Form	n 99		Under section 501(c), 527, o	rganization Exempt From In 4947(a)(1) of the Internal Revenue Code (ex- cial security numbers on this form as it may	kcept private fou	indations)	OMB No. 1545-0047 2015 Open to Public
Intern	al Revenue Se	rvice	Information about	out Form 990 and its instructions is at www.	•		Inspection
			ar, or tax year beginning	, and ending		D Employe	identification number
B	Check if applicab	le: C Name of org				D Employe	r identification number
Ľ	Address change	Daina hugin		ESCUE CORP		E0_2	220405
	lame change	Doing busine Number and	street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephon	330495 e number
	nitial return	12802	EASY STREET			813-	920-4130
	Final return/ erminated	City or town,	state or province, country, and ZIP o	r foreign postal code			
		TAMPA		FL 33625		G Gross red	eipts 3,850,757
H	Amended return		ddress of principal officer.		H(a) Is this a gr	nuo return for	subordinates Yes X No
\Box'	Application pend	ing HOWAE	ND BASKIN			-	H. H.
					H(b) Are all su		
					• If "No,	" attach a list	(see instructions)
<u> </u>	Tax-exempt sta			(insert no.) 4947(a)(1) or 527			
-	Website: 🕨		CATRESCUE.ORG		H(c) Group exe		
	Form of organiz	-	tion Trust Association	Other	Year of formation: 1	995	M State of legal domicile: FL
P		Summary					
Governance	BI OU CA	G CAT RES R CARE, E TS IN THE	ND ABUSE OF BIG WILD.	TO PROVIDE THE BEST HOME CATS IN CAPTIVITY AND PRE	VENT EXTI	NCTION	
~			mbers of the governing body				9
				overning body (Part VI, line 1b)			6
Activities	5 Total	number of indiv	iduals employed in calendar	year 2015 (Part V, line 2a)	• • • • • • • • • • • • • • • • • • • •	5	18
Ę			nteers (estimate if necessar				83
<			ess revenue from Part VIII,			1 - 1	127,340
				n 990-T, line 34		7b	6,807
-		nolatou ouolito			Prior Ye		Current Year
	8 Contri	butions and gra	ants (Part VIII, line 1h)		2,344	,285	2,281,908
- Z	9 Progra	am service reve	nue (Part VIII, line 2g)),582	1,006,752
Revenue	10 Invest	ment income (F	Part VIII, column (A), lines 3,	4, and 7d)		5,421	<u> </u>
~	11 Other	revenue (Part V	/III, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)		5,490	309,721
				ual Part VIII, column (A), line 12)	3,454		3,613,340
				n (A), lines 1–3)		7,000	38,850
				(A), line 4)			<u>0</u> 7
ജ	15 Salari	es, other compo	ensation, employee benefits	(Part IX, column (A), lines 5-10)	71	5,984	788,627
Expenses	16a Profes	sional fundraisi	ng fees (Part IX, column (A), line 11e)	The second second second second second	Plane Contractor	0
- g	b Total	fundraising exp	enses (Part IX, column (D),	line 25) ▶ 112,354	and the second second		The second of the second second
Ű	17 Other	expenses (Par	t IX, column (A), lines 11a-1	11d, 11f–24e)	1,623		2,034,624
	18 Total	expenses. Add	lines 13-17 (must equal Pa	rt IX, column (A), line 25)	2,346		2,862,101
	19 Rever	nue less expens	ses. Subtract line 18 from lin	e 12		3,289	751,239
Assets or Balances			line (0)		Beginning of Cu		End of Year
Sse	20 Total	assets (Part X,			7,617		8,287,695
Pet A		liabilities (Part)	· · · · · · · · · · · · · · · · · · ·			7,369	65,920
SPOC ANY				n line 20	7,470	,530	8,221,775
Ur	nder penalties	Signature E s of perjury, I dec nd complete. Dec	lare that I have examined this r	eturn, including accompanying schedules and so officer) is based on all information of which pre	tatements, and to parer has any kr	owledge.	
		Mour	1 Bart			5-	25-16
Sig	n 🖊	Signature of office	er			Date	
Hei		HOWARI	BASKIN	CFO /	SECTY	/ TRE	AS
		Type or print nam	e and title				
	Print/	Type preparer's nam	10	Preparer's signature	Date	Check	if PTIN
Paic	PAU	L E HOROWITZ	2			self-em	ployed P01474269
Pre	parer Firm'	s name	FRSCPA, PLLC		l f	Firm's EIN 🕨	59-2482214
Use	Only		1301 66TH ST I SAINT PETERSB			Phone no.	727-347-1120
May			n with the preparer shown a		!		X Yes No
_	the second s		otice, see the separate instru				Form 990 (2015)

Check if Schedule O cc cribe the organization's miss F RESCUE'S MIS RE, END ABUSE N THE WILD.	n Service Accomplishme ontains a response or note sion: SION IS TO PROVI	e to any line in this Part III	Page 2
Statement of Program Check if Schedule O co cribe the organization's miss r RESCUE'S MIS RE, END ABUSE N THE WILD.	n Service Accomplishme ontains a response or note sion: SION IS TO PROVI	ents e to any line in this Part III	
Statement of Program Check if Schedule O co cribe the organization's miss r RESCUE'S MIS RE, END ABUSE N THE WILD.	n Service Accomplishme ontains a response or note sion: SION IS TO PROVI	ents e to any line in this Part III	
cribe the organization's miss FRESCUE'S MIS RE, END ABUSE NTHE WILD.	sion: SION IS TO PROVI		
anization undertake any sig		CAPTIVITY AND PREVEN	5 CAN FOR THE CATS NT EXTINCTION OF B
990 or 990-EZ? escribe these new services of	on Schedule O.	the year which were not listed on the	Yes 🔀 No
		how it conducts, any program	Yes 🔀 No
Section 501(c)(3) and 501(c		n of its three largest program services, to report the amount of grants and allow prted.	
EEN ABUSED, AB ED FOOD, SHELT MENT ACTIVITIE DRMED ITS EDUC N CAPTIVITY AN IMATELY 26,000 ED APPROXIMATE & EMAIL THAT G	NT HOME FOR APPE SANDONED, ORPHANE ER, VETERINARY (S. ATIONAL MISSION ID IN THE WILD TH VISITORS DURING LY 2,500,000 VIS	COXIMATELY 85 BIG CA D OR RETIRED FROM CARE, OPERANT CONDI BY TEACHING ABOUT T HROUGH GUIDED TOURS THE YEAR, THROUGH SITORS DURING THE YI 000 RECIPIENTS AND	PERFORMING ACTS. C TIONING AND THE PLIGHT OF THE OF THE SANCTUARY ITS WEBSITE THAT EAR, THROUGH ITS
) (Expenses \$		ants of\$) (R	evenue [.] \$
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			:
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) (Expenses \$	including gr	ants ot\$) (R	Revenue \$
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	······	•••••••••••••••••••••••••••••••••••••••	
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		· · · · · · · · · · · · · · · · · · ·	
mm convices (Describe in (Schedule ()		
) (Revenue \$)
s \$			
	2,560,404		
\$	2,560,404	· · · · · · · · · · · · · · · · · · ·	Form 990 (201
\$	2,560,404	· · ·	Form 990 (201)
	services (Describe in S	services (Describe in Schedule O.) including grants of\$ service expenses ► 2,560,404	including grants of\$) (Revenue \$

Form	990 (2015) BIG CAT RESCUE CORP 59-3330495		P	age 3
	rt IV Checklist of Required Schedules			
2		· · · ·	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
~	complete Schedule A	1	X X	├
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		v	
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		x
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	9		<u> </u>
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	4		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8				v
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
40	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 temporarily restricted	10	x	
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		0.000
11	VII, VIII, IX, or X as applicable.	2000000 20000		
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	DEMONIAN'	XIVIAS	-8026-X.S. -
а	complete Schedule D. Part VI	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	-	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	and the Dest V. line 400 KIN/as II assessed to Debadule D. Dest IV.	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XI	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ļ.		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	· [
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	· ·	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2015)

Form	990 (2015) BIG CAT RESCUE CORP 59-3330495		Pa	age 4
0000000000	rt IV Checklist of Required Schedules (continued)			
	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
24-	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ	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), 501(c)(4), and 501(c)(29) 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		x
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "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 employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	18.2.8 C	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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	******	X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		_
	Schedule L, Part IV	28b	х	
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
-	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
2 9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		X
34	or IV and Part V line 1	34		x
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	- COU		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
_	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form 990 (2015)

And a second second	990 (2015) BIG CAT RESCUE CORP 59-3330495		Р	age
6	Int V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			Π
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	anan yan	X
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 18		200	1.00
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	84886.0
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	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" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:	1.000	310 M	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	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?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		2002	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		- 77, 864) - 19	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			202
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		a den i de	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 333		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-033	9. J. K. X	
۰þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	1888		3638°;
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	11792/Ker	100076
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-188		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	128198	25222	Sint
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>	2000000	- Banko
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			B
C	Enter the amount of reserves on hand	66683		₩
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u> x</u>
b		14b	1	

1.7 <u>111</u> 44214	990 (2015) BIG CAT RESCUE CORP 59-3330495			age
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O		Instr	
	Check if Schedule O contains a response or note to any line in this Part VI			_X
ec	tion A. Governing Body and Management		Yes	No
1-	Enter the number of voting members of the governing body at the end of the tax year 1a 9	Sec.	Tes	REAL
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 9 If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar		3072	
	committee, explain in Schedule O.	× 200000	102 (G) (G) 2030 (M)	
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 6			Statis.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		11	
2	any other officer director trustee, or key employee?	2	X	I SERIES
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have member or stackholders?	6		x
7a	Did the organization have members of stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	Ľ		+
	one or more members of the governing body?	7a		x
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		<u> </u>
-	stockholders, or persons other than the governing body?	7ь		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow			
a	The governing body?	8a	X	(holiopara)
ь	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)
				No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	ļ
3	Did the organization have a written whistleblower policy?	13	X	_
4	Did the organization have a written document retention and destruction policy?	14	X	20.000
5	Did the process for determining compensation of the following persons include a review and approval by		Ner Con	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		663	
а	The organization's CEO, Executive Director, or top management official	15a	X	-
Ь	Other officers or key employees of the organization	15b	X	2 2 N 2 V
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	330203	25000	66987
	with a taxable entity during the year?	16a	20623392	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	C Trans		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1678000		388E
2	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	MAT	Me	
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CT, FL, GA, IL, KS, KY, MD, MA		1412	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
	Upscappe in Schodule () whether (and it so, how) the organization made its doverning documents, contlict of interest policy, and			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
9	financial statements available to the public during the tax year.			

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20	State	me name,	address,	and teleph	one nun	iber of the person	who posse	esses the org	anizations books and records.	
H	OWARD	BASK	IN			1280	2 EASY	STREET		
т	AMPA			· .		1. A. J.			FL 33625	813-920-4130
DAA						· · · · · ·	· · ·		i i i i i i i i i i i i i i i i i i i	Form 990 (2015)

Form 990 (2015) BIG CAT								<u>59-333</u>		Page 7
		Di	rect	tors	i, T	rus	tee	s, Key Employees,	Highest Compensa	ted Employees, and
Independent C							+	a ta amu lima in thia F		
		_						e to any line in this F est Compensated Empl		·······
1a Complete this table for all perso										8
organization's tax year.	-						-	-	-	
 List all of the organization's of compensation. Enter -0- in columns 	s (D), (E), and (F) if	no d	comp	ens	atior	ı wa	s paid.		unt of
 List all of the organization's of List the organization's five contraction. 		-			-					
who received reportable compensa organization and any related organ	tion (Box 5 of F									
 List all of the organization's f \$100,000 of reportable compensa 	tion from the or	gani	zatio	n ar	id a	ny re	elate	d organizations.		
 List all of the organization's 1 organization, more than \$10,000 or 										the
List persons in the following order: compensated employees; and form			or di	recto	ors;	instit	utior	nal trustees; officers; key	employees; highest	
Check this box if neither the o	•		relat	ed o	raar	nizati	on c	compensated any current	officer, director, or trustee	
(A)	(B)	<u> </u>		(0				(D)	(E)	(F)
Name and Title	Average hours per	(de		Pos	ition	than		Reportable compensation	Reportable compensation from	Estimated
	week	box	ς, unle	ss pe	rson i	s bott	пап	from	related	amount of other
	(list any hours for				_	or/trus Tæ∵≕	· ·	the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	Individual or director	Institutional	Officer	Key e	mplo	Former	(W-2/1099-MISC)		organization and related
	below dotted	lual	tional		employee	Vee co	Ĩ			organizations
	line)	trustee	trustee		yee	Highest compensated employee				
			ee			sated				
(1) HOWARD BASKIN										
	60.00	-						62 242		0
CFO / SECTY / TREAS (2) JAMIE VERONICA	0.00 MURDOCK	x		X		-	\vdash	63,243	0	0
	60.00									
PRESIDENT / DIRECTOR		x		x				57,405	. 0	3,687
(3) CAROLE BASKIN										
CEO / FOUNDER	60.00	x		x				55,905	0	0
(4) KIM MAHONEY	0.00	 ▲		┢┻						0
(),	1.00									
VP / DIRECTOR	0.00	X		x				0	0	0
(5) MARY LOU GEIS	1 00									
DIRECTOR	1.00	x						o 1	o	0
(6) PAMELA RODRIGUE					-	\vdash	\vdash	U	V	
(),	1.00									
DIRECTOR	0.00	X		<u> </u>				0	0	0
(7) DARREN KIPNIS	1									
DIRECTOR	1.00	x			ŀ			0	о	0
(8) KEITH LAWLESS	0.00	┢┻		-		\vdash		U		0
	1.00		l I							
DIRECTOR	0.00	x						0	0	0
(9) VINCE PAVESE										
DTDD0000	1.00									•
DIRECTOR	0.00	X	-	-		\vdash		0	0	0
(10)										
••••••		1	1		1	1	1.			

(11)

Form 990 (2015)

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Form	990 (2015) BIG CAT	RESCUE C	OR	P					59-33		Page 8
Pa	rt VII Section A. Officer	s, Directors, Tr	ust	ees,	Key	/ En	nploy	ees	s, and Highest Compe	nsated Employees (continue	d)
	(A) Name and title	(B) Average hours per week (list any hours for	box	k, unie	Pos check ess pe nd a (rson	than o is both pr/trust	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
											ei
 					-						
				-							
1b c	Sub-total		Se	ctio	 n Δ				176,55	3	3,687
	Total (add lines 1b and 1c) Total number of individuals (i		<i></i> .	. .					176,55		3,687
	reportable compensation from					1056	NSIC	ua	bove) who received tho		Yes No
3 4	Did the organization list any employee on line 1a? If "Yes For any individual listed on li	s," complete Sch ine 1a, is the su	iedu m o	le J f rep	for s orta	such ble (indiv comp	vidu	al	sation from the	<u>3 X</u>
5	organization and related orga individual Did any person listed on line for services rendered to the	a receive or a	юсп	ue o	omp	ensa	ation	fron	n any unrelated organiza	ation or individual	4 X
	tion B. Independent Contrac	tors									
1	Complete this table for your compensation from the organ	nization. Report	con	npen	satio	aep on fo	or the		lendar year ending with	or within the organization's ta	
	Name and	(A) d business address						+	Des	(B) cription of services	(C) Compensation
	· · · · · · · · · · · · · · · · · · ·										
								-			
											0.1904000.00/19400.000.000.000000.000.00-1-
2 DAA	Total number of independent received more than \$100,00	t contractors (in 0 of compensat	cludi ion 1	ing l from	the	ot li orga	miteo aniza	tion	those listed above) who	0	Form 990 (2015)
DHA											

t VII	(2015) BIG CAT RES	enue						
	Check if Schedule	O cor	ntains a	response	Or note to any line (A) Total revenue	e in this Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tay under sections 512-514
1a F	Federated campaigns	1a		97,638				and the factor
	Membership dues	1b						1995 (1995) 1995) (1997)
	Fundraising events	1c						
	Related organizations	1d	·			A LOUP A	10 Single Single State	
	Government grants (contributions)	1e					ALL PROPERTY AND ALL PROPERTY ALL PROPERTY AND ALL PROPERTY ALL PROPERTY A	A DOLLARS
	All other contributions, gifts, grants,					and the second second	No. Contraction of the second s	
	and similar amounts not included above	1f	2.1	84,270		Charles and the second	and the second second	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
a	Noncash contributions included in lines 1			34,200		ALC: NO		and a second second
•	Total. Add lines 1a-1f	u •		•	2,281,908		Contraction of the second	A CONTRACTOR
			<u> </u>	Busn. Code		And the second	Strange and Strange	Constant March
2a	EDUCATIONAL TOURS		F	611710	898,605	898,605		
b	EDUCATIONAL ACTIVIT	TES	····· -	611710	108,147	108,147		
~	about towns RollVI							
4	• • • • • • • • • • • • • • • • • • • •							
u 0		•••••	····.					
£ .	All other program service rev							
	Total. Add lines 2a-2f		-		1,006,752	NA PARA	and a state of the state	
	Investment income (including						2019-0-2019-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	240424-04049443-141-0202020202020
	and other similar amounts)	UNIO	nus, inter	Col,	-25,822	-25,822		
	Income from investment of ta		not bond		23,022			
			-					
5	5 Royafties			areonal	STATES SELECT	CARLES SALES		
6-	101	087	(0) - (Sector Press
				14			Service Statements	
	Less: rental exps. Rental inc. or (loss) 104,	087		X				
		507			104,087			104,0
	Net rental income or (loss) Gross amount from (i) Securities		(1)	Other	104,007			104/0
:	sales of assets		(1)	88,257				And Street
	other than inventory			00,251				
	Less: cost or other			17 176				
	basis & sales exps			47,476				and the second second
	Gain or (loss)				40 791	40 791		
	Net gain or (loss)				40,781	40,781		
	Gross income from fundraising ev	rents						And the second sec
	(not including\$			15 E			154 N.	
	of contributions reported on line 1	c).		11 770	- 19 A		Stores - Concern	
	See Part IV, line 18	. a		11,772				
	Less: direct expenses	. b[5,181				
	Net income or (loss) from fur		ng events	🕨	6,591			6,5
	Gross income from gaming activit	ies.						
	See Part IV, line 19	. a		· · · · ·				
	Less: direct expenses	Þ[asheri ahirik			
	Net income or (loss) from ga		activities .	🕨				
	Gross sales of inventory, less	s				2 - 2° - 2°	and the second se	
	returns and allowances	. а		315,959				
	Less: cost of goods sold	. Ы		184,760				
C	Net income or (loss) from sa	les of	inventory.	🕨	131,199	3,859	127,340	5 Control (1600) (1600) (1600) (1600)
	Miscellaneous Revenue			Busn. Code				
11a	OTHER INCOME			532000	45,432			45,4
ъ	WEBSITE AD REVENUE			900099	22,412			22,4
с								
d	All other revenue							
е	Total. Add lines 11a-11d			▶	67,844			
	Total revenue. See instructi			· · · · · ·	3,613,340	1,025,570	127,340	178,5

Form 990 (20	15) BIG CAT RESCUE CO		59-333	0495	Page 10
Part IX	Statement of Functional Exp				
Section 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a response.			complete column (A).	
		(A)	(B)	(C)	(D)
	de amounts reported on lines 6b, nd 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising
<u> </u>	I other assistance to domestic organizations		copenses	general expenses	Copensee
	tic governments. See Part IV, line 21	31,350	31,350	And a second	
	and other assistance to domestic			A CONTRACTOR OF	2000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (100)(
	als. See Part IV, line 22				
	nd other assistance to foreign			ACTORNAL STR	Store A construction of the store
	ions, foreign governments, and foreign				And and the lot of the second s
	s. See Part IV, lines 15 and 16	7,500	7,500		and a second
	paid to or for members				
	nsation of current officers, directors,				•
	, and key employees	176,553	138,124	26,011	12,418
6 Compens	sation not included above, to disqualified				
persons	(as defined under section 4958(f)(1)) and				
persons	described in section 4958(c)(3)(B)				
	alaries and wages	486,468	370,909	78,641	36,918
8 Pension	plan accruals and contributions (include				
	01(k) and 403(b) employer contributions)	8,846	6,792	1,396	658
	mployee benefits	66,039	50,701	10,424	4,914
10 Payroll	taxes	50,721	38,941	8,006	3,774
11 Fees for	or services (non-employees):				
a Manage	ement				
b Legal		512,369	512,369		
	ting	9,750		9,750	
d Lobbyin		48,000	48,000	CALIFORNIA CONTRACTOR AND A	
	onal fundraising services. See Part IV, line 7	22			
	ent management fees				
	ine 11g amount exceeds 10% of line 25, column	111 047	100 070		1 075
	t, list line 11g expenses on Schedule O.)	111,947	109,972		1,975
	sing and promotion	95,420	74,020	26 741	21,400
13 Office	expenses	268,938	219,543	26,741	22,654
	tion technology	108,967	108,967		
15 Royaltie	es				
	incy	5,300	5,300	· · ·	
17 Travel	nts of travel or entertainment expenses	5,300	3,300		
•	federal, state, or local public officials				
•	ences, conventions, and meetings	14,134	14,134		
19 Confere 20 Interest		1,260	1,260		
	nts to affiliates	_/_00			
	iation, depletion, and amortization	111,792	111,792		
		6,205	6,205		
24 Other ex	penses. Itemize expenses not covered				
	ist miscellaneous expenses in line 24e. If				Sector Sector
•	amount exceeds 10% of line 25, column				
	unt, list line 24e expenses on Schedule O.)				
	MAL CARE AND EDUC PROG	561,280	561,280		
	ISLATION EFFORTS	78,658	78,658	, Michaelener	
c ALI	OTHER EXPENSES	72,230	64,587		7,643
d REA	L ESTATE INVEST EXP	28,374		28,374	
• • • • • • • • • • • • • • • • • • • •	er expenses				
	nctional expenses. Add lines 1 through 24e	2,862,101	2,560,404	189,343	112,354
26 Joint c	osts. Complete this line only if the				
	tion reported in column (B) joint costs				
fundraisi	combined educational campaign and ing solicitation. Check here ►X if				
following	SOP 98-2 (ASC 958-720)	58,476	37,076		21,400

•

		0 (2015) BIG CAT RESCUE CORP		59	9-3330495		Page 11					
P	art)											
		Check if Schedule O contains a response or no	ote to any line	in this Part X								
		• •			(A)		(B)					
					Beginning of year		End of year					
	1	Cashnon-interest bearing	1 (50 000	1	1 600 667							
	2	Savings and temporary cash investments			1,652,283	2	1,690,667					
	3	Pledges and grants receivable, net			101.000	3	100.000					
		Accounts receivable, net			101,000	4	120,839					
	5	Loans and other receivables from current and forme	-	ectors,								
		trustees, key employees, and highest compensated	employees.									
		Complete Part II of Schedule L		5								
	6											
		4958(f)(1)), persons described in section 4958(c)(3)(and							
		sponsoring organizations of section 501(c)(9) volunt	<u>19</u> 080									
ets		organizations (see instructions). Complete Part II of	6									
Assets		Notes and loans receivable, net	100.000	7	107 507							
-	8	Inventories for sale or use		·····	102,893	8	127,537					
	9	• • •	·····			9						
	10a	Land, buildings, and equipment: cost or		4 600 001								
		other basis. Complete Part VI of Schedule D	10a	4,632,021			0 001 101					
		Less: accumulated depreciation	10b	704,834		<u>10c</u> 11	<u>3,927,187</u> 533,571					
			ments—publicly traded securities 573,52									
		Investments-other securities. See Part IV, line 11	30,593		55,385							
		Investments-program-related. See Part IV, line 11		13								
	14	Intangible assets	1 400 470	14	1 000 500							
		Other assets. See Part IV, line 11	1,409,473	15	1,832,509							
		Total assets. Add lines 1 through 15 (must equal lin	7,617,905	16	8,287,695							
	17	Accounts payable and accrued expenses		24,142	17	65,920						
	18	Grants payable				18						
	19	Deferred revenue	-			19						
		Tax-exempt bond liabilities				20	· · · · · · · · · · · · · · · · · · ·					
	21	Escrow or custodial account liability. Complete Part I				21						
Liabilities	22	Loans and other payables to current and former offic		i,		×						
pili		trustees, key employees, highest compensated emp	-									
Lia	22	disqualified persons. Complete Part II of Schedule L		•••••	123,227	22						
		Secured mortgages and notes payable to unrelated			123,221	23						
		Unsecured notes and loans payable to unrelated thin Other liabilities (including federal income tax, payabl		fbird		24						
	25	parties, and other liabilities not included on lines 17-										
		• •	, ,									
	00	of Schedule D		••••••	147 260	25	65 020					
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), c	heat here	V and	147,369	26	65,920					
ses				ച anu								
ant	27	complete lines 27 through 29, and lines 33 and 3 Unrestricted net assets			6,897,015	27	7,688,204					
Bal					0,097,015		1,000,204					
Fund Balances	28 29	Temporarily restricted net assets			573,521	28	522 571					
Ë	29	Organizations that do not follow SFAS 117 (ASC		here 🕨 🛛 and	575,521	29	533,571					
5		complete lines 30 through 34.										
ş	20					2000) 20						
SS	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equip		•••••		30						
Net Assets or	31	Retained earnings, endowment, accumulated income				31						
Ň	32 33	Total net assets or fund balances			7,470,536	32	8,221,775					

33 Total net assets or fund balances
34 Total liabilities and net assets/fund balances

8,221,775 8,287,695 Form 990 (2015)

7,470,536 33 7,617,905 34 11.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total revenue (must equal Part XI, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 751,239 4 Het assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Proir period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 8 9 11 Accounting method used to prepare the Form 990: Cash 12 Accounting method used to prepare the Form 990: Cash Accrual 14 Accounting from a prior year or checked "Other," explain in Schedule O. 2a X 14 Accounting from a prior year or checked "Other," explain in Schedule O. 2a X <t< th=""><th>Form 990 (2015) BIG CAT RESCUE CORP</th><th>59-3330495</th><th></th><th></th><th>Page</th><th>e 12</th></t<>	Form 990 (2015) BIG CAT RESCUE CORP	59-3330495			Page	e 12
Check if Schedule O contains a response or note to any line in this Part XI I 1 Total revenue (must equal Part VIII, column (A), line 12) 1 3,613,340 2 Total revenue (must equal Part X, column (A), line 25) 2 2,862,101 3 Revenue less expenses. Subtract line 2 from line 1 3 751,239 4 tassets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 7,470,536 5 Donated services and use of facilities 6 6 6 7 Investment expenses 7 8 9 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 10 8,221,775 10 Reverse 7 8 9 10 8,221,775 Part XII Financial Statements and Reporting 10 8,221,775 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a <th></th> <th>39-3330493</th> <th></th> <th></th> <th>raye</th> <th>5 14</th>		39-3330493			raye	5 14
1 Total revenue (must equal Part VII, column (A), line 12) 1 3, 6113, 340 2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 862, 101 1 Revenue less expenses. Subtract line 2 from line 1 3 751, 239 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 7, 470, 536 5 Donated services and use of facilities 6 7 7 Investment sequences 6 7 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 10 33, column (B) 10 8, 221, 775 9 Part XII Financial Statements and Reporting 10 8, 221, 775 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the financial statements or the year were compiled or reviewed by an independent accountant? 2a X 1	COMPARAMING COMPANY	e to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 2,862,101 3 Revenue less expenses. Subtract line 2 from line 1 3 751,239 4 4 7,470,536 5 Net unrealized gains (losses) on investments 6 6 0 7 7 7 7 8 Prior period adjustments 6 9 0ther changes in net assets or fund balances at egoins (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 8, 221, 775 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 8 8, 221, 775 Part XII Financial Statements and Reporting Check if Schedule O. 14 Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Cons				3,61	3,3	40
3 Revenue less expenses. Subtract line 2 from line 1 3 751,239 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 7,470,536 6 Investment expenses 6 6 7 7 7 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 8, 221, 775 Yeart XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 8, 221, 775 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X			2	2,86	2,1	01
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 7,470,536 5 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 6 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 8, 221, 775 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other			3	75	51,2	39
5 Net unrealized gains (losses) on investments 6 6 7 8 9 9 10 Net assets or fund balances (explain in Schedule O) 10 10 10 8 9 10 10 8 9 10 10 10 10 10 10 10 10 10 10 10 11 11 12 13 14 15 15 16 16 17 18 19 10 10 10 10 11 12 13 14 15 15 16 16 17 18 19 10 10 11 12 13 14 15 15 16 16 17 18 19 10 10 10 11 12 14 15 16 16 17 17 18 19 19 10 11 <td></td> <td></td> <td>4</td> <td>7,47</td> <td>0,5</td> <td>36</td>			4	7,47	0,5	36
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 9 33, column (B)) 10 8,2221,775 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: Cash X Accrual 1 Accounting method used to prepare the Form 990: Cash X Accrual 1 Accounting method used to prepare the Form 990: Cash X Accrual 1 Accounting method used to prepare the Form 990: Cash X Accrual 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a 1 Mere the organization's financial statements audited by an independent accountant? 2b 1 Mere the organization's financial statements audited by an independent accountant? 2b 1 Mere the organization's financial statements audited by an independent accountant? 2b 1 Mere the organization's financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b 1 Mere the organization of its financial statements and selection			5			
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 33, column (B)) 10 8,221,775 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other "explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis, or selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or oversight of the audit, review, or compilation	6 Donated services and use of facilities		6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 8,221,775 10 Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 8,221,775 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other			7			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 33, column (B)) 8, 221, 775 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: X separate basis Consolidated basis, or both: </td <td>0 Drive period adjustments</td> <td></td> <td>8</td> <td></td> <td></td> <td></td>	0 Drive period adjustments		8			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 8,221,775 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other			9			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: the space of the space o						
Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, exp	33, column (B))	· · · · · · · · · · · · · · · · · · ·	10	8,22	21,7	75
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Part XII Financial Statements and Reporting					_
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Check if Schedule O contains a response or note	e to any line in this Part XII	<u></u>			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or compilation of its financial statements and selection of an independent accountant? Image: Consolidated basis, or selection process during the tax year, explain in Schedule O. Image: Single Audit Act and OMB Circular A-133? Image: Consolidated basis, or audits? If the organization did not undergo the sectio	If the organization changed its method of accounting from a prion Schedule O.	r year or checked "Other," explain in	•		Yes	
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X Separate basis Consolidated basis, or both: 2c X If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a X	If "Yes," check a box below to indicate whether the financial stat reviewed on a separate basis, consolidated basis, or both:	ements for the year were compiled or		2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or compilation of its financial statements and selection of an independent accountant? Image: Consolidated basis, or both: If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Image: Consolidated basis, or both: Image: Solid Basis, Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both:					33828953 37	
 separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 			• • • • • • • • •	2b		97722533359
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both cons c If "Yes" to line 2a or 2b, does the organization have a committee	solidated and separate basis e that assumes responsibility for oversight				
the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the Image: Content of the organization of the organization did not undergo the or	If the organization changed either its oversight process or select Schedule O.	tion process during the tax year, explain in			•	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	the Single Audit Act and OMB Circular A-1332			3a		x
		÷ -		3b		

Form 990 (2015)

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SCHEDULE A (Form 990 or 990-EZ)		c Charity Status				OMB No. 1545-0047
(101111000011000022)		4947(a)(1) nonexem		••••		2015
Description of the Transie		Attach to Form 9	-			Open to Public
Department of the Treasury Internal Revenue Service	Information about	Schedule A (Form 990 or 990-	EZ) and it	s instruc	tions is at www.irs.gov/form	
Name of the organization					Employer i	dentification number
	BIG CAT RES					30495
Part I Reas	on for Public Charity	/ Status (All organization)	ns must	compl	ete this part.) See in	structions.
The organization is no	t a private foundation becau	use it is: (For lines 1 through 1	1, check	only one	box.)	
		ssociation of churches describe				
)(A)(ii). (Attach Schedule E (F				
		vice organization described in				
		ed in conjunction with a hospi	tal describ	ed in se	ection 170(b)(1)(A)(iii). En	ter the hospital's name,
city, and stat				•••••••••		
		t of a college or university owr	iea or ope	erated by	a governmental unit desc	nded in
	(b)(1)(A)(iv). (Complete Pa	governmental unit described i	in castion	170/b)/	4.4.4.4.4.4	
		a substantial part of its suppor				al nublic
	section 170(b)(1)(A)(vi).		. nom a g		and and of norm the gener	
		170(b)(1)(A)(vi). (Complete F	Part II.)			
		(1) more than 33 1/3% of its :	,	om contri	butions, membership fees.	and gross
		mpt functions-subject to cert				
		and unrelated business taxable				
acquired by t	the organization after June	30, 1975. See section 509(a)(2). (Com	plete Pa	irt III.)	
		d exclusively to test for public				
		exclusively for the benefit of,				
		ations described in section 50				
		escribes the type of supporting	-		•	•
	•••••••••••••••••••••••••••••••••••••••	ated, supervised, or controlled	•	•	• • • • • •	
		to regularly appoint or elect a	тајопту	or the al	rectors or trustees of the s	upporting
	You must complete Part	rvised or controlled in connect	tion with i	te cunno	rtad amonization(a) by ba	vina
		g organization vested in the s				-
	s). You must complete Pa		ame pers		control of manage the sup	poned
		oporting organization operated	in conne	ction with	, and functionally integrate	ed with
		actions). You must complete				
``		A supporting organization ope	•		• •	ization(s)
that is not fu	nctionally integrated. The c	organization generally must sa	tisfy a dis	tribution	requirement and an attent	veness
requirement	(see instructions). You mu	st complete Part IV, Section	s A and I	D, and P	art V.	
e 🗌 Check this b	ox if the organization receiv	red a written determination from	n the IRS	that it is	a Type I, Type II, Type III	
functionally in	ntegrated, or Type III non-	functionally integrated support	ing organi	ization.		
	r of supported organizatior					
	wing information about the		1		•	
 (i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
		above (see instructions))	docun		instructions)	instructions)
			Yes	No		
(A)			103			
()						
(B)						
(C)					:	
(D)						
(E)						
				a an		
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

Sche	dule A (Form 990 or 990-EZ) 2015 BIG	CAT RES	CUE CORP		59	-3330495	Page 2
	rt Support Schedule for (Organizations	Described in	Sections 17	0(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
	(Complete only if you che	ecked the box	on line 5, 7, o	r 8 of Part I o	r if the organiz	ation failed to o	qualify under
	Part III. If the organizatio	n fails to qual	ify under the to	ests listed belo	ow, please cor	nplete Part III.)	
Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.					S. P. A. S. States	
	tion B. Total Support	THE RECTORE AND A DESCRIPTION OF THE PARTY O					
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, 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 VI.)						
11	Total support. Add lines 7 through 10					1	
12	Gross receipts from related activities, et	tc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for t	the organization's	first, second, third	i, fourth, or fifth ta	ax year as a section	on 501(c)(3)	-
	organization, check this box and stop h						▶
Sec	tion C. Computation of Public						
14	Public support percentage for 2015 (line					1	%
15	Public support percentage from 2014 So			line 40 and line 4	A = 00 4/00/	<u>15</u>	%
16a	33 1/3% support test-2015. If the org						ъГ
-	box and stop here. The organization qu 33 1/3% support test—2014. If the org					6 or more	····· ► L
b	check this box and stop here. The orga						▶ [
179	10%-facts-and-circumstances test-					nd line 14 is	····· • L
17 a	10% or more, and if the organization m Part VI how the organization meets the	eets the "facts-an	nd-circumstances"	test, check this b	ox and stop here	. Explain in	
b	organization 10%-facts-and-circumstances test— 15 is 10% or more, and if the organization Explain in Part VI how the organization	2014. If the organ ion meets the "fa	ization did not che cts-and-circumstar	eck a box oп line nces" test, check	13, 16a, 16b, or 1 this box and stop	7a, and line here.	► [
	supported organization						▶ [
18	Private foundation. If the organization instructions	did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17	b, check this box	and see	
						edule A (Form 990	
					3016	SUME & (LOUII 22(J OI 330-EZ) 201

Sche	dule A (Form 990 or 990-EZ) 2015 BIG	CAT RESC	UE CORP			<u>-3330495</u>	Page 3
Pa	rt III Support Schedule for C	Organizations	Described in	Section 509(a	a)(2)		
	(Complete only if you che	ecked the box	on line 9 of Pa	art I or if the or	ganization fail	ed to qualify ur	nder Part II.
	If the organization fails to	qualify under	the tests liste	d below, pleas	e complete Pa	art II.)	
	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership						
	fees received. (Do not include any "unusual grants.")	1,198,457	1,414,394	1,544,392	2,344,285	2,281,908	8,783,436
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	999,767	1,030,684	1,210,664	926,108	987,861	5,155,084
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513				97,870	79,616	177,486
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,198,224	2,445,078	2,755,056	3,368,263	3,349,385	14,116,006
-			2/110/010				
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3		1				
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	çız çayı Au	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
	line 6.)						14,116,006
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	2,198,224	2,445,078	2,755,056	3,368,263	3,349,385	14,116,006
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	101,262	140,324	209,153	114,227	104,087	669,053
ь	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
		101,262	140 224	209,153	114,227	104,087	669,053
C	Add lines 10a and 10b	101,202	140,324	209,155	114,227	104,087	669,055
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on	74,648	113,666	152,080	14,439	6,807	361,640
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	0 074 104	0 000 000	2 116 000	2 405 000	2 462 070	15 146 600
14	and 12.) First five years. If the Form 990 is for t	2,374,134	2,699,068			3,460,279	15,146,699
14	organization, check this box and stop h	•			-		
Sec	tion C. Computation of Public						
15	Public support percentage for 2015 (line			lumn (fi)		15	93.20%
16	Public support percentage from 2014 Sc					16	91.99%
	tion D. Computation of Investn						
17	Investment income percentage for 2015			e 13, column (f))	•	17	4%
18	Investment income percentage from 20		4.411 12 - 4.77			40	5%
19a				line 14, and line	15 is more than 3	3 1/3%, and line	
	17 is not more than 33 1/3%, check this		the second se				► 🛛
ь	33 1/3% support tests-2014. If the or						ind
	line 18 is not more than 33 1/3%, check	this box and stop	here. The organ	ization qualifies a	s a publicly suppo	orted organization	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 BIG CAT RESCUE CORP

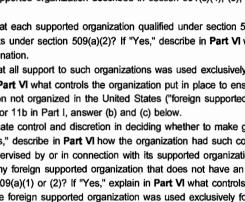
Supporting Organizations Part IV

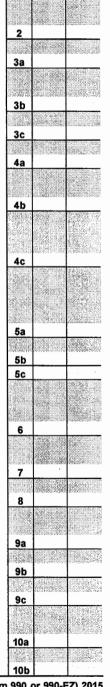
(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and h satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- С Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- С Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - h Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2015





Page 4

No

Yes

1

59-3330495

Sched	ule A (Form 990 or 990-EZ) 2015 BIG CAT RESCUE CORP 59-3330	495	Page 5
the data and the second second	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	
Sect	ion B. Type I Supporting Organizations		
_		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	S. MARCON POSIDI
2	Did the organization operate for the benefit of any supported organization other than the supported	States -	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1999 <u>19</u> 22	
0	supervised, or controlled the supporting organization.	2	
Sect	ion C. Type II Supporting Organizations		T
	When a mainth of the president dimension for the device during the terror and a mainth of the dimension	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sect	the supported organization(s). ion D. All Type III Supporting Organizations	1	
Ject	ion D. An Type in Supporting Organizations	Vec	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1983	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Solution of the second	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	E.1236532.12325
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	the suite support.
3	By reason of the relationship described in (2), did the organization's supported organizations have a	12.45	1.282.2
•	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	0.0000000000000000000000000000000000000
Sect	ion E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructions):	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	ee instructions).	
			· · · · · · · · · · · · · · · · · · ·
2	Activities Test. Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	Last of States	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1000	
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	5
b			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.	2b	88 253 855 C C C C C C C C C C C C C C C C C C
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	• • • • • • • • • • • • • • • • • • • •		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	2 8 5 5 8 1 8 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1
b			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Schedule A (Form 990 or 990-EZ) 2015

chedule A (Form 990 or 990-EZ) 2015 BIG CAT RESCUE CORP Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	<u>59-3330</u> zations	495 Pag
Check here if the organization satisfied the Integral Part Test as a qualifying trust			s. Ali
other Type III non-functionally integrated supporting organizations must complete	Sections A	through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	- 1	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		Construction of the second	
instructions for short tax year or assets held for part of year):	279904 (ASSA)	Concernant and a second second	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		and the second second second	
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4		
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	6		
6 Multiply line 5 by .035 7 Recoveries of prior-year distributions	7		
	8		
8 Minimum Asset Amount (add line 7 to line 6)	- 0	SHADE 2	
Section C - Distributable Amount	·		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	Sales Barrier	
2 Enter 85% of line 1	2	NUMBER OF STREET	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		Baur States	
emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2015

art V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)	
ection D - Distributions			Current Year
Amounts paid to supported organizations to accomplish exempt	purposes		
2 Amounts paid to perform activity that directly furthers exempt pur	poses of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of	supported organizations		
Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
B Distributions to attentive supported organizations to which the or	ganization is responsive		
(provide details in Part VI). See instructions.	J		
9 Distributable amount for 2015 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
D Line 8 amount divided by Line 9 amount			
	(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6		Pre-2015	Amount for 2018
2 Underdistributions, if any, for years prior to 2015	4-38° (X-34)		
(reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
C			
d From 2013			
e From 2014		1980	
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount		A State of State of States of States	a contraction of the second
i Carryover from 2010 not applied (see instructions)	Concernent and a second	and the second second	
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section		all and a second	
D, line 7: \$			S. States and States
a Applied to underdistributions of prior years	Service and the service of the		Mahar and San Andrews
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.		Carlo Carlo Carlos	
5 Remaining underdistributions for years prior to 2015, if		100 A 100	
any. Subtract lines 3g and 4a from line 2 (if amount			
greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h			
and 4b from line 1 (if amount greater than zero, see			20 20 20 20 20 20 20 20 20 20 20 20 20 2
instructions).			
 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 			
8 Breakdown of line 7: a			
b		and the second	100 Magnet
c Excess from 2013			
d Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2015

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	Schedule A (F	orm 990 or 990-EZ)	2015 BIG C	AT RESCU	E CORP		59-3330495	Page 8
	Part VI	Supplemental III, line 12; Par B, lines 1 and 2 3a and 3b; Par	Information. t IV, Section A 2; Part IV, Sec t V, line 1; Pa	Provide the e , lines 1, 2, 3 ction C, line 1; rt V, Section E	explanations re b, 3c, 4b, 4c, Part IV, Sect 3, line 1e; Par	5a, 6, 9a, 9b, 9c, 1 ion D, lines 2 and 3 t V, Section D, lines	ne 10; Part II, line 1a, 11b, and 11c; ; Part IV, Section s 5, 6, and 8; and	17a or 17b; Part Part IV, Section E, lines 1c, 2a, 2b,
		lines 2, 5, and	6. Also comp	lete this part f	or any additio	nal information. (Se	e instructions.)	
	• • • • • • • • • • • • • • • • • • • •					••••••		
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Schedule A (Form 990 or 990-EZ) 2015

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SCHEDULE C	Political Ca	mpaign	and Lobb	ying Activit	ies	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exemp	t From Inco	me Tax Under s	section 501(c) and	l section 527	2015
Department of the Treasury Internal Revenue Service	 Complete if the organization Information about Schedule C 					Open to Public Inspection
	red "Yes," on Form 990, Part IV,	line 3, or Fo	rm 990-EZ, Part	V, line 46 (Politic	al Campaign Activ	ities), then
•	nizations: Complete Parts I-A and B	-	-	, ,		···· · · · · · · · · · · · · · · · · ·
	nan section 501(c)(3)) organizations		-	elow. Do not comr	lete Part I-B.	
	ons: Complete Part I-A only.					
-	red "Yes," on Form 990, Part IV,	line 4 or Eo	rm 990-E7 Parl	Villine 47 (Lobb	vina Activities) the	'n
•	nizations that have filed Form 5768	-	-		• •	
	nizations that have NOT filed Form	•		<i>,,</i> , , , , , , , , , , , , , , , , , ,	· · · · · · · · ·	
···· (/(/ U	red "Yes," on Form 990, Part IV,	•		· // ·		•
Tax) (see separate instru		ine 5 (FIOA)	Tak) (see sepa	arate instructions	01 F0111 990-EZ, F	art v, mie 550 (Floxy
,, ,	<i>,</i> .	10				
Name of organization	or (6) organizations: Complete Part	m.	· ·		Employer ider	tification number
•	G CAT RESCUE CORP				59-33304	
	e if the organization is exe		contion E04			
N N 10100000					uon 527 organ	
	of the organization's direct and ind	irect political	campaign activit	ies in Part IV.		
2 Political expenditures						
3 Volunteer hours	·····		••••••		•••••••••••••••••••••••••••••••••••••••	
Part I-B Complete	e if the organization is exe	mnt undo	r coction E01	1(0)(2)		
	any excise tax incurred by the organ				▶ \$	
	any excise tax incurred by organiza					
3 If the organization inc	curred a section 4955 tax, did it file	Corm 4720 fr	s under section	4900	▶\$	Yes No
4a Was a correction ma						
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • •			•••••	Yes No
b If "Yes," describe in F Part I-C Complete	e if the organization is exe	mnt undo	r section 50	1(c) except se	ction 501(c)(3)	
	ectly expended by the filing organization					
			•		▶ \$	
2 Enter the amount of	the filing organization's funds contri	buted to othe	r organizations f	or section	·····	• • • • • • • • • • • • • • • • • • • •
527 exempt function	activities				▶\$	
3 Total exempt function	expenditures. Add lines 1 and 2. E					
line 17b					▶\$	
4 Did the filing organization	ation file Form 1120-POL for this ye					Yes No
5 Enter the names, add	dresses and employer identification	number (EIN) of all section 5	27 political organiz	ations to which the	filing
organization made pa	ayments. For each organization liste	ed, enter the	amount paid from	n the filing organiz	ation's funds. Also e	enter
the amount of politica	al contributions received that were p	promptly and	directly delivered	to a separate pol	itical organization, s	uch
as a separate segred	ated fund or a political action comm	nittee (PAC).	If additional spa	ce is needed, prov	ide information in Pa	art IV.
	(a) Name	(b)	Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's	contributions received and
					funds. If none, enter -0	promptly and directly delivered to a separate
						political organization. If
						none, enter -0
(1)						
(2)						
· · · · · · · · · · · · · · · · · · ·						
(3)		-				
(4)						
						· · · · · · · · · · · · · · · · · · ·
(5)						
(6)					<u> </u>	

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

Schedule C (Form 990 or 990-EZ) 2015

Sche	dule C (Form 990 or 990-EZ) 2015 BIG CA	T RESCUE CORP	59-3330495	5 Page 2
Pa	rt II-A Complete if the organiz	ation is exempt under section 501(c)(3) and filed Form 576	B (election under
6.2.8980.00.7	section 501(h)).			
A	Check Check if the filing organization	n belongs to an affiliated group (and list	n Part IV each affiliate	ed group member's
		expenses, and share of excess lobbying		
B		n checked box A and "limited control" pr		
		ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence pu		47,032	
b		legislative body (direct lobbying)	56,524	
c		nd 1b)	103,556	
d	Other exempt purpose expenditures		2 541 543	
-	• • • • • • • • • • • • • • • • • • • •	nes 1c and 1d)		
f	Lobbying nontaxable amount. Enter the am			
•	columns.		282,255	
[If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100
	Not over \$500,000	20% of the amount on line 1e.	Conversion of the second second	
[Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	P.C. Densities and the second	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Mar Margaret and
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25%	of line 1f)	70,564	
h	Subtract line 1g from line 1a. If zero or less		0	
i	Subtract line 1f from line 1c. If zero or less		0	
j	If there is an amount other than zero on eit	her line 1h or line 1i, did the organization file Form	4720	

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	obbying Expenditu	res During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	247,272	247,097	262,118	282,255	1,038,742
b Lobbying ceiling amount (150% of line 2a, column(e))					1,558,113
c Total lobbying expenditures	46,112	48,487	102,330	103,556	300,485
d Grassroots nontaxable amount	61,818	61,774	65,530	70,564	259,686
e Grassroots ceiling amount (150% of line 2d, column (e))					389,529
f Grassroots lobbying expenditures	42,499	46,114	44,680	47,032	180,325

Schedule C (Form 990 or 990-EZ) 2015

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Schedule C (Form 990 or 990-EZ) 201	RTC	ሮልሞ	RESCUE	CORP	

Schedule	C (Form	990 or	990-EZ)	2015
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Schedule C (Form 990 or 990-EZ) 2015	BIG CAT	RESCUE	CORP	59-	333049	5
Part II-B Complete if the	e organizatio	on is exemp	t under section	501(c)(3) and has N	OT filed	Form 5768
(election under	r section 50	1(h)).				

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	a)	(b)
	ription of the lobbying activity.	Yes	No	Amount
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?			
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
a	Direct contact with legislators, their staffs, government officials, or a legislative body?			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			NO AND
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	s e	58 () 	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	0007-64998	1982566	Sec. 19 19 19 Sterry
202 - 12 836km	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(0)	(5)	or coction
0000	501(c)(6).	01(0)	(5), (JI Section
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			
2	Did the organization make only in house lethying expenditures of \$2,000 or loss?			
3	Did the organization make only include lobbying expenditures of \$2,000 or less?			3
tor 1 10.00	t III-B Complete if the organization is exempt under section 501(c)(4), section 5			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members)," UI	к (D) 1	Part III-A, line 3, is
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	· ·
b			2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Pa	rt IV Supplemental Information			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); e instructions); and Part II-B, line 1. Also, complete this part for any additional information.		-A, lin	es 1 and
	······································			
• • • • •	······			

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Schedule C (Form	1 990 or 990-EZ) 2015		KESCUE	CORP			59-33304	72	Page 4
Part IV	Supplemental	information	(continued)			-			
		•••••••						•••••	•••••
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Schedule C (Form 990 or 990-EZ) 2015

(For	EDULE D m 990)	Complete if the organiza Part IV, line 6, 7, 8, 9, 10, 11a	inancial Statements tion answered "Yes" on Form 990, , 11b, 11c, 11d, 11e, 11f, 12a, or 12b. h to Form 990.	OMB No. 1545-0047 2015 Open to Public
	Revenue Service	► Information about Schedule D (Form 99		
Name o	of the organization			Employer identification number
BI	G CAT RESC	UE CORP		59-3330495
Pa	rt I Organiza	tions Maintaining Donor Advised Fu	unds or Other Similar Funds	or Accounts.
	Complete	e if the organization answered "Yes" or	(a) Donor advised funds	the Funda and other accords
	Total number of and	ef veor		(b) Funds and other accounts
1 2	Aggregate value of a	of year ontributions to (during year)		
		rants from (during year)		
		nd of year		
5	Did the organization	inform all donors and donor advisors in writing t	hat the assets held in donor advised	
		zation's property, subject to the organization's e		YesNo
		inform all grantees, donors, and donor advisors		
	only for charitable pu	rposes and not for the benefit of the donor or do	onor advisor, or for any other purpose	
	conferring impermiss	ible private benefit?	·	Yes No
Pa		ation Easements.	Fame 000 Dat N/ Kas 7	
		e if the organization answered "Yes" or		
1		vation easements held by the organization (che		and at land over
		and for public use (e.g., recreation or education)		
	Protection of nation		Preservation of a certified histo	nc structure
2	Preservation of o	pen space rough 2d if the organization held a qualified con	expression contribution in the form of a	concentration
2	easement on the last		iservation contribution in the form of a t	Held at the End of the Tax Year
а		servation easements		
		ted by conservation easements		
		ion easements on a certified historic structure in		
		ion easements included in (c) acquired after 8/1		
-		d in the National Register		2d
3	Number of conservat	tion easements modified, transferred, released,	extinguished, or terminated by the orga	anization during the
	tax year ►			
4	Number of states wh	ere property subject to conservation easement	is located	
5		n have a written policy regarding the periodic m		
	violations, and enford	cement of the conservation easements it holds?	•	
6	Staff and volunteer h	nours devoted to monitoring, inspecting, handling	g of violations, and enforcing conservat	tion easements during the year
7	•	incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	easements during the year
•	► \$	tion easement reported on line 2(d) above satis	the maniforments of costion 170/h)//	
8				
9	In Part XIII describe	4)(B)(ii)? how the organization reports conservation ease	ments in its revenue and expense sta	
3		nclude, if applicable, the text of the footnote to		
		nting for conservation easements.		
Pa	rt III Organiza Complete	ations Maintaining Collections of Ar e if the organization answered "Yes" or	t, Historical Treasures, or Oti n Form 990, Part IV, line 8.	her Similar Assets.
1a		ected, as permitted under SFAS 116 (ASC 958)		and balance sheet
	-	al treasures, or other similar assets held for pub		
	public service, provid	le, in Part XIII, the text of the footnote to its fina	incial statements that describes these i	tems.
b	If the organization el	ected, as permitted under SFAS 116 (ASC 958)), to report in its revenue statement and	balance sheet
	works of art, historica	al treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of
		le the following amounts relating to these items		
		d on Form 990, Part VIII, line 1		▶ \$
	(iii) Assets included	in Form 990, Part X		▶ \$
2		ceived or held works of art, historical treasures,		in, provide the
		quired to be reported under SFAS 116 (ASC 95		
		n Form 990, Part VIII, line 1		
Eor I	Assets included in F	orm 990, Part X n Act Notice, see the Instructions for Form 9	990.	Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 BIG CAT	RESCUE COR	P		59-33	30495			Pa	ge 2
000000000000	rt III Organizations Maintaini			Treasure	s, or Ot	her Simila	r Ass	ets (co	ontinu	ued)
3	Using the organization's acquisition, acce collection items (check all that apply):									
а	Public exhibition	a 🗋 i	Loan or exchange pro	orams						
b	Scholarty research		Other							
c	Preservation for future generations			•••••	• • • • • • • • • • • • •					
	Provide a description of the organization's	s collections and expl	ain how they further t	he omaniza	tion's even	int numose i	n Part			
-				ne organiza			i i uit			
5	During the year, did the organization soli	cit or receive donation	s of art, historical trea	asures, or of	ther similar	r				
	assets to be sold to raise funds rather that	an to be maintained a	s part of the organiza	tion's collect	tion?			Ye	s 🗌	No
Pa	rt IV Escrow and Custodial	Arrangements.								
L	Complete if the organizat	ion answered "Ye	s" on Form 990,	Part IV, li	ne 9, or	reported a	n amo	unt on	Forr	n
	990, Part X, line 21.									
- 1a	Is the organization an agent, trustee, cus	todian or other interm	ediary for contribution	ns or other a	ssets not			_	_	
	included on Form 990, Part X?							Ye	s 📋	No
b	If "Yes," explain the arrangement in Part									
								Amount		
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				_
	Did the organization include an amount of							Ye	s	No
	If "Yes," explain the arrangement in Part	XIII. Check here if the	explanation has bee	n provided o	on Part XII	I	<u></u>			
Pa	rt V Endowment Funds.		. –		4.0					
	Complete if the organizat									
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years	_	(e) Four		
	Beginning of year balance	573,521	594,635		1,746	231	,425	2	34,5	509
	Contributions		236		0,407					
C	Net investment earnings, gains, and	-39,950	-21 250	ĺ,	2 402	20	221		-3,(001
	losses	-39,950	-21,350		2,482	20	,321		-3,0	004
	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
	Administrative expenses	533,571	573,521	50	4,635	251	,746	2	31,4	425
	End of year balance Provide the estimated percentage of the						//40		517	120
	Board designated or quasi-endowment									
a h	Permanent endowment ►100.00 %									
	Temporarily restricted endowment									
v	The percentages on lines 2a, 2b, and 2c									
3a	Are there endowment funds not in the po		nization that are held	and adminis	tered for th	ne				
	organization by:	•						[Yes	No
	(i) unrelated organizations							3a(i)	X	
	(11) solution and a second second							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related orga	anizations listed as re	quired on Schedule F	?				3b		
4										
Pa	rt VI Land, Buildings, and E	quipment.								
22862-6462	Complete if the organizat	ion answered "Ye	es" on Form 990,	Part IV, li	ne 11a.	See Form	990, F	Part X,	line	10.
	Description of property	(a) Cost or other				coumulated		(d) Book	value	
		(investment)	(othe		dej	preciation				
	Land			47,548				2,34		
b	Buildings		1,63	35,484		302,533	3	1,33	<u>2,9</u>	<u>)51</u>
C	Leasehold improvements									
đ	Equipment		64	48,989		402,301	L	24	16,6	588
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) m	ust equal Form 990, I	Part X, column (B), lin	ne 10c.)				3,92	.7,1	187

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Schedule D (Form 990) 2015

<u>chedule D (F</u> Part VII	orm 990) 2015 BIG CAT RESCUE (Investments-Other Securities.	CORP		59-3	330495	Page
	Complete if the organization answered	"Yes" o	n Form 990, Part IV,	line 11b.	See Form 99	0, Part X, line 12
	 (a) Description of security or category (including name of security) 		(b) Book value		(c) Method of Cost or end-of-year	
Financial	derivatives					
Closely-he	d equity interests					
					······	······································
(<u>c</u>)						· · · · · · · · · · · · · · · · · · ·
(F)						
(0)						
/LI\						
	n (b) must equal Form 990, Part X, col. (B) line 12	2.) 🕨				States of States 1987
Part VIII	Investments-Program Related.					
	Complete if the organization answered	"Yes" o		line 11c.		
	(a) Description of investment		(b) Book value		(c) Method of Cost or end-of-year	
)						
)	<u></u>		•			
))						
;) ;)						
)						
)						
/						
3)						
3) 3)	n (b) must equal Form 990, Part X, col. (B) line 13 Other Assets.					
3) 5) tal. (Colum Part IX	Other Assets. Complete if the organization answered (a) Desc	"Yes" O		line 11d.		00, Part X, line 15 (b) Book value
i) i) tal. (Colum Part IX	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) DESC (c) D	"Yes" o ription OWNE		, line 11d.		00, Part X, line 1 (b) Book value 1,471,49
i) i) tal. (Colum Part IX Part IX	Other Assets. Complete if the organization answered (a) Desc	"Yes" o ription OWNE		, line 11d.		00, Part X, line 1 (b) Book value 1,471,49
)))) tal. (Colum) Part IX))))))	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) DESC (c) D	"Yes" o ription OWNE		, line 11d.		00, Part X, line 1 (b) Book value 1,471,49
i) i) tal. (Colum Part IX () () () () () () () () () ()	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) DESC (c) D	"Yes" o ription OWNE		, line 11d.		00, Part X, line 1 (b) Book value 1,471,49
i) i) tal. (Colum Part IX Part IX i) i) i) i) i) i) i) i) i) i)	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) DESC (c) D	"Yes" o ription OWNE		line 11d.		00, Part X, line 1 (b) Book value 1,471,49
)))) tal. (Column Part IX))))))))))))))))))	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) DESC (c) D	"Yes" o ription OWNE		, line 11d.		00, Part X, line 1 (b) Book value 1,471,49
i) i) tal. (Column Part IX Part IX i) i) i) i) i) i) i) i) i) i)	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) DESC (c) D	"Yes" o ription OWNE		line 11d.		00, Part X, line 1 (b) Book value 1,471,49
 i) i) tal. (Column Part IX Part IX i) i	Other Assets. Complete if the organization answered (a) Desc OTHER REAL ESTATE MORTGAGES RECEIVA	"Yes" o ription OWNE BLE		line 11d.	See Form 99	00, Part X, line 1 (b) Book value 1,471,49 361,01
)))) tal. (Column Part IX)))))))))))) tal. (Column	Other Assets. Complete if the organization answered (a) Desc OTHER REAL ESTATE MORTGAGES RECEIVA	"Yes" o ription OWNE BLE		, line 11d.		00, Part X, line 1 (b) Book value 1,471,49 361,01
)) tal. (Column ?art IX)))))))))))))))))))	Other Assets. Complete if the organization answered (a) Desc OTHER REAL ESTATE MORTGAGES RECEIVA	"Yes" o ription OWNE BLE 5.)	D		See Form 99	20, Part X, line 1 (b) Book value 1,471,49 361,01
)) tal. (Column ?art IX))))))))) tal. (Column	Other Assets. Complete if the organization answered (a) Desc OTHER REAL ESTATE MORTGAGES RECEIVA	"Yes" o ription OWNE BLE 5.)	D		See Form 99	20, Part X, line 1 (b) Book value 1,471,49 361,01
)))) tal. (Column Part IX)))))))) tal. (Column Part X	Other Assets. Complete if the organization answered (a) Desc OTHER REAL ESTATE MORTGAGES RECEIVA (b) must equal Form 990, Part X, col. (B) line 19 Other Liabilities. Complete if the organization answered line 25.	"Yes" o ription OWNE BLE 5.)	D n Form 990, Part IV		See Form 99	00, Part X, line 1 (b) Book value 1,471,49 361,01
)) tal. (Column Part IX)))))))) tal. (Column Part X)) Federal	Other Assets. Complete if the organization answered (a) Desc OTHER REAL ESTATE MORTGAGES RECEIVA n (b) must equal Form 990, Part X, col. (B) line 19 Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" o ription OWNE BLE 5.)	D n Form 990, Part IV		See Form 99	00, Part X, line 1 (b) Book value 1,471,49 361,01
)) tal. (Column Part IX)))))))) tal. (Column Part X)) Federal)	Other Assets. Complete if the organization answered (a) Desc OTHER REAL ESTATE MORTGAGES RECEIVA n (b) must equal Form 990, Part X, col. (B) line 19 Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" o ription OWNE BLE 5.)	D n Form 990, Part IV		See Form 99	00, Part X, line 1 (b) Book value 1,471,49 361,01
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3) 3) 41. (Column Part IX 4) 5) 5) 7) 5) 7) 5) 7) 5) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7	Other Assets. Complete if the organization answered (a) Desc OTHER REAL ESTATE MORTGAGES RECEIVA (b) must equal Form 990, Part X, col. (B) line 19 Other Liabilities. Complete if the organization answered line 25. (a) Description of liability income taxes	"Yes" o ription OWNE BLE 5.) "Yes" o	D n Form 990, Part IV		See Form 99	00, Part X, line 1 (b) Book value 1,471,49 361,01
3) 3) 41. (Column Part IX 4) 5) 5) 5) 5) 5) 5) 5) 5) 5) 5	Other Assets. Complete if the organization answered (a) Desc OTHER REAL ESTATE MORTGAGES RECEIVA (b) must equal Form 990, Part X, col. (B) line 19 Other Liabilities. Complete if the organization answered line 25. (a) Description of liability income taxes	"Yes" 0 ription OWNE BLE 5.) "Yes" 0 5.) 5.)	D n Form 990, Part IV (b) Book value	, line 11e	See Form 99	00, Part X, line 1 (b) Book value 1,471,49 361,01
3) 3) tal. (Column Part IX 4) 5) 5) 5) 5) 7) 1) Federal 2) 3) 4) 5) 5) 5) 5) 5) 5) 5) 5) 5) 5	Other Assets. Complete if the organization answered (a) Desc OTHER REAL ESTATE MORTGAGES RECEIVA (b) must equal Form 990, Part X, col. (B) line 19 Other Liabilities. Complete if the organization answered line 25. (a) Description of liability income taxes	"Yes" 0 ription OWNE BLE 5.) "Yes" 0 5.) ► ext of the 1	D n Form 990, Part IV (b) Book value	line 11e	See Form 99	20, Part X, line 1 (b) Book value 1,471,49 361,01

		30495	Page 4
Part XI Reconciliation of Revenue per Audited Financial Complete if the organization answered "Yes" on Forr		e per Return	
1 Total revenue, gains, and other support per audited financial statements		1	3,613,340
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		10000	
a Net unrealized gains (losses) on investments	2a	0.484	
b Donated services and use of facilities	2b	2	
c Recoveries of prior year grants	20		
	2d		
d Other (Describe in Part XIII.)		100000000	
e Add lines 2a through 2d	•••••	<u>2e</u>	2 612 240
3 Subtract line 2e from line 1	·····.	3	3,613,340
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)		229.612	
c Add lines 4a and 4b	•••••	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			3,613,340
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on For		ses per Retu	irn.
1 Total expenses and losses per audited financial statements		1	2,862,101
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
		1.000	
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	•••••••••••••••••••••••••••••••••••••••	3	2,862,101
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	······		2,002,101
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)		9-14 (280.8C)-	
c Add lines 4a and 4b			0 060 101
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	2,862,101
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			
O Det Milling Od and the and Det Milling Od and the Alex approximate this and			, mie
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional information		, mic
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part PART V, LINE 4 - INTENDED USES FOR END	to provide any additional information		
PART V, LINE 4 - INTENDED USES FOR END	to provide any additional informa	ation.	
	to provide any additional informa	ation.	
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PART V, LINE 4 - INTENDED USES FOR END ENDOWMENT FUNDS ARE INTENDED TO PROVID	to provide any additional informa OWMENT FUNDS E INVESTMENT INC	ation.	

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Schedule D (Form 990) 2015 BIG CAT RESCUE CORP Part XIII Supplemental Information (continued)	59-3330495	Page 5
Part XIII Supplemental Information (continued)	· · · · · · · · · · · · · · · · · · ·	
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	······	

Schedule D (Form 990) 2015

(For	IEDULE F m 990)			ctivities Outside th ion answered "Yes" on Form 990. ► Attach to Form 990.			OMB No. 1545-0047 2015 Open to Public
Interna	ment of the Treasury Revenue Service	Informa	tion about Schedul	e F (Form 990) and its instructio	ns is at www.in		Inspection
Name	of the organization	BIG CA	T RESCUE CO	ORP		Employer identifica	
Pa	CONTRACTOR IN CONTRACTOR			Outside the United States.	Complete if the	e organization a	answered "Yes" on
1	For grantmake	grantees' eligibility	ization maintain reco for the grants or ass	rds to substantiate the amount of i istance, and the selection criteria u	sed to award the		Yes No
2	-	rs. Describe in Par ide the United Stat	-	s procedures for monitoring the use	e of its grants and	i other	
3	Activities per Re	egion. (The followin	g Part I, line 3 table	can be duplicated if additional space	æ is needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity li a program describe spe service(s)	n service, ecific type of	(f) Total expenditures for and investments in region
(1)							
(2)							
(3)							
(4)				· · · · · · · · · · · · · · · · · · ·			<u> </u>
(5)		a					
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st	otals (add						· · ·
	nes 3a and 3b)			and the second second		No. March	

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

Schedule F (Form 990) 2015

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	le F (Form 990) 2015	BIG CAT I	RESCUE CO	DRP	59-3330495	o O a malata			Page 2
Part	II Grants an Part IV, lin	e 15, for any rec	ince to Orga	nizations or Entities Outside ceived more than \$5,000. Par	e the United Stat t II can be duplica	es. Complete ated if addition	it the organizatio al space is need	n answered "Yes ed.	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		and the second second		SUPPORT MISSION	7,000				
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(14)			•			•			
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 BIG CAT RESCUE CORP 59-3330495 Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, (e) Manner of (f) Amount of (b) Region (c) Number of cash non-cash (a) Type of grant or assistance (d) Amount of (g) Description assistance of non-cash assistance recipients cash grant disbursement other) (1) (2) (3) (4) (5)

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Schedule F (Form 990) 2015

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Sc	hedule F (F	Form 990) 2015	BIG	CAT	RESCUE	CORP	59-3330495		Page 4
	Part IV	Foreign Fo	orms						
	the orga	anization may be	require	d to file	e Form 926,	Return by	n corporation during the tax year? If "Yes," a U.S. Transferor of Property to a Foreign	Yes	X No
:	may be Trusts a	required to sep and Receipt of C	arately f Certain F	ile Forr oreign	n 3520, Ann Gifts, and/or	ual Return r Form 352	the tax year? If "Yes," the organization To Report Transactions With Foreign 20-A, Annual Information Return of Foreign ad 3520-A; do not file with Form 990)	Yes	X No
;	the orga	anization may be	e require	d to file	e Form 5471	i, Informati	corporation during the tax year? If "Yes," ion Return of U.S. Persons With Respect to 1)	Yes	X No
	qualified Informa	d electing fund d	uring the Shareh	e tax y older o	ear? If "Yes, of a Passive	" the organ Foreign In	ssive foreign investment company or a nization may be required to file Form 8621, nvestment Company or Qualified Electing	Yes	X No
:	the orga	anization may be	e require	d to file	e Form 8865	5, Return c	partnership during the tax year? If "Yes," of U.S. Persons With Respect to Certain	Yes	X No
	"Yes," t	he organization	may be	require	ed to separat	tely file Fo	/ boycotting countries during the tax year? If orm 5713, International Boycott Report (see	Yes	X No

Schedule F (Form 990) 2015

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Schedule F (F	Form 990) 2015 BIG CAT RESCUE CORP	59-3330495	Page 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (mor amounts of investments vs. expenditures per region); Part III, column (c) (estimated number of recipients), information (see instructions).	Part II, line 1 (accounting method); Part III (accounting method); and
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		Sc	hedule F (Form 990) 2015

SCHEDULE I (Form 990)		Governme	ents, a	her Assistand nd Individuals	in the Unite	d States		OMB No. 1545-0047
(1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		Complete if the	organizati	on answered "Yes" of		/, line 21 or 22.		
Department of the Treasury Internal Revenue Service	► Int	formation about s	Schedule I	Attach to Form (Form 990) and its		ww.irs.gov/form9	90.	Open to Public Inspection
Name of the organization	G CAT RESCUE CON	20						Employer identification number 59–3330495
	Information on Grants a							37 3330473
1 Does the organization the selection criteria	n maintain records to substantiate used to award the grants or assis ne organization's procedures for r	e the amount of th stance?	e grants o			grants or assistar	nce, and	X Yes No
Part II Grants a		Domestic Org	anizatio	ns and Domestic	Governments.			tion answered "Yes" on Form
1 (a) Name and a	ddress of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description	of (h) Purpose of grant
(1) FELIDAE CONSER			п аррісале	grunt		Guler)		
110 TIBURON BI MILL VALLEY	LVD CA 94941	20-5089093	501C3	8,000				
(2) SMALL WILD CAT								
1510 S BASCOM CAMPBELL	AVE CA 95008	26-1368021	50103	8,000				
(3)	0.1 50000	10 1000011	00100					
(4)								
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(9)								
	· · · · · · · · · · · · · · · · · · ·							
	section 501(c)(3) and governme other organizations listed in the	les a d datalata		line 1 table				•
For Paperwork Reduction	Act Notice, see the Instruction							Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) BIG CAT RESC	CUE CORP		9-3330495		Page 2
Part III Grants and Other Assistance Part III can be duplicated if add	to Domestic Individ	duals. Complete if t ed.	the organization ans	wered "Yes" on Form 990	, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					· · · · · ·
6					
7					
Part IV Supplemental Information. Pr	ovide the information	required in Part I,	line 2, Part III, colur	nn (b), and any other add	litional information.
PART I, LINE 2 - PROCEDURE	S FOR MONITO	RING THE USE	e of grant fu	INDS	
OUR GRANTS ARE MADE TO SU	PPORT SPECIFI	C FUNDRAISIN	IG NEEDS OF (CHARITABLE	:
ORGANIZATIONS SUPPORTING A	NIMALS OR TO	SUPPORT THE	COVERALL MIS	SIONS OF	
THOSE ORGANIZATIONS. FOR G	RANTS OVER \$	1,000, WE RI	ESEARCH THE (ORGANIZATION	
BEFORE MAKING THE DONATION	TO ENSURE T	HAT IT IS A	LEGITIMATE C	CHARITY AND	
OVERLAPS WITH OUR MISSION.					
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Schedule I (Form 990) (2015)

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SCHEDUL		Complete if the c		ns With						96 97	280	ŀ	OME	3 No. 15	45-00	47
(Form 990 or Department of the	Treasury	 Information about S 	28b, or 28c, At	or Form 990-E tach to Form 9	Z, Pa 90 o	art V r For	line 38a m 990-E	or 40b. Z.				ZUI3 Open To Public				
Internal Revenue Name of the organ		Information about S	Chequie L (Fo	uu aan ol aan-	EZ) 8	an o 1	is instru	cuons is	at www.		yer ide			spection mber	Katak	5551.52
Name of the organ		BIG CAT RESCUE CORP									3304					
Part I		Benefit Transaction	IS (section 5	01(c)(3), secti	on 5	01(c	(4), and	501(c)	(29) orga			_		<u> </u>		
	Complete i	f the organization answere	ed "Yes" on F	orm 990, Parl	IV,	line	25a or 2	5b, or F	orm 990	EZ, Pa	rt V, I	ne 40)b.			
1	(a) Name of di	isqualified person	(b) Relation	nship between disc		d pers	ion and		(c) Descri	otion of tra	ansactio	n		(d) (Correct	ed?
				organization	1									Yes	-	10
(1)															+	
(2)(3)		<u></u>													+-	
(4)															+-	
(5)																
(6)																
		tax incurred by the organ														
3 Enter th	ection 4958. le amount of	tax, if any, on line 2, abo	ve. reimburse	d by the organ	nizati	ion			•••••							
			-,							• • • • • • •						
Part II	Loans to	o and/or From Inter	ested Pers	sons.												
	Complete i	if the organization answer	ed "Yes" on F	orm 990-EZ,	Part	V, lii	ne 38a o	r Form	990, Parl	IV, line	e 26; o	or if th	e			
		erested person	Form 990, Pa				(-) 0-	ala al	1 (O Dala		1-1 10	dofault	(1-) 10	and a d	a 14	Cillion .
	(a) Name of Int	terested person	with organization	loan	pr fro	oan to m the	(e) Ori principal				æ due (g) in defau		by bo	ard or	(I) W agreer	
						g.? From					Yes	No	comm Yes	ittee?	Yes	No
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Total								▶ \$			332				18983	
Part III		or Assistance Bene														
		if the organization answer	1			1										
	(a) Name of i	interested person		ship between inter and the organizatio		(c) A	mount of as	sistance	(d) Type of	assistance		(0)	Purpos	e of ass	istance	
(1)																
(2)																
(3)											-					
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(6) (7)		······································				+	-		•							

(9) (10) For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

Part IV		RESCUE CORP		59-3330495		age
-5%-e0.550*67*070/004.787/11	Business Transactions Involv	ing Interested Persons.				
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 28a	, 28b, or 28c.			
	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) S	hari
		interested person and the	transaction		of rever	nues
		organization		· · · · · · · · · · · · · · · · · · ·	Yes	Ī
CAROLE	BASKIN	CEO		EMPLOYEE		
	MURDOCK	DAUGHTER OF CED		EMPLOYEE		
VERNON		FATHER OF CEO		EMPLOYEE		
MARY ST		MOTHER OF CEO		EMPLOYEE	<u> </u>	t
	BASKIN	HUSBAND OF CEO		EMPLOYEE		
JAMIE 1		DAUGHTER OF CEO		PHOTOS - GIFT SHOP		t
	STAIRS JR.	BROTHER OF CEO		EMPLOYEE	┣──	-
KATIE N	NIKIC	NIECE OF CEO		EMPLOYEE	ļ	Ľ
'art V	Supplemental Information					
	Provide additional information for respo	nses to questions on Schedule L (s	ee instructions).			
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	EDULE M m 990)		Noncash	Contributions	•	OMB No. 1545-0047
(omplete if	the organizations answe	2015		
Departe	ant of the Tractury	ttach to Fo			Open To Public	
Internal	Revenue Service	formation	about Schedule M (Form	s at www.irs.gov/form990.	Inspection	
Name	of the organization				· ·	tification number
10.00	BIG CAT	RESCU	E CORP		59-333	0495
Pa	rt I Types of Property			(C)		
		(a)	(b)	Noncash contribution	(d)	o mainin a
		Check if applicable	Number of contributions or items contributed	amounts reported on	Method of det noncash contribut	=
	· · · · · · · · ·	applicable		Form 990, Part VIII, line 1g		
1	Art — Works of art					
2	Art Historical treasures					
3	Art — Fractional interests		Aver a list constant. A set of statistic 7 Markatel states.		·	
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes		· ·			
8	Intellectual property					
9	Securities Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC,					
	or trust interests	1				
12	Securities — Miscellaneous					
13	Qualified conservation					
	contribution — Historic					
14	structures Qualified conservation					
1-4	contribution — Other					
15	Real estate — Residential	x	1	32,000	COMPARABLE SA	ALES
	Real estate Commonial			52,000	CONFARABLE SI	
16	Real estate - Commercial					
17	Real estate Other					
18	Collectibles					
19	Food inventory				······	
20	Drugs and medical supplies	L	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
21	Taxidermy					
22	Historical artifacts		· · · · ·			
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►(SHIPPING CRATE\$	<u> </u>	1	2,200	EST REPLACEME	ENT COST
26	Other ►()					
27	Other ▶()					
28	Other ▶(
29	Number of Forms 8283 received b	y the orga	anization during the tax	year for contributions for		
	which the organization completed				29	
						Yes No
30a	During the year, did the organization	on receive	by contribution any pro	perty reported in Part I. li	nes 1 through	
	28, that it must hold for at least thr					
	to be used for exempt purposes for					
h	If "Yes," describe the arrangement			••••••	•	National Constant
	-			a review of any non stone	lard	
31	Does the organization have a gift					24
					ell secoch	<u>31 X</u>
32a	Does the organization hire or use	third parti	es or related organizatio	ins to solicit, process, or s	ieii noncash	
						32a X
b	If "Yes," describe in Part II.					Case of the second second
33	If the organization did not report a	n amount	in column (c) for a type	of property for which colu	mn (a) is checked,	
	describe in Part II.					
For Pa	perwork Reduction Act Notice, see the Inst	ructions for	Form 990.			Schedule M (Form 990) (2

Schedule M (Form	n 990) (2015) BIG	CAT RESCUE	CORP		59-3330495	Page 2
Part II	Supplemental the organization	Information. Pro	ovide the inform Part I, column (I	ation required by f b), the number of c	^D art I, lines 30b, 32b, a contributions, the numb al information.	er of items received,
	or a combinati	ion of both. Also o	complete this pa	art for any addition	al information.	
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					•	Schedule M (Form 990) (2015)

SCHEDULE O (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-FZ					
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. It Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.	Open to Public gov/form999. Inspection			
Name of the organization BIG CAT RI		oyer identification number 9–3330495			
FORM 990, PART III,	LINE 4A - FIRST ACCOMPLISHMENT				
NEWSLETTER THAT GOES	TO OVER 80,000 RECIPIENTS. OUR VIDE	OS ON OUR YOUTUBE			
CHANNEL BIGCATTV.COM	HAVE RECEIVED OVER 120,000,000 CUMU	LATIVE VIEWS			
C) CONTINUED TO URGE	OWNERS OR OPERATORS OF VENUES NOT T	O ALLOW TIGER CUB			
PETTING EXHIBITS AND	OTHER BIG CAT DISPLAYS				
D) WORKED WITH OTHER	R ANIMAL WELFARE ORGANIZATIONS TO FIL	E A PETITION WITH			
	O STOP THE INHERENTLY ABUSIVE CUB PET	TING AND WORKED T			
	EGISLATIVE SUPPORT FOR A FEDERAL BILL				
BREEDING AND OWNERSH	HP OF BIG CATS.				
FORM 990, PART VI, I	LINE 2 - RELATED PARTY INFORMATION AM	IONG OFFICERS			
FORM 990, PART VI, I JAMIE MURDOCK	LINE 2 - RELATED PARTY INFORMATION AM CAROLE BASKIN	IONG OFFICERS			
		IONG OFFICERS			
JAMIE MURDOCK	CAROLE BASKIN	IONG OFFICERS			
JAMIE MURDOCK PRESIDENT	CAROLE BASKIN	IONG OFFICERS			
JAMIE MURDOCK PRESIDENT	CAROLE BASKIN	IONG OFFICERS			
JAMIE MURDOCK PRESIDENT DAUGHTER	CAROLE BASKIN CEO	IONG OFFICERS			
JAMIE MURDOCK PRESIDENT DAUGHTER HOWARD BASKIN	CAROLE BASKIN CEO CAROLE BASKIN	IONG OFFICERS			
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JAMIE MURDOCK PRESIDENT DAUGHTER HOWARD BASKIN CFO SPOUSE	CAROLE BASKIN CEO CAROLE BASKIN CEO				
JAMIE MURDOCK PRESIDENT DAUGHTER HOWARD BASKIN CFO SPOUSE FORM 990, PART VI, I	CAROLE BASKIN CEO CAROLE BASKIN CEO LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990			
JAMIE MURDOCK PRESIDENT DAUGHTER HOWARD BASKIN CFO SPOUSE FORM 990, PART VI, I FORM 990 IS PROVIDED	CAROLE BASKIN CEO CAROLE BASKIN CEO LINE 11B - ORGANIZATION'S PROCESS TO O TO ALL MEMBERS OF THE BOARD OF DIRE	REVIEW FORM 990 CTORS PRIOR TO			
JAMIE MURDOCK PRESIDENT DAUGHTER HOWARD BASKIN CFO SPOUSE FORM 990, PART VI, I FORM 990 IS PROVIDED FILING. THE TREASUR	CAROLE BASKIN CEO CAROLE BASKIN CEO LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990 CTORS PRIOR TO THE FIRST MEETIN			

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Schedule O (Form 990 or 990-EZ) (2015)

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Schedule O (Form 990 or 990-EZ) (2015)						
Name of the organization		Employer identification number				
BIG CAT RESCUE CORP		59-3330495				

THE TREASURER REVIEWS THE DETAIL TRIAL BALANCE SHOWING PAYMENTS TO ALL VENDORS AND AT THE BOARD MEETING WHERE THE 990 IS REVIEWED ASKS THE CEO AND DIRECTORS IF THEY HAVE ENGAGED IN ANY CONTRACTS, TRANSACTIONS OR RELATIONSHIPS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE SALARIES OF OTHER WELL-REGARDED SANCTUARIES AS REPORTED IN THEIR FORM 990'S IS GATHERED ANNUALLY AND REVIEWED BY THE AUDIT COMMITTEE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS EXECUTIVE SALARIES OF OTHER WELL REGARDED SANCTUARIES AS REPORTED IN THEIR FORM 990'S IS GATHERED ANNUALLY AND REVIEWED BY THE AUDIT COMMITTEE.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE AUDITED FINANCIAL STATEMENTS, FORM 990 AND CONFLICT OF INTEREST POLICY ARE ALL PUBLISHED ON THE WEBSITE WWW.BIGCATRESCUE.ORG. THE ARTICLES OF INCORPORATION AND BY-LAWS ARE AVAILABLE UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE ON THE WEBSITE WWW.GUIDESTAR.ORG.

Schedule O (Form 990 or 990-EZ) (2015)