 1545-0047 2010 lo provide funding to Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed and address of organization (below if applicable cash grant or government or gov Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. 20,000 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Inc 501(C)(3) Enter total number of section 501(c)(3) and government organizations Big Rock Foundation, 56-0995907 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Newport Development Center Name of the organization Newport, NC 28570 903 Church Street Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part Part II

032102 01-13-11

## **SCHEDULE O**

Department of the Treasury

(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.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Big Rock Foundation, Inc

**Employer identification number** 56-2189146

229 10011 2 0 110111
Form 990, Part I, Line 1, Description of Organization Mission:
child related and fish conservation related non-profit organizations.
Form 990, Part VI, Section A, line 2:
Randall Ramsey
Michael Thompson
Wiley Dew Forbes
The above Directors are shareholders in a corporation, Jarrett Bay
Boatworks, Inc., which is generally a sponsor of the main fundraising event
of Crystal Coast Tournament, Inc. The corporation manufactures large custom
boats and also maintains a boat repair facility.
The three directors above are also partners in Jarrett Bay Group, LLC which
owns and leases the property to Jarrett Bay Boatworks, Inc. The LLC also
leases a number of other commercial properties.
Business Relationships:
Randall Ramsey
Michael Thompson
The above directors are shareholders in a corporation which is developing a boat dry storage facility.
Doar dry Storage ractificy.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization Big Rock Foundation, Inc	Employer identification number 56-2189146
copy of the completed Form 990. The Form 990 is reviewed	by the
Officers and Directors before finalizing.	
Form 990, Part VI, Section C, Line 19: The Organization m	akes its
governing documents and financial statements available to	the public upon
request at it's office during normal business hours.	
	-

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2010 Open to Publia Inspection

OMB No 1545-0047

Open to Pt.
Inspection

Big Rock Foundation, Inc

Employer identification number 56-2189146

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Part

(e)	(q)	(c)				(f) Direct controlling
Name, address, and EIN	Primary activity	Legal domicile (state or	lotal income	End-or-year assers		, Similo 1110
of disregarded entity		foreign country)			<u>.</u>	entity
						•
		-				
				··•		
	4					
				·		
				·		
Part 11 Identification of Related Tax-Exempt Organizations (Complete if organizations during the tax year.)	tions (Complete if the organization	f the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 beca	ause it had one o	more related tax-exer	npt
(a)	(q)	(0)	Ð	(e)	€	(g) Section 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled

(13)	No			•				
Section 512(b)(13) controlled entity?	$\vdash$		×		 			
Seci	Yes		_					
Direct controlling entity		!	None					
Public charity status (if section	501(c)(3))		509(a)(2)					
Exempt Code section			501(c)(3)					
Legal domicile (state or foreign country)			North Carolina					
Primary activity		Raising fds for charitable	rvation.					
(a) Name, address, and EIN of related organization		st Tournament - 56-1330701	Morehead City NC 28557					

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

Schedule R (Form 990) 2010

Page 2

56-2189146

Schedule R (Form 990) 2010 Big Rock Foundation, Inc

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

organizations treated as a paint	1000	)   			,					
(a)	<b>(</b> 2)	<u>©</u>	<u>(</u>	<b>(e)</b>	€	(b)	Ξ	8	6	¥
Name, address, and EIN of related organization	Primary activity	Legal domicife (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ne Share of total I, income	Share of end-of-year assets	Disproportionate allocations?  Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
										•
										•
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as prporation or trust during	a Corpo	<b>ration or Trust</b> (Cor /ear )	nplete if the orgar	ization answered "Y	as" to Form 990, P	art IV, line 34	because it had o	ne or mor	e related
(a) Name, address, and EIN of related organization	Nii C		(b) Primary activity	(C) Ity Legal domcile (state or foreign country)	Controlling entity	(C corp, S corp, or trust)	(f) Share of total income	(g) f total Share of end-of-year assets	(g) Share of nd-of-year assets	(h) Percentage ownership
										•
										•
						:				
032162 12-21-10								Schedule	R (Form	Schedule R (Form 990) 2010

# part V \_\_\_ Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	0
1 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?	ns with one or more r	slated organizations listed	In Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×	<b>.</b>
<b>b</b> Gift, grant, or capital contribution to other organization(s)			•	1b	×	<b> </b>
c Gift, grant, or capital contribution from other organization(s)				10	×	V
d Loans or loan guarantees to or for other organization(s)				1d	X	
e Loans or loan guarantees by other organization(s)				1e	×	
f Sale of assets to other organization(s)				11	×	
g Purchase of assets from other organization(s)				19	×	
h Exchange of assets				ŧ	×	J۷
i Lease of facilities, equipment, or other assets to other organization(s)				ï	X	<b>~</b>
				-11		
j Lease of facilities, equipment, or other assets from other organization(s)				i-	X	~
k Performance of services or membership or fundraising solicitations for other organization(s)	nization(s)			*	×	~
I Performance of services or membership or fundraising solicitations by other organization(s)	nization(s)			=	X	<b> </b>
m Sharing of facilities, equipment, mailing lists, or other assets				13	×	_
n Sharing of paid employees				1 u	×	
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				10	X	
p Reimbursement paid by other organization for expenses				1р	×	ارا
<ul> <li>Qther transfer of cash or property to other organization(s)</li> </ul>				19	×	ال
r Other transfer of cash or property from other organization(s)				+	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	ils line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			•
(1) Crystal Coast Tournament, Inc.	В	0				'
(2)						
(6)						
(4)						1
(5)				,		
				1	:	

Schedule R (Form 990) 2010

(6) 032163 12-21-10

Schedule R (Form 990) 2010 Big Rock Foundation, Inc

part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

(e)			(d)	(e)		(9) Code Vi IRI	
Name, address, and EIN of entity	Frimary activity	(state or foreign country)	section 501(c)(3) organizations?		tionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
							•
							· 
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						Schedule R (Form 990) 2010	າ 990) 2010

Schedule R	(Form 990) 2010	Big F	lock Fo	undation,	Inc	<b>.</b>	•	56-21891	46 Page 5
Part VII	(Form 990) 2010 Supplemental	Information							
	Complete this part	to provide addition	nal informati	on for responses to	o question	s on Schedule R (s	ee instruc	tions)	
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