Form

Department of the Treasury

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018 Open to Public Inspection

For the 2018 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: BIG CAT RESCUE CORP Address change 59-3330495 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 813-920-4130 12802 EASY STREET Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated TAMPA FL 33625 4,789,054 G Gross receipts\$ Amended return Name and address of principal officer: X No H(a) Is this a group return for subordinates? Application pending CAROLE BASKIN H(b) Are all subordinates included? If "No," attach a list. (see instructions) X 501(c)(3) (insert no.) 4947(a)(1) or 501(c) ( 527 Tax-exempt status WWW.BIGCATRESCUE.ORG Website: H(c) Group exemption number Year of formation: 1995 Trust X Corporation M State of legal domicile: Form of organization: Association Other > Summary 1 Briefly describe the organization's mission or most significant activities: BIG CAT RESCUE'S MISSION IS TO PROVIDE THE BEST HOME WE CAN FOR THE CATS IN Activities & Governance OUR CARE, END ABUSE OF BIG CATS IN CAPTIVITY AND PREVENT EXTINCTION OF BIG CATS IN THE WILD. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 20 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 126 6 6 Total number of volunteers (estimate if necessary) 191,873 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 12,186 7b b Net unrelated business taxable income from Form 990-T, line 38 Prior Year **Current Year** 2,498,363 2,676,667 8 Contributions and grants (Part VIII, line 1h) 1,126,499 1,246,194 9 Program service revenue (Part VIII, line 2g) 112,977 40,726 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 377,242 465,760 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,115,081 4,429,347 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 88,799 108,315 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 815,214 859,754 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,165,796 2,233,916 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,069,809 3,201,985 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,045,272 1,227,362 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 11,546,866 10,371,977 20 Total assets (Part X, line 16) 97,642 150,115 21 Total liabilities (Part X, line 26) 221,862 449,224 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Howard Bash Sign Signature of officer SECTY TREAS HOWARD BASKIN Here Type or print name and title PTIN Print/Type preparer's name Check 3/13 Paid P01474269 PAUL E HOROWITZ Preparer PLLC 59-2482214 **FRSCPA** Firm's EIN ▶ Firm's name **Use Only** 1301 66TH ST N 727-347-1120 33710-5501 SAINT PETERSBURG,  $\mathbf{FL}$ Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

No

If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program		CAT RESCUE CORP		9-3330495	Page 2
1 Briefly describe the organization's mission: BIG CAT RESCUE'S MISSION IS TO PROVIDE THE BEST HOME WE CAN FOR THE CATS OUR CARE, END ABUSE OF BIG CATS IN CAPTIVITY AND PREVENT EXTINCTION OF BI CATS IN THE WILD.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If 'Yes,' describe these mes services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If 'Yes,' describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ 3,007,732 including grants of \$ 108,315 ) (Revenue \$ 1,246,1 SEE SCHEDULE O					
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including grants of \$ 3,007,732

) (Revenue \$

Form **990** (2018)

(Expenses \$

4e Total program service expenses ▶

# Part IV Checklist of Required Schedules

	demands and amount on Clark IV, actions (B), the CC is "Ven " complete Cohedule I, Dorte Land II	127	$\Delta$	
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	
b				
	16 W/C = 2 to 200 did the appropriation of the bound of the application of the product of the pr	201		
20a	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	<b></b>	
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			77
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		İ	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	44-		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	40		Х
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
b	, , , , , , , , , , , , , , , , , , ,			
	Schedule D, Parts XI and XII	12a	x	
12a		···   ···	$\neg \uparrow$	
'	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
f	Did the organization report an amount for other habilities in Part X, line 25? If Yes, complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
е	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ا دمير ا	~	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
b				
_	complete Schedule D, Part VI	11a	X	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	VII, VIII, IX, or X as applicable.			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	complete Schedule D, Part III	8		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	· · · ·		
	"Yes," complete Schedule D, Part I	6		x
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	···   •		_ <del>_</del> _
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	···   -		<del>                                     </del>
-	election in effect during the tax year? If "Yes " complete Schedule C. Part II	4	x	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
J	candidates for public office? If "Yes," complete Schedule C, Part I			x
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	<del> </del>
2	complete Schedule A	1	X	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Ves."	Į.		

Part IV Checklist of Required Schedules (continued)

	Checkist of Required Schedules (continued)		T.,	Τ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		far.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	x	
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
-	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			_ <del></del>
-	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<del></del>
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
<b>5</b> 4	or IV, and Part V, line 1	34		x
35a	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	J3a		
	controlled entity within the magning of contine 513/b)/13/2/ If "Von " complete Schodule B. Bort 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			
٠.	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			
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	
P	nrt V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
.50506	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Contodule C Contains a responde of flote to diffy line in this Fait Y	<u> </u>	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 69	110
1a h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b 0			1000
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c	ur	X
	- TEDUITADIE GAITING (GAITDING) WITHINGS TO PILE WITHINGS			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		<del>uou,</del>			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l	I		163	140
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	•	2b	Х	
	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	х	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C	)		3b	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	-		4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (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 transacti	on?		5b		X
С	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 contribution	s 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 go	ods				
	and services provided to the payor?			7a		X
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	 <b>.</b>				
	required to file Form 8282?			7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine		•			
	sponsoring organization have excess business holdings at any time during the year?	·		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		DATHE CHIRMAN
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment i	ncome	?	16		X
-	If "Yes," complete Form 4720, Schedule O.					

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

-	-	
2	ĸ.	
_	-:	

	tion A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			110
	If there are material differences in voting rights among members of the governing body, or					w.
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.				557	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				17.53	
	any other officer, director, trustee, or key employee?			2	X	r-400
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		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
~	stockholders, or persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	followin			
а	The equipming heat/2			. 8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sac	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal R	evenu			
<del>566</del>	tion B. I Oncies (This Occitor B requests information about policies not required by the inte	mai i i	o v o ma	0 0000.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling	the form	12	11a	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	uie ioiii		I I a		
b	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	Property (
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licte?	12b	X	
b		to com	iicis :			$\vdash$
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12c	x	
40	describe in Schedule O how this was done			13	X	$\vdash$
13	Did the organization have a written whistleblower policy?			14	X	
14	Did the organization have a written document retention and destruction policy?					
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a	X	
a	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization			15a	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				<b>4</b>	BIS A. F.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			46-		X
	with a taxable entity during the year?			16a		A
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
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,K	Y,MD,	MA, MN, M	s	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se					
	(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)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st policy	, and			
	financial statements available to the public during the tax year.	,,	-			
20	State the name, address, and telephone number of the person who possesses the organization's books and recor	ds ▶				
	ALE INGHAM  12802 EASY STREET					
	AMPA FL 336	25		813-92	0-4	130

TAMPA

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title			x, unle	Pos check ess pe nd a d	rson i irecto	than or s both a r/truste	an e)	(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- <b>M</b> ISC)	(W-2/1099-MISC)	organization and related organizations
(1) HOWARD BASKIN										
	60.00	₹.		₹.				69 067	_	
SECTY / TREAS (2) JAMIE VERONICA M	0.00	X	$\vdash$	X		$\vdash$		68,067	0	0
(2) UMILE VERONICA E	60.00									
PRESIDENT / DIRECTOR	0.00	x		x				62,431	o	3,789
(3) CAROLE BASKIN										, , , , , , , , , , , , , , , , , , ,
	60.00									
CEO / FOUNDER	0.00	X		X		$\sqcup$		60,568	0	0
(4) KIM MAHONEY										
	1.00							0	_	_
VP / DIRECTOR (5) MARY LOU GEIS	0.00	X	-	X		$\vdash$		0	0	0
(5) MARI LOO GEIS	1.00					]				
DIRECTOR	0.00	x	İ					О	o	0
(6) PAMELA RODRIGUEZ										
, ,	1.00									
DIRECTOR	0.00	X						0	0	0
(7) DARREN KIPNIS										
	1.00									
DIRECTOR	0.00	X				$\vdash$		0	0	0
(8) KEITH LAWLESS	1.00									
DIRECTOR	0.00	x						О	0	0
(9) LYNDA LICHT	0.00									
(0)	1.00									
DIRECTOR	0.00	X						0	0	0
(10)										
(11)										
	L	<u> </u>		<u> </u>		1		I	L	

	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson	than d is both or/trust	an	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	·										
											,
		,									
1b c	Sub-total  Total from continuation shee							<b>▶</b>	191,066		3,789
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from	cluding but not li	nite	d to t				oove	191,066 ) who received more than \$	3100,000 of	3,789
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual	complete Sched e 1a, is the sum c izations greater	ule of freq than	for sorta \$15	such ble o	indi comp 0? If	vidua ensa "Yes	ation s," co	and other compensation from plete Schedule J for such	om the	Yes No
5	Did any person listed on line 1a for services rendered to the org	ganization? If "Ye								ndividuai ·······	5 X
Sect 1	ion B. Independent Contracto Complete this table for your five	e highest compe									
	compensation from the organiz	zation. Report co (A) business address	mpe	nsat	ion f	or th	e cal	enda	ar year ending with or within	n the organization's tax yea (B) lion of services	r. (C) Compensation
	Nalle allu	Dusiness address							Descrip	IUIT UI SELVICES	Compensation
	Total number of independent of	contractors (inclu	dina	but	not li	imite	d to	thos	e listed above) who		

Part VIII

Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII

				2 3011		Зеропос	or note to any line (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaig	ns	1a		65,727		revenue		312-314
oran Dun		Membership dues		1b						and the second second
S,E		Fundraising events		1c		737				
ar /		Related organizatio		1d						
S,E		Government grants (contrib		1e				100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm		
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts,								
		and similar amounts not inc	duded above	1f	2,	610,203				
d d	g	Noncash contributions inclu	uded in lines 1a-	1f: \$	<b>.</b>	11,600	and the second s			
<u> </u>	h	Total. Add lines 1a-	–1f <u></u>			<u></u>	2,676,667			
ᆲ						Busn. Code				45
Š	2a	EDUCATIONAL	TOURS			611710				
8	b	EDUCATIONAL	ACTIVIT	IES		611710	148,479	148,479		
Program Service Revenue	c d e f	All other program se	anrice rever							
5 2	, ,	Total. Add lines 2a-				<b></b>	1,246,194			The Control of the State of the
-	<u>9</u> 3	Investment income								
	•				20, 1110101	, ▶	40,726			40,726
	and other similar amounts) 4 Income from investment of tax-exempt bond process.					oceeds ►	·			
	5 Royalties									
		,	(i) Real		(ii) P	'ersonal				
	6a	Gross rents	209,	557						
	b	Less: rental exps.	83,	758						
		Rental inc. or (loss)	125,						200 mg	
		Net rental income o	r (loss)				125,799			125,799
	7a	Gross amount from	(i) Securities		(ii)	Other				
		sales of assets other than inventory								
	b	Less: cost or other								
		basis & sales exps.						1	7.72	
	C	Gain or (loss)								
	d	Net gain or (loss)		<u>.</u>		🕨				
ne	8a	Gross income from fund	draising event	ts				7,645		
		(not including \$		737			Land Company			
Š		of contributions reporte	ed on line 1c).						Section Control	
됩		See Part IV, line 18		a		17,403			And the second was a subject to	
Other Rever		Less: direct expense		b[		1,222				100
-		Net income or (loss)			events	<u></u>	16,181			16,181
	9a	Gross income from gan	ning activities	.						(A. C.
		See Part IV, line 19		. a					- Condition	
		Less: direct expense		bΓ				2000 - 100 -	/	
		Net income or (loss)		ng acti C	vities	<u></u>				9770000.0
1	0a	Gross sales of inver	=			471 040				
		returns and allowan		<u>a</u>  -		471,249				
		Less: cost of goods		Jα …of io…		274,727	196,522	4,649	191,873	
⊢	<u> </u>	Net income or (loss)  Miscellane	) from sales ous Revenue	OI IIIV	SINUIY	Busn. Code	190,322	4,043	191,013	
4	1a	WEBSITE AD RE				519130	103,805	103,805		
'	b	PROPERTY MANA		 ÆF		532000		203,003		22,888
			SERVENT F			900099				565
	, C	OTHER INCOME All other revenue								
	d		a_11d			<b></b>	127,258			
									191.873	206,159
1	e 2	Total. Add lines 11a Total revenue. See		ıs		<b>&gt;</b>	4,429,347		191,873	2(

#### Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon-	se or note to any line in this	Part IX		
	ot include amounts reported on lines 6b, bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	89,614	89,614		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			THE TOWARD OF THE PARTY OF THE	Market Land
•	organizations, foreign governments, and foreign			A CONTRACTOR OF THE PARTY OF TH	1.7
	individuals. See Part IV, lines 15 and 16	18,701	18,701	3.74	
4	Benefits paid to or for members			NAME OF THE OWNER.	
5	Compensation of current officers, directors,				
·	trustees, and key employees	191,066	155,015	24,271	11,780
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	524,007	456,722	35,481	31,804
8	Pension plan accruals and contributions (include	021/001			02/072
0	section 401(k) and 403(b) employer contributions)	13,712	11,730	1.146	836
9	Other completes benefits	76,398	65,358	1,146 6,384	836 4,656
		54,571	46,685	4,560	3,326
10	Payroll taxes Fees for services (non-employees):	34,572	10,000	1,000	3/320
11					
a	Management	353,088	348,860	4,228	ALL LANGUAGE CONTRACTOR OF THE PARTY OF THE
b	***************************************	10,600	340,000	10,600	
C	Accounting	32,000	32,000	10,000	
	Lobbying	32,000	32,000		
_	Professional fundraising services. See Part IV, line 17		* - 49 <b>.694</b> .k		
f					
g		222 002	228,543		4 450
	(A) amount, list line 11g expenses on Schedule O.)	232,993			4,450 11,342
12		110,053	98,711	11 010	
13	Office expenses	239,910	210,446	11,010	18,454
14	Information technology	209,320	209,320		
15	Royalties				
16	Occupancy				
17	Travel	5,954	5,954		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				THE RESERVE OF THE PERSON OF T
19	Conferences, conventions, and meetings	39,816	39,816		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	188,854	188,854		
23	Insurance	11,223	11,223		
24	Other expenses. Itemize expenses not covered		towa w makatanich i bije i se sa sa sa sa sa sa sa sa sa sa sa sa sa	200 (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	
	above (List miscellaneous expenses in line 24e. If			Committee Commit	
	line 24e amount exceeds 10% of line 25, column	**************************************		The second secon	The standard of the standard o
	(A) amount, list line 24e expenses on Schedule O.)	2 Combiguitad sailte e actoria			
а	ANIMAL CARE AND EDUC PROG	663,401	663,401	1,1011	
b	LEGISLATION EFFORTS	79,007	79,007		
С	ALL OTHER EXPENSES	57,697	47,772	119	9,806
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,201,985	3,007,732	97,799	96,454
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720)	105,733	99,389		6,344
DAA	removing our to E produced real				Form <b>990</b> (2018)

# Part X Balance Sheet

	<u>t X</u>	Check if Schedule O contains a response or not	te to any line	e in this Part X								
					(A) Beginning of year		(B) End of year					
	1					1_						
:	2	Savings and temporary cash investments			2,570,499	2	3,518,885					
:	3	Pledges and grants receivable, net				3						
-   -	4	Accounts receivable, net			279,441	4	213,458					
:	5	Loans and other receivables from current and former of		ectors,								
		trustees, key employees, and highest compensated er	nployees.									
		Complete Part II of Schedule L		5								
'	6	Loans and other receivables from other disqualified pe 4958(f)(1)), persons described in section 4958(c)(3)(B										
		sponsoring organizations of section 501(c)(9) voluntar	s' beneficiary									
က္က		organizations (see instructions). Complete Part II of So		6								
Assets	7	Notes and loans receivable, net				7						
;   څ	8	Inventories for sale or use			117,481	8	87,709					
-   9	9	Prepaid expenses and deferred charges		,	-	9						
1	0a	Land, buildings, and equipment: cost or			State at the state of the state	1	Alary Co.					
ŀ		other basis. Complete Part VI of Schedule D	10a	5,714,709								
İ	b	Less: accumulated depreciation	10b	1,189,982	4,504,803		4,524,727					
1	1	Investments—publicly traded securities			607,061		537,606					
1:	2	Investments—other securities. See Part IV, line 11			55,385	12	364,329					
1:	3	Investments—program-related. See Part IV, line 11				13						
14	4	Later with the seconds										
1:	5	Other assets. See Part IV, line 11	2,237,307		2,300,152							
10	6	Total assets. Add lines 1 through 15 (must equal line	34)		10,371,977	16	11,546,866					
1	7	Accounts payable and accrued expenses		150,115	17	97,642						
18	8	Grants payable			18							
19	9	Deferred revenue				19						
2	0	Tax-exempt bond liabilities				20						
2	1	Escrow or custodial account liability. Complete Part IV	of Schedule	∍D		21						
တ္က 2	2	Loans and other payables to current and former office	rs, directors	,			ming a state of the state of th					
		trustees, key employees, highest compensated employ	yees, and									
		disqualified persons. Complete Part II of Schedule L				22						
ے <b>ا</b> 2	3	Secured mortgages and notes payable to unrelated this				23						
2		Unsecured notes and loans payable to unrelated third	parties			24						
2	5	Other liabilities (including federal income tax, payables			:							
		parties, and other liabilities not included on lines 17-24	•			25						
	_	of Schedule D			150,115	25	97,642					
2	Ь	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), che			130,113	26	37,042					
اي		complete lines 27 through 29, and lines 33 and 34.		ZE and								
일	7	House the total and annuals			9,614,800	27	10,911,618					
					3,014,000	28	10,511,010					
2 2		Demonstricted not accets			607,062		537,606					
۶   ۴	.5	Organizations that do not follow SFAS 117 (ASC 9		here ▶ and			33.7000					
Net Assets of Fund Balances		complete lines 30 through 34.	- 5/, 5/100K									
S 3	O	Capital stock or trust principal, or current funds				30						
388		Paid-in or capital surplus, or land, building, or equipme				31						
ਛੇ ਤਿ	2	Retained earnings, endowment, accumulated income,		ids		32						
		<del>-</del> '			10 001 000		11 440 224					
3	3	Total net assets or fund balances			10,221,862 10,371,977	33	11,449,224					

Separate basis

X Separate basis

Schedule O.

separate basis, consolidated basis, or both:

the Single Audit Act and OMB Circular A-133?

Both consolidated and separate basis

Both consolidated and separate basis

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2018)

X

X

X

2b

2c

3a

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

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Internal Revenue Service

Name of the organization

BIG CAT RESCUE CORP

Employer identification number 59–3330495

P	art I	Reas	on for Public Charity	Status (All organizations	s must c	omplete	this part.) See instruction	ons.	
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12,	check only	one box.)			
1		A church, co	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)	)(A)(i).		
2		A school des	scribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (For	m 990 or 9	90-EZ).)			
3		A hospital or	a cooperative hospital service	ce organization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical re	search organization operated	in conjunction with a hospital	described	in section	170(b)(1)(A)(iii). Enter the h	ospital's name,	
		city, and stat	e:					•	
5		An organizat	ion operated for the benefit of	of a college or university owned	d or operate	ed by a go	vernmental unit described in		
		_	(b)(1)(A)(iv). (Complete Part		•	, ,			
6				overnmental unit described in s	section 17	0(b)(1)(A)	(v).		
7		•	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fr omplete Part II.)	om a gove	rnmental ı	unit or from the general public		
8				70(b)(1)(A)(vi). (Complete Par	rt II.)				
9				cribed in section 170(b)(1)(A)		ed in coniu	unction with a land-grant collec	ge	
	_	-	-	of agriculture (see instructions).		_		<b>-</b>	
10	X	receipts from support from	activities related to its exem gross investment income an	) more than 33 1/3% of its sup pt functions—subject to certain d unrelated business taxable in D, 1975. See section 509(a)(2	n exception ncome (les	s, and (2) s section (	no more than 33 1/3% of its 511 tax) from businesses	ss	
11		An organizat	ion organized and operated o	exclusively to test for public saf	fety. See <b>s</b> e	ection 509	9(a)(4).		
12		An organizati	ion organized and operated of	exclusively for the benefit of, to	perform th	e function	s of, or to carry out the purpos	ses	
				ations described in <b>section 50</b> at describes the type of suppo			, ,, ,	•	
	а	the supp	orted organization(s) the pow	erated, supervised, or controlle ver to regularly appoint or elect omplete Part IV, Sections A a	a majority	•		ng	
	b	control o		pervised or controlled in conne ting organization vested in the s Part IV, Sections A and C.				ed	
	С			upporting organization operate ructions). You must complete				ith,	
	d	that is no	t functionally integrated. The	<ol> <li>A supporting organization op organization generally must sa nust complete Part IV, Section</li> </ol>	atisfy a dist	ribution re	quirement and an attentivene	• •	
	е	Check th	is box if the organization reco	eived a written determination fr -functionally integrated suppor	om the IRS	S that it is			
	f		nber of supported organization						
			ollowing information about th						
(i		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount other support instruction	(see
				above (occ metractions))	Yes	No	rist detions)	ii isti delloi	15)
(A)					+	"-			
(B)									
(C)									
(D)									
(E)									
			-		-			<b>_</b>	

Schedule A (Form 990 or 990-EZ) 2018

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

Sec	tion A. Public Support				•		
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		3				
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)	The second of					
6	Public support. Subtract line 5 from line 4			Parellines	ann.		
	tion B. Total Support			L 20 10 10 10 10 10 10 10 10 10 10 10 10 10			
	idar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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	11 11 11 11 11 11 11 11 11 11 11 11 11	100	1000	75 (C)		
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fou	irth, or fifth tax yea	r as a section 501(	c)(3)	_
	organization, check this box and stop here						<b>_</b>
Sec	tion C. Computation of Public Sเ						
14	Public support percentage for 2018 (line 6			n (f))			%
15	Public support percentage from 2017 Sche	edule A, Part II, line	e 14			15	<u>%</u>
16a	33 1/3% support test—2018. If the organ				33 1/3% or more, ch	neck this	. —
	box and <b>stop here</b> . The organization quali						
b	33 1/3% support test—2017. If the organ				5 is 33 1/3% or mo	re, check	
	this box and <b>stop here</b> . The organization of			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			P : !
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	cts-and-circumstar	nces" test. The orga	anization qualifies	as a publicly suppo	orted	
					<u></u>		
b	10%-facts-and-circumstances test—201	_				line	
	15 is 10% or more, and if the organization					C-L	
	Explain in Part VI how the organization me	ets the "tacts-and-	-circumstances" tes	st. The organizatio	n quaimes as a put	DIICIY	
40	supported organization	t not about a barr	an line 12 16e 16l	n 170 or 17h aba	ok this boy and say		
18	Private foundation. If the organization did					-	<b>.</b>
	instructions					Sahadula A (Farm 0	

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership						
	fees received. (Do not include any "unusual grants.")	2,344,285	2,281,908	2,406,022	2,498,363	2,676,667	12,207,245
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	926,108	987,861	1,094,658	1,141,134	1,357,388	5,507,149
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	97,870	79,616	82,768	89,564	40,291	390,109
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						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	3,368,263	3,349,385	3,583,448	3,729,061	4,074,346	18,104,503
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
8	Public support. (Subtract line 7c from	1139		C. 2002 1	44 (47)		
<u></u>	line 6.)						18,104,503
	tion B. Total Support  ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
			3,349,385	3,583,448	3,729,061	4,074,346	18,104,503
9	Amounts from line 6	3,368,263	3,349,383	3,363,446	3,729,061	4,074,346	18,104,503
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources	114,227	104,087	241,651	296,787	250,283	1,007,035
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						****
С	Add lines 10a and 10b	114,227	104,087	241,651	296,787	250,283	1,007,035
11	Net income from unrelated business						
• •	activities not included in line 10b, whether	14,439	6,807	19,180	9,346	12,751	62,523
	or not the business is regularly carried on	14,439	8,807	19,180	9,540	12,751	02,323
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,						
	and 12.)	3,496,929	3,460,279		4,035,194	4,337,380	19,174,061
14	First five years. If the Form 990 is for the	_	second, third, four	rth, or fifth tax year	as a section 501(c	c)(3)	
	organization, check this box and stop her						······ >
	tion C. Computation of Public St Public support percentage for 2018 (line 8			n (f)		15	94.42%
15 16	Public support percentage for 2016 (line of Public support percentage from 2017 School					16	93.50%
	tion D. Computation of Investme					<u>1 10 1</u>	33.30 %
17	Investment income percentage for 2018 (li			column (f))		17	5 %
18	Investment income percentage from 2017			(//		18	5 %
19a	33 1/3% support tests—2018. If the orga			14, and line 15 is r	more than 33 1/3%	, and line	
	17 is not more than 33 1/3%, check this bo						<b>&gt;</b> X
b	33 1/3% support tests—2017. If the orga	nization did not che	ck a box on line 1	4 or line 19a, and li	ine 16 is more than	n 33 1/3%, and	
	line 18 is not more than 33 1/3%, check th	is box and <b>stop he</b> r	e. The organization	on qualifies as a pu	blicly supported or	rganization	
20	Private foundation. If the organization di	d not check a box o	n line 14, 19a, or 1	19b, check this box	and see instructio	ns	<b>&gt;</b> ; ,

# Schedule A (Form 990 or 990-EZ) 2018

**Supporting Organizations** 

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
•		-
2 3a		
	11 1111	
3b 3c		
4a		4.2
4b		
4c		
5a		
5b		
5c		
6	1.1	
<u>7</u> 8		
9a		
9b		
9c		
		Da F
10a 10b		

Sched	ule A (Form 990 or 990-EZ) 2018 BIG CAT RESCUE CORP	59-3330495		Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	(III)		
	below, the governing body of a supported organization?	11a		<u> </u>
	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 V	<u>//. 11c</u>		<u> </u>
Sect	ion B. Type I Supporting Organizations		1	T
_			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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sect	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations		L	1
OCCL	ion o. Type if oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		, , , , , , , , , , , , , , , , , , ,	<b>6</b> 5 - 200 -
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 ho	w		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		0.00	
•	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		
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 (s	ee instructions).		
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government of	entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	300.00 (30 200.00 (30 200.00 (30)		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	26		

За

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

emergency temporary reduction (see instructions).

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to

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) 2018

BIG CAT RESCUE CORP Schedule A (Form 990 or 990-EZ) 2018 59-3330495 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Section E - Distribution Allocations (see instructions) Distributable Amount for 2018 Pre-2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2014

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015
 c Excess from 2016
 d Excess from 2017
 e Excess from 2018

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Schedule A (Form 990 or 990-EZ) 2018

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047 **2018** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Section	on 501(c)(4), (5), or (6) organizations: Complete Part I	II.			
Name of	organization			Employer iden	tification number
	BIG CAT RESCUE CORE			59-33304	
Part I-	Complete if the organization is exe	empt under section 501(c	) or is a secti	on 527 organizati	on.
1 Pro	vide a description of the organization's direct and indi	rect political campaign activities i	n Part IV. (see ins	tructions for	
def	inition of "political campaign activities")				
	itical campaign activity expenditures (see instructions)				
	unteer hours for political campaign activities (see instr				
Part I-					
1 Ent	er the amount of any excise tax incurred by the organi	ization under section 4955		▶\$	
	er the amount of any excise tax incurred by organizati				
	e organization incurred a section 4955 tax, did it file F				
					Yes No
	/es," describe in Part IV. Complete if the organization is exe	mnt under section 501/c	) except sec	tion 501(c)(3)	
Part I-	er the amount directly expended by the filing organiza			11011 30 1(0)(3).	
		•		<b>▶</b> \$	
	vities er the amount of the filing organization's funds contrib			ΨΨ	
				<b>▶</b> \$	
	al exempt function expenditures. Add lines 1 and 2. E	nter here and on Form 1120-POL	····		
	17b			<b>▶</b> \$	Ves No
	the filing organization file Form 1120-POL for this ye	ar?			Yes No
5 Ent	er the names, addresses and employer identification r	number (EIN) of all section 527 p	olitical organizatio	ns to which the filing	··
	anization made payments. For each organization lister				
the	amount of political contributions received that were pr	romptly and directly delivered to a	separate politica	l organization, such	
as	a separate segregated fund or a political action commi	ittee (PAC). If additional space is	needed, provide	information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
					political organization.
		<del></del>			If none, enter -0
(1)					
(0)					
(2)					
(2)					
(3)					
(4)					
. "					
(5)					
<b>\</b> = <b>/</b>					
(6)					

reporting section 4911 tax for this year?

No

Yes

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ if the filing organization checked box A and "limited control" provisions apply.

		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	ic opinion (grass roots lobbying)	74,978	
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	34,731	
С	Total lobbying expenditures (add lines 1a an	d 1b)	109,709	
d	Other exempt purpose expenditures		2,913,589	
е	Total exempt purpose expenditures (add line	s 1c and 1d)	3,023,298	
f	Lobbying nontaxable amount. Enter the amo columns.	unt from the following table in both	301,165	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.	- 1	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	2	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		The same and the s
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	V 42-500 A	
	Over \$17,000,000	\$1,000,000.	(A)	39
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	75,291	
h	Subtract line 1g from line 1a. If zero or less,	enter -0-	0	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0	
i	If there is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720	0	

#### 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.)

	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d</b> ) 2018	(e) Total				
2a Lobbying nontaxable amount	282,255	294,037	300,762	301,165	1,178,219				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,767,329				
c Total lobbying expenditures	103,556	100,223	106,270	109,709	419,758				
d Grassroots nontaxable amount	70,564	73,509	75,191	75,291	294,555				
e Grassroots ceiling amount (150% of line 2d, column (e))			Security of the Security of th		441,833				
f Grassroots lobbying expenditures	47,032	48,809	56,890	74,978	227,709				

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 BIG CAT RESCUE CORP Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed Yes No **Amount** description of the lobbying activity. 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? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? i 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 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a 2b b Carryover from last year 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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? 5 Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Provide 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); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form	990 or 990-EZ) 2018	BIG CAT	RESCUE	JORP	 59-3330495	Page 4
Part IV	Supplement	al Information	(continued)			
35 (A. A.  опристи		100				
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	,				 	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

B	IG CAT RESCUE CORP		59-3330495
Pa	rt I Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclu-		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v		
•	only for charitable purposes and not for the benefit of the donor or donor		
			Yes No
Pa	rt II Conservation Easements.		163 1
4.200	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check a	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land area
	Protection of natural habitat	Preservation of a certified historic	
	Preservation of open space	****	
2	Complete lines 2a through 2d if the organization held a qualified conserv	vation contribution in the form of a conser	rvation
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure include		
d	Number of conservation easements included in (c) acquired after 7/25/0		
_	historic structure listed in the National Pegister		2d
3	Number of conservation easements modified, transferred, released, exti	nguished, or terminated by the organizati	
•	tax year ▶		
1	Number of states where property subject to conservation easement is lo	cated ▶	
5	Does the organization have a written policy regarding the periodic monitor		
	violetiese, and enforcement of the concentration accoments it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations and enforcing conservation ea	
•	b	violations, and omeromy concervation of	accomente during the your
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	tions and enforcing conservation easem	ents during the year
•	S	mone, and emercing conservation case	one during the your
R	Does each conservation easement reported on line 2(d) above satisfy th	e requirements of section 170(h)(4)(B)(i)	
•	and section 170(h)(4)(B)(ii)?		t many
9	In Part XIII, describe how the organization reports conservation easemer		
	balance sheet, and include, if applicable, the text of the footnote to the o		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on F		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	t to report in its revenue statement and ba	alance sheet
	works of art, historical treasures, or other similar assets held for public ex	•	
	public service, provide, in Part XIII, the text of the footnote to its financial		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balan	ce sheet
	works of art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furthe	rance of
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(III) A - (- ilud-d-i- Farm 000 Part V		► \$
2	If the organization received or held works of art, historical treasures, or o	other similar assets for financial gain, prov	
_	following amounts required to be reported under SFAS 116 (ASC 958) re		
а			<b>&gt;</b> \$
_	Assets included in Form 900. Part Y		<b>&gt;</b> \$

Pa	ırt III	Organizations Maintaining	g Collections of	Art, Historical Tr	easures, c	or Other	Similar A	ssets	(continu	ed)
3	Using the	organization's acquisition, accession (check all that apply):								
а	Public	exhibition	ďL	oan or exchange prog	grams					
b	Schola	arly research	е (	Other						
С	Prese	vation for future generations								
4	Provide a	description of the organization's co	ellections and explain I	how they further the or	rganization's	exempt pur	pose in Part			
5	During the	year, did the organization solicit o	r receive donations of	art, historical treasure	s, or other sir	milar				
		pe sold to raise funds rather than to							Yes	s No
Pa		<b>Escrow and Custodial Arr</b>			,					
		Complete if the organizatior 990, Part X, line 21.	answered "Yes"	on Form 990, Pa	rt IV, line 9	, or repo	rted an am	ount o	n Form	
1a	Is the orga	nization an agent, trustee, custodia	an or other intermedia	ry for contributions or	other assets	not				
	included o	n Form 990, Part X?							Yes	No
b	If "Yes," ex	plain the arrangement in Part XIII	and complete the follo	wing table:						
									Amount	
d		during the year								
e		ns during the year					1e			
1	Ending bal	lance ganization include an amount on Fo				:::	[1f]			
		panization include an amount on Fig plain the arrangement in Part XIII.							Yes	No No
		Endowment Funds.	Check here if the exp	ianation has been pro-	vided on Fait	XIII				
		Complete if the organization	answered "Yes"	on Form 990. Par	rt IV. line 1	0.				
			(a) Current year	(b) Prior year	(c) Two year		(d) Three years	back	(e) Four	years back
1a	Beginning	of year balance	607,061	551,775	53	3,571	573	,521	5	94,635
b	Contribution		25					•		236
С	Net investr	ment earnings, gains, and								
	losses		-38,193	84,061	4	5,618	-39	, 950		21,350
d		scholarships	25,882	24,574	2	3,776				
е		enditures for facilities and					,			
f		tive expenses	5,405	4,201		3,638				
g		ır balance	537,606	607,061	55	1,775	533	,571	5	73,521
2		e estimated percentage of the curr	ent year end balance	(line 1g, column (a)) he	eld as:					
		ignated or quasi-endowment ▶	%							
b	Permanen	t endowment ► 100.00 %								
С	-	ly restricted endowment ▶	%							
		ntages on lines 2a, 2b, and 2c sho								
3 <b>a</b>		endowment funds not in the posses	ssion of the organization	on that are held and a	dministered for	or the			_	
	organizatio	-								Yes No
										X
		d organizations	K-4- d d						3a(ii)	X
b		line 3a(ii), are the related organiza							3b	
4 D-		n Part XIII the intended uses of the Land, Buildings, and Equi		ment funds.						
162.		Complete if the organization		on Form 990 Par	rt IV line 1	12 See I	Form 990	Part Y	line 10	,
		Description of property	(a) Cost or other ba				cumulated		(d) Book va	
		bescription of property	(investment)	(othe			eciation		(a) 200k ti	
	Land			2,34	47,548	* (V. 1664.)	7 (		2,34	7,548
	Buildings				75,691		519,879	9		5,812
	•	improvements								
d	Equipmen			99	91,470		670,103	3	32	1,367
	Other	1a through 1e. (Column (d) must e	egual Form 990. Part >	C. column (B). line 10c	L				4,52	4,727
	,		-,	.,						

Schedule D (F	form 990) 2018 BIG CAT RESCUE CORP		59-3330495	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of value	ation:
	(including name of security)		Cost or end-of-year ma	rket value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
aic viii	Complete if the organization answered "Yes" on	Form 990 Part IV lin	ne 11c. See Form 990. Part	X line 13
	(a) Description of investment	(b) Book value	(c) Method of value	
	(a) Description of investment	(b) book value	Cost or end-of-year man	
(4)				
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		<del> </del>		
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	C 000 D+ IV / I'-	444 C F 000 D-+	V E 45
	Complete if the organization answered "Yes" on	Form 990, Part IV, III	ie 11d. See Form 990, Part	
	(a) Description			(b) Book value
(1)	OTHER REAL ESTATE OWNED			2,000,56
(2)	MORTGAGES RECEIVABLE			299,58
(3)				
(4)				
(5)				
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)				·
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b> ]	2,300,15
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11e or 11f. See Form 990	), Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		77
(1) Federal	income taxes			
(2)				10 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 m
(3)			The Part of the Control of the Contr	A STATE OF THE STA
(4)				
(5)				
(6)				
(7)				
- \ · /			<ul> <li>A. LID SPORTS LINE AND SERVED DOWN THE RESIDENT WHICH CHEST AT THE ADDRESS OF THE PROPERTY OF THE</li></ul>	

(8) (9)

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

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

P	Complete if the organization answered "Yes" on Form		•	rn.
1	Total revenue, gains, and other support per audited financial statements	r 990, Part IV, line	12a.	1 4,513,104
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1 2,515,104
	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	83,757	
е	Add lines 2a through 2d			2e 83,757
3	Subtract line 2e from line 1			3 4,429,347
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			łc
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	) <u></u>		5 4,429,347
Pa	rt XII Reconciliation of Expenses per Audited Financial			turn.
	Complete if the organization answered "Yes" on Form	990, Part IV, line		2 005 740
1	Total expenses and losses per audited financial statements			1 3,285,742
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
	Donated services and use of facilities			
	Prior year adjustments			
	Other losses		83,757	
d				83,757
-	Add lines 2a through 2d			2e 83,757 3 3,201,985
3	Subtract line 2e from line 1			3 J,201,363
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	•			
	And the Annual Sh			lc
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10	8.)		5 3,201,985
	rt XIII Supplemental Information.	,		
2; Pa	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part V, LINE 4 - INTENDED USES FOR ENDOVE	provide any additional in		, line
E	NDOWMENT FUNDS ARE INTENDED TO PROVIDE	INVESTMENT	INCOME FOR	LONG TERM
C	ARE OF THE CATS			
	NOTIFICATION OF THE AMOUNTS INCIDEN	DED IN EINA	NCTATE - OF	UPD
	ART XI, LINE 2D - REVENUE AMOUNTS INCLU	DED IN FIRE	HCIALD OI	HDK
R	ENTAL EXPENSES NETTED WITH REVENUE		\$	83,757
	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	JIDED IN EIN	ANCTALS - O	THER
R	ENTAL EXPENSES NETTED WITH REVENUE		<b></b> \$	83,757

Schedule D (	Form 990) 2018	BIG CAT RE	SCUE CORP		59-3330495	Page <b>5</b>
Part XIII	Suppleme	ntal Information	(continued)			
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				• • • • • • • • • • • • • • • • • • • •		
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			,			

# SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

BIG CAT RESCUE CORP

Employer identification number 59-3330495

Pa		meral Information m 990, Part IV, line		Outside the United States. Cor	nplete if the organization answere	ed "Yes" on
1	For grantmal other assistan	kers. Does the organizate, the grantees' eligib	ation maintain record	ds to substantiate the amount of its gran assistance, and the selection criteria us	sed to	X Yes No
2	For grantmal		V the organization's p	procedures for monitoring the use of its	grants and other assistance	
3	Activities per l	Region. (The following	Part I, line 3 table ca	n be duplicated if additional space is no	eeded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
	OUTH ASIA					
(1) M	TODIE EAC	AND NORTH A	PICA	GRANTS TO RECIPIENTS		5,000
(2)	IDDIE EAS	AND NORTH A	RICA	GRANTS TO RECIPIENTS		5,000
	ORTH AMER	CA				0,7000
(3)				GRANTS TO RECIPIENTS		7,700
	JB-SAHARAI	AFRICA				1 001
(4)				GRANTS TO RECIPIENTS		1,001
(5)						
<u> </u>						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						10 701
	Subtotal				The state of the s	18,701
	otal from continuation heets to Part I					
	Totals (add					
	ines 3a and 3b)					18,701

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
0)								
2)								
4)								
(5) A STATE								
(6)								
			ecognized as charities by the fo on 501(c)(3) equivalency letter				<b>&gt;</b>	

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. (e) Manner of (f) Amount of (h) Method of (g) Description (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of valuation recipients cash grant cash noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Pi	art IV Foreign Forms			ago .
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"			
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may			
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and			
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a			
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"			
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To			
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a			
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,			
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing			
	Fund (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"			
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		_	
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If			
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see			
	Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2018

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
OUR GRANTS ARE MADE TO SUPPORT SPECIFIC FUNDRAISING NEEDS OF CHARITABLE
ORGANIZATIONS SUPPORTING ANIMALS OR TO SUPPORT THE OVERALL MISSION OF THOSE
ORGANIZATION. FOR GRANTS OVER \$1,000, WE RESEARCH THE ORGANIZATION BEFORE
MAKING THE DONATION TO ENSURE THAT THE ORGANIZATION'S PURPOSE OVERLAPS WITH
OUR CHARITABLE MISSION.

PART I,	LINE	3 -	- ACTIVITIES	PER	REGION
---------	------	-----	--------------	-----	--------

REGION	EXPI	ENDITURES 1	INVESTMENTS	
SOUTH ASIA	\$	5,000 \$	0	
MIDDLE EAST AND NORTH AFRICA	\$	5,000 \$	0	
NORTH AMERICA	\$	7,700 \$	0	
SUB-SAHARAN AFRICA	\$	1,001 \$	0	

.....

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

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

RIC CAT DESCITE CODE

Employer identification number

	BIG CAT RESCUE CO					59-33304	
P	Fundraising Activities. Complete Form 990-EZ filers are not required				red "Yes" on Form	990, Part IV, line	17.
1	Indicate whether the organization raised funds through	n any of the following	activi	ties. C	Check all that apply.		
а	Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b	Internet and email solicitations	f Solicitation	of go	vernm	nent grants		
С	Phone solicitations	g Special fur	ndraisi	ng ev	ents		
d	In-person solicitations						
2a	Did the organization have a written or oral agreement	with any individual (i	ncludir	ng off	icers, directors, trustee	s,	<b>—</b>
b	or key employees listed in Form 990, Part VII) or entity If "Yes," list the 10 highest paid individuals or entities (compensated at least \$5,000 by the organization.	-			- ,		Yes No
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	raiser	d fund- r have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							
ota	1						
3	List all states in which the organization is registered or registration or licensing.	licensed to solicit co	ontribu	tions	or has been notified it i	s exempt from	

BIG CAT RESCUE CORP Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

	gross receipts of	reater than \$5,000.			
		(a) Event #1  MARCH FOR LIONS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
m		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	18,140			18,140
	2 Less: Contributions	737			737
	3 Gross income (line 1 minus line 2)	17,403			17,403
	4 Cash prizes				
	5 Noncash prizes				
sesu	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Dire	8 Entertainment				
	9 Other direct expenses	1,222			1,222
		Add lines 4 through 9 in column (d) otract line 10 from line 3, column (d)			1,222 16,181
		otract line to from line 3, column (d)			
P	Part III Gaming. Com	plete if the organization answ	vered "Yes" on Form 990, F	Part IV, line 19, or report	ted more
P	Part III Gaming. Com	plete if the organization answ n Form 990-EZ, line 6a.	vered "Yes" on Form 990, F	Part IV, line 19, or report	ted more
	Part III Gaming. Com	plete if the organization answ	vered "Yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or report	(d) Total gaming (add col. (a) through col. (c))
Revenue	Part III Gaming. Com than \$15,000 c	plete if the organization answ on Form 990-EZ, line 6a.	vered "Yes" on Form 990, F  (b) Pull tabs/instant	Part IV, line 19, or report	(d) Total gaming (add
Revenue	Part III Gaming. Com	plete if the organization answ on Form 990-EZ, line 6a.	vered "Yes" on Form 990, F  (b) Pull tabs/instant	Part IV, line 19, or report	(d) Total gaming (add
Revenue	than \$15,000 c	plete if the organization answ on Form 990-EZ, line 6a.	vered "Yes" on Form 990, F  (b) Pull tabs/instant	Part IV, line 19, or report	(d) Total gaming (add
	than \$15,000 c	plete if the organization answ on Form 990-EZ, line 6a.	vered "Yes" on Form 990, F  (b) Pull tabs/instant	Part IV, line 19, or report	(d) Total gaming (add
rect Expenses Revenue	1 Gross revenue 2 Cash prizes 3 Noncash prizes	plete if the organization answ on Form 990-EZ, line 6a.	vered "Yes" on Form 990, F  (b) Pull tabs/instant	Part IV, line 19, or report	(d) Total gaming (add
rect Expenses Revenue	1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	plete if the organization answ on Form 990-EZ, line 6a.	vered "Yes" on Form 990, F  (b) Pull tabs/instant	Part IV, line 19, or report	(d) Total gaming (add
rect Expenses Revenue	1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	plete if the organization answ on Form 990-EZ, line 6a.  (a) Bingo	vered "Yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or report	(d) Total gaming (add
rect Expenses Revenue	1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary.	plete if the organization answ on Form 990-EZ, line 6a.  (a) Bingo  Yes % No	Yes % No	Yes %	(d) Total gaming (add
b 6 Direct Expenses Revenue	1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary.  8 Net gaming income summ	yes% No  Add lines 2 through 5 in column (d)	Yes % No  Yes % No  Yes % No	Yes %	(d) Total gaming (add
g & 6 Direct Expenses Revenue	1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ Enter the state(s) in which the list he organization licensed to if "No," explain:	Yes % No  Add lines 2 through 5 in column (d)  nary. Subtract line 7 from line 1, column organization conducts gaming activities in each of conduct gaming activities in each organization conducts gaming activities activities activities activities activities activities activities activities activities activities activ	Yes % No  Yes % No  Yes % No  Yes % No	Yes % No	(d) Total gaming (add col. (a) through col. (c))  Yes No
Direct Expenses Revenue	1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ Enter the state(s) in which the list he organization licensed to if "No," explain:	Yes % No  Add lines 2 through 5 in column (d) organization conducts gaming active organization conducts gaming active	Yes % No  Yes % No  Yes % No  Yes % No	Yes % No	(d) Total gaming (add col. (a) through col. (c))  Yes No

Sche	dule G (Form 990 or 990-l	EZ) 2018 BIG C	AT RESCUE C	ORP	59-333049	5 Page 3
1	Does the organization co	onduct gaming activities wit	th nonmembers?			Yes No
2	Is the organization a gran	ntor, beneficiary or trustee		r of a partnership or other entity		
	formed to administer cha	ritable gaming?				Yes No
3	Indicate the percentage of	of gaming activity conducte	ed in:			
а	The organization's facility	<i>f</i>			13a	%
b						%
4				's gaming/special events books and		
	records:					
	Name ▶					
	Address ►					
	************					
5a	Does the organization ha	ive a contract with a third p	arty from whom the or	ganization receives gaming		
		•	-			Yes No
b				ı <b>▶</b> \$		
		ue retained by the third par				
С	If "Yes," enter name and		*			
-		,				
	Name ▶					
	Address ▶					
	Addiess P					
6	Gaming manager informa	ation:				
•	Carring manager informs	auon.				
	Name ▶					
	Name >	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Gaming manager compe	nsation ► \$				
	Gaming manager compe	119ation •				
	Description of services pr	rovided •				
	Description of services pr	lovided P				
	Director/officer	Employee	Independer	t contractor		
	Director/officer	Lilipioyee	macpenaci	it contractor		
7	Mandatan, distributions:					
7	Mandatory distributions:	and under state law to make	a charitable distribution	ns from the gaming proceeds to		
а	•		e chantable distribution	is from the gaining proceeds to		Yes No
	retain the state gaming lie			t to other exempt expenizations or		i les No
D				d to other exempt organizations or		
Da		's own exempt activities du		ons required by Part I, line 2b,	columns (iii) and (v	): and
Га				applicable. Also provide any ad		
	See instruct		, 10, and 170, as	applicable. Also provide any ac	Julional Information	1.
	See instruct	JOHS.				
						,
					Schedule G (Form 990	or 990-EZ) 2018

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

DAA

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018

Open to Public Inspection

Employer identification number

BIG CAT RESCUE CO	RP					5	9-3330495
Part I General Information on Grants a	nd Assistance						
<ul> <li>Does the organization maintain records to substantiate the selection criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's procedures for n</li> </ul>	tance? nonitoring the use of g	rant funds i	in the United States.				i. j -
Part II Grants and Other Assistance to Part IV, line 21, for any recipient the							vered "Yes" on Form 990,
(a) Name and address of organization     or government	(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 noncash assistance	(h) Purpose of grant or assistance
(1) SMALL WILD CAT CONSERVATION 1510 S BASCOM AVE CAMPBELL CA 95008	26-1368021	501C3	40,000				ANIMAL PRESERVATION
(2) LIFESCAPE INTERNATIONAL 329 N ERIE AVE LINDENHURST NY 11757	47-0896452	501C3	6,500				ANIMAL PRESERVATION
(3)			9,200				
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
2 Enter total number of section 501(c)(3) and governme	•	I in the line	1 table				▶ 28
3 Enter total number of other organizations listed in the For Paperwork Reduction Act Notice, see the Instructio							► 0 Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Part III can be duplicated if addition		Is. Complete if the	organization answere	d "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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7 Part IV Supplemental Information. Prov	ide the information re	aguired in Bort Lline	2: Port III. column /b	); and any other additional	information
PART I, LINE 2 - PROCEDURES OUR GRANTS ARE MADE TO SUPPO	ORT IN SITU CO	ONSERVATION N	NORK DIRECTLY ORGANIZATION	BEFORE	
MAKING THE DONATION TO ENSUI				SISTENT	
ORGANIZATION ON THE PROGRESS					
		· · · · · · · · · · · · · · · · · · ·			

#### 50004 03/13/2019 10:41 AM

# SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

#### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018

Internal Revenue Service	
Name of the organization	

Go to www.iis.gov/Fornisso for instructions and the latest information.

Open To Public Inspection

Employer identification number

Schedule L (Form 990 or 990-EZ) 2018

	BIG CAT RESCUE CORP						59	-3330	495				
Part I	Excess Benefit Transactions	(section 501	(c)(3), section	501(	c)(4)	, and 501(c)(29	organizations or	ıly).					
	Complete if the organization answered		m 990, Part IV				1 990-EZ, Part V,	line 40	b.		1		
1	(a) Name of disqualified person	(b) Relation	organizatio		o per	SOIT AIRU	(c) Description of	on		Yes	Correc	tea? No	
(1)											1		
(2)					-		2.00-4	-					
(3)													
(4)													
(5)													
(6)													
	e amount of tax incurred by the organiza	_							r				
	ection 4958 e amount of tax, if any, on line 2, above,	reimbursed by	v the organizati	ion				💍	₽ \$				
			y ino organizati					•	-	-			
Part II	Loans to and/or From Interes	sted Perso	ns.								-		
	Complete if the organization answered			t V, li	ne 3	8a or Form 990	, Part IV, line 26;	or if the	<b>e</b>				
	organization reported an amount on F												
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to om the		(f) Balance due	(g) In defaul				Written	
		with Organization	ioan		g.?	principal amount					nittee?		
				To	From			Yes	No	Yes	No	Yes	No
(1)		***		+				_	-	-	<del> </del>		
(2)													
(2)				+				+		ļ			
(3)			:										
(3)				$\dagger$					l				
(4)													
(5)									<u> </u>		<u> </u>		
(6)													
(7)				+	-		<del> </del>	_		-			
(0)													
(8)				+				-			<del> </del>		
(9)													
(0)									†				
10)	<u> </u>												
Total						<b>&gt;</b> \$							10.50
Part III	Grants or Assistance Benefit												
	Complete if the organization answered	Yes" on For	m 990, Part IV,	line	27.			-					
	(a) Name of interested person	1 ' '	(b) Relationship between interested person and the organization		(c) A	c) Amount of assistance (d) Type of assis		ince (e) Purpose			e of assistance		
(4)		person a	and the organization	1									
(1) (2)					<del> </del>								
(3)		<u> </u>		-	<u> </u>								
(4)													
(5)													
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(7)													
(8)													
(9)													
40)		i						1					

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

Scriedule L (F	OIII 990 01 990-EZ/ 2016 DIG CA	I TUBOCOE CORE		J9-JJJ049J	Pa	age z	
Part IV	<b>Business Transactions Involve</b>	ving Interested Persons.	00h 00-		•		
	Complete if the organization answered				(e) S	haring	
(a) Name of interested person		(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?		
		organization			Yes	No	
(1) CAROLE		CEO		EMPLOYEE		X	
(2) JAMIE		DAUGHTER OF CEO		EMPLOYEE		X	
(3) HOWARD (4) KATIE		HUSBAND OF CEO		EMPLOYEE		X	
	NIKIC	NIECE OF CEO	35,481	EMPLOYEE	_	X	
(5)						<del> </del>	
(6) (7)					_	$\vdash$	
(8)					_	$\vdash$	
(9)							
10)							
Part V	Supplemental Information						
	Provide additional information for respo	nses to questions on Schedule L (se	e instructions).				
				Schodulo I (Form 990 or	000 EZ\	2049	

SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2018

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

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

BIG CAT RESCUE CORP

Employer identification number 59–3330495

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT
THIS YEAR AT BIG CAT RESCUE:

- A) PROVIDED A PERMANENT HOME FOR APPROXIMATELY 60 BIG CATS, MANY OF WHOM HAVE BEEN ABUSED, ABANDONED, ORPHANED OR RETIRED FROM PERFORMING ACTS. CARE INCLUDED FOOD, SHELTER, VETERINARY CARE, OPERANT CONDITIONING AND CONSISTENT FREQUENT ENRICHMENT ACTIVITIES.
- B) PERFORMED OUR EDUCATIONAL MISSION BY TEACHING ABOUT THE PLIGHT OF BIG
  CATS IN CAPTIVITY AND IN THE WILD THROUGH GUIDED TOURS OF THE SANCTUARY
  TO APPROXIMATELY 30,000 VISITORS DURING THE YEAR, THROUGH OUR WEBSITE THAT
  RECEIVED APPROXIMATELY 2,300,000 VISITORS DURING THE YEAR, THROUGH OUR
  MONTHLY EMAIL THAT GOES TO OVER 79,000 RECIPIENTS AND THROUGH OUR
  NEWSLETTER THAT GOES TO OVER 40,000 RECIPIENTS. OUR VIDEOS ON OUR YOUTUBE
  CHANNEL BIGCATTV.COM HAVE RECEIVED OVER 365,000,000 CUMULATIVE VIEWS.
- C) CONTINUED TO URGE OWNERS OR OPERATORS OF VENUES NOT TO ALLOW TIGER CUB PETTING EXHIBITS AND OTHER BIG CAT DISPLAYS.
- D) WORKED WITH OTHER ANIMAL WELFARE ORGANIZATIONS TO FILE A PETITION WITH USDA TO URGE THEM TO STOP THE INHERENTLY ABUSIVE CUB PETTING AND WORKED TO GARNER PUBLIC AND LEGISLATIVE SUPPORT FOR A FEDERAL BILL TO BAN PRIVATE BREEDING AND OWNERSHIP OF BIG CATS.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

JAMIE MURDOCK CAROLE BASKIN

PRESIDENT CEO

**DAUGHTER** 

BIG CAT RESCUE CORP

Name of the organization

Employer identification number

59-3330495

HOWARD BASKIN

CAROLE BASKIN

SECTY/TREAS

CEO

SPOUSE

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO

FILING. THE TREASURER REVIEWS THE 990 WITH THE BOARD OF DIRECTORS AT THE

FIRST MEETING AFTER COMPLETION.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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 AT LEAST EVERY THREE YEARS AND REVIEWED BY THE BOARD

OF DIRECTORS.

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 AT LEAST EVERY THREE YEARS AND REVIEWED BY THE BOARD

OF DIRECTORS.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED

PAGE 1 OF 2

PAGE 2 OF 2