Form **990**

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

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

<u>A</u>	For the 2021	calendar year, or tax year beginning , and ending					
В	Check if applicable:	C Name of organization		D Employe	r identification number		
	Address change	BIG CAT RESCUE CORP					
	Name change	Doing business as			330495		
ᆷ	•	Number and street (or P.O. box if mail is not delivered to street address) 12802 EASY STREET	Room/suite	E Telephon	e number 920-413 0		
닏	Initial return Final return/	City or town, state or province, country, and ZIP or foreign postal code		913-	920-4130		
	terminated			- 0	2 025 270		
	Amended return	TAMPA FL 33625 F Name and address of principal officer:	1	G Gross receipts\$ 3,925,379			
\Box	Application pending	CAROLE BASKIN	H(a) Is this a gro	oup return for	subordinates Yes X No		
	7 pprication perioning		H(b) Are all sub	ordinates inc	luded? Yes No		
		12802 EASY STREET TAMPA FL 33625	1		See instructions		
_			-				
<u>+</u>	Tax-exempt status	X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527	W-> C				
<u></u>			ear of formation: 1		M State of legal domicile: FL		
Cot note		n: X Corporation Trust Association Other ► L Y Jammary	ear of formation: 🚣	995	M State of legal domicile.		
		accribe the organization's mission or most significant activities:					
ą		CAT RESCUE'S MISSION IS TO PROVIDE THE BEST HOME	WE CAN F	OR THE	CATS IN		
and	OUR	CARE, END ABUSE OF BIG CATS IN CAPTIVITY AND PREV					
Governance	CATS	IN THE WILD.	1				
Š	2 Check ti	nis box ▶ if the organization discontinued its operations or disposed of more than	25% of its net	assets			
ග •න්	3 Number	of voting members of the governing body (Part VI, line 1a)			8		
SS	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	5		
Activities	5 Total nu	mber of individuals employed in calendar year 2021 (Part V, line 2a)			11		
ŧ	6 Total nu	mber of volunteers (estimate if necessary)		1 - 1	93		
⋖	7a Total un	related business revenue from Part VIII, column (C), line 12		7a	33,443		
		elated business taxable income from Form 990-T, Part I, line 11			0		
			Prior Yea	ar	Current Year		
þ	8 Contribu	tions and grants (Part VIII, line 1h)	2,910		2,634,344		
Revenue	9 Program	service revenue (Part VIII, line 2g)		1,867	100 100		
Š	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		3,656			
_	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,574			
_		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,076			
		and similar amounts paid (Part IX, column (A), lines 1–3)	L,706	108,001			
	I	paid to or for members (Part IX, column (A), line 4)	7,503	690,411			
Expenses	15 Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10)		7,503	090,411		
ĕ	h Tetal fu	onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 46,319					
Ĕ	17 Other ex	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1 901	7,793	1,540,960		
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,002			
		e less expenses. Subtract line 18 from line 12		5,074	1,165,679		
Net Assets or	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	steed superiode desiration to front line the	Beginning of Cur	rrent Year	End of Year		
sets	20 Total as	sets (Part X, line 16)	14,968		16,076,545		
t As	21 Total lia	pilities (Part X, line 26)		1,044	36,329		
2	22 Net ass	ets or fund balances. Subtract line 21 from line 20	14,874	1,537	16,040,216		
	Part II S	gnature Block					
		f perjury, I declare that I have examined this return, including accompanying schedules and sta			f my knowledge and belief, it i		
t	rue, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any kno				
e:	gn 🕨	Signature of officer		Date	4/22		
	ere	HOWARD BASKIN SECTY	/ TREA				
		Type or print name and title	<u> </u>				
_	Print/Ty	preparer's name Preparer's signature	Date	Check	if PTIN		
Pa	id PAUL	E HOROWITZ	fort	-72	poloyed P01474269		
	eparer Firm's n	me FRSCPA, PLLC	F	irm's EIN	59-2482214		
Us	e Only	1301 66TH ST N					
_	Firm's a		P	hone no.	727-347-1120		
		ss this return with the preparer shown above? See instructions			X Yes No		
For		luction Act Notice, see the separate instructions.			Form 990 (2021)		

	BIG CAT RESCU		59-3330495	Page 2
		n Service Accomplishme		-
			e to any line in this Part III	<u>X</u> _
BIG CAT		SSION IS TO PROVI OF BIG CATS IN (IDE THE BEST HOME WE CAPTIVITY AND PREVENT I	EXTINCTION OF BIG
		gnificant program services during	the year which were not listed on the	
				Yes X No
	scribe these new services			
	inization cease conducting	g, or make significant changes in	how it conducts, any program	
services?				Yes X No
	scribe these changes on S		n of its three largest program services, as mea	seurad by
expenses. S	Section 501(c)(3) and 501		to report the amount of grants and allocations	
PERFORM STATE O ENRICHM	ING ACTS. CAI F THE ART CA! ENT ACTIVITI	RE INCLUDED FOOD I HOSPITAL, OPER! ES. SUCCESSFULLY	, ABANDONED, ORPHANED (, SHELTER, VETERINARY (ANT CONDITIONING AND CO REHABILITIATED 3 ORPHA ACK INTO THE WILD.	CARE THROUGH A DISISTENT FREQUENT ANED OR INJURED
4b (Code:) (Expenses \$	319,075 including gra	ants of\$) (Revenu	e \$)
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •			······································	
4c (Code:) (Expenses \$	108,001 including gr	ants of\$ 108,001) (Revenu	e \$)
IN-SITU	GRANTS - WE	PROVIDE GRANTS	O NONPROFIT ORGANZIAT	LONS AND
		ORT IN-SITU CONSI	ERVATION WORK DIRECTLY	RELATED TO
			ANTS RANGING FROM \$1,00 JECTS SPANNING 18 SPEC	
	····	CONSERVATION PRO	DECIS SPANNING TO SPEC.	LES IN 20
COUNTRI	E3.			
	· · · · · · · · · · · · · · · · · · ·			
Id Other	am populace (Describe	Schodulo (C.)		
. •	ram services (Describe on) (Revenue \$	
(Expenses	•	Schedule O.) including grants of\$ 2,116,748) (Revenue \$)

Form 990 (2021) BIG CAT RESCUE CORP Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	_ 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	_ 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			ĺ
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	ا ۾ ا		v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			9000
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	file 4 (net)	19448668	2000000
a	complete Schedule D, Part VI	11a	X	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	ऻ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	(/ / / / / / / / / / / / / / / / / / /	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		v	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5	X	İ
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		$\vdash -$
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46	v	
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	X	
• • •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 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 X 23 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 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 X 25a 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? 25b X If "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 28 Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 x or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes Nο 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?. DAA

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		W. 8.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	MANA PAREN
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	\vdash
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	·	 	—
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	. 300	1000000	33000
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	· 💥		
-		1000000	1909078	**************************************
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. <u>5a</u>	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b	├	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. <u>5c</u>	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		
_	gifts were not tax deductible?	6b	i Resignati	rividatatilar
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3275	1999	
	and services provided to the payor?	. 7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	<u>7c</u>	or tresse	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	650		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g	_	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? <u>7h</u>	6 500 ACC	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	10000	10000	13,932
	sponsoring organization have excess business holdings at any time during the year?	. 8	0.5055556	V0000-87
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	╄	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	x 5335550	00000000
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	988	3,80	
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	T 1970-000-00	* 000000000000000000000000000000000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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	1 20222	# 04 1 \$ 10 CAN
	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			
С	Enter the amount of reserves on hand			1900
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b	-	ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	. 15	7 \$35×320	X
	If "Yes," see instructions and file Form 4720, Schedule N.	1000		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16	6 66,233,60	X
	If "Yes," complete Form 4720, Schedule O.		1	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	identifica	2KM-0298
	If "Yes," complete Form 6069.		11,236	

59-3330495 Form 990 (2021) BIG CAT RESCUE CORP Page 6 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 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 Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CT, FL, GA, IL, KS, KY, MD, MA, MN, MS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 12802 EASY STREET GALE INGHAM

813-920-4130

FL 33625

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the or	ganization nor a	ny r	elate	d or	gani	zatio	n c	ompensated any current of	officer, director, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Positi (do not check re box, unless persofficer and a direction of director or director or director tustee			ition more than one rson is both an		an e)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) HOWARD BASKIN SECTY / TREAS	60.00	x		x		ä		76,942	0	0
(2) JAMIE VERONICA		^		^		\vdash		10,942		
(2) DAMIE VERONICA	60.00									
PRESIDENT / DIRECTOR		x		x	İ			74,885	0	o
(3) CAROLE BASKIN	0.00	-	-	-		$\vdash \vdash$		71/555		
(5) CHICEL DIDICEN	60.00									
CEO / FOUNDER	0.00	x		x				66,500	o	0
(4) MARY LOU GEIS	0.00	-	-	-				00,000		
(4)122112 200 0220	1.00									
DIRECTOR	0.00	x						l 0	0	0
(5) DARREN KIPNIS	0.00				\vdash					
(o)Dindent Italian	1.00				Ì	İΙ				
DIRECTOR	0.00	x				Ш		l 0	l o	0
(6) KEITH LAWLESS	0.00				\vdash					
(0)1011111 11111111111111111111111111111	1.00	1				1				
DIRECTOR	0.00	x				ΙI		lo	l o	0
(7) LYNDA LICHT	0.00			-					<u></u>	
(i) HINDA HICHI	1.00		1			ÌΙ				
DIRECTOR	0.00	x						0	l o	0
(8) KIM MAHONEY	- 0.00			\vdash	1	Н				
(5) ICEM PARIONELL	1.00	1	1			1				
VP / DIRECTOR	0.00	X		x		ΙI		0	l o	0
(9)	0.00	1		-						
					İ					
(10)						П				
(11)		\vdash		\vdash		\Box	_			
. ,										
	1									

Form 990 (2021) BIG CAT RESCUE CORP

Part VII Section A. Officers (A) Name and title		(B) Average box, unless person is both an officer and a director/trustee) per week (C) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is both or/trus	one n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
		(list any 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/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
								! !			
	totalal from continuation sh							>	218,327		
d Tota	al (add lines 1b and 1c)			<u></u>		<u></u>		▶	218,327 bove) who received more		
	ortable compensation from				10 11		11510	u a	bove) who received more		Yes No
									oloyee, or highest compen		3 X
4 For orga	any individual listed on li	ine 1a, is the su	m of er ti	rep nan S	ortal \$150	le c ,000	omp)? <i>If</i>	ens "Ye	al	ation from the	4 X
5 Did	any person listed on line services rendered to the	1a receive or a	ccru	e co	mpe	nsa	tion	fron	n any unrelated organizati	on or individual	5 X
Section E	3. Independent Contrac	tors									
1 Con	pensation from the orga	nization. Report	nper con	nper	ed in	depe	ende or the	nt c	contractors that received malendar year ending with o	r within the organization's	tax year.
	Name and	(A) d business address						╀	Descri	(B) ption of services	(C) Compensation
								-			
							-				
	-										
	·-										
	al number of independen sived more than \$100,00								those listed above) who	0	5 990 0000

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business revenue (B) Related or exempt (A) Revenue excluded Total revenue function revenue from tax under sections 512-514 36,633 1a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 9,507 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 2,588,204 Noncash contributions included in 34,833 lines 1a-1f 1a h Total. Add lines 1a-1f 2,634,344 Business Cod Program Service f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 423,935 423,935 Income from investment of tax-exempt bond proceeds Royalties ... (i) Real (ii) Personal 323,280 6a Gross rents 6a 94,678 b Less: rental expense 6b 228,602 c Rental inc. or (loss) 6с 228,602 228,602 d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 216,140 7a other than inventory b Less: cost or other 239,646 basis and sales exps -23,506 7с c Gain or (loss) -23,506 -23,506 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 9,507 of contributions reported on line 1c). See Part IV, line 18 12,260 8a b Less: direct expenses 8b 12,260 12,260 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 119,618 10a 86,004 b Less: cost of goods sold 10b 171 33,443 c Net income or (loss) from sales of inventory 33,614 \blacktriangleright Business Code 111,004 111,004 519130 11a OTHER INCOME WEBSITE AD REVENUE 532000 72,798 72,798 b 900099 12,000 12,000 PROPERTY MANAGEMENT FEE d All other revenue 195,802 e Total. Add lines 11a-11d 787,972 3,505,051 49,292 33,443 Total revenue. See instructions

Part X Statement of Functional Expenses

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

	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gra	ants and other assistance to domestic organizations				
and	d domestic governments. See Part IV, line 21	19,701	19,701		
	ants and other assistance to domestic				
inc	dividuals. See Part IV, line 22				
	ants and other assistance to foreign				
	ganizations, foreign governments, and				
_	eign individuals. See Part IV, lines 15 and 16	88,300	88,300		
	enefits paid to or for members	30,000			
	empensation of current officers, directors,			Complete Com	reger and the Second green was to the Second and th
	istees, and key employees	218,500	175,538	26,224	16,738
	impensation not included above to disqualified		2.0,000	20/22	10/750
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	har calarias and wages	343,511	242,345	94,413	6,753
	ension plan accruals and contributions (include		242,545	21,113	0,755
	ction 401(k) and 403(b) employer contributions)	16,157	12,014	3,468	675
		69,917	51,987	15,008	
	ther employee benefits	42,326	31,472	9,085	
	ayroll taxes	42,320	31,412	9,065	1,70
	ees for services (nonemployees):				
	anagement	076 305	276 205		
b Le	gal	276,325	276,325	11 000	
c Ac	counting	11,000	20 270	11,000	
d Lo	bbbying	30,370	30,370		
	ofessional fundraising services. See Part IV, line 17	535** 51.			
	vestment management fees				
_	ner. (If line 11g amount exceeds 10% of line 25, column	110 000	110 000		
	amount, list line 11g expenses on Schedule O.)	110,028	110,028		2 70
	dvertising and promotion	16,388	12,663		3,725
13 Of	ffice expenses	96,731	68,070	17,123	11,538
	formation technology	207,987	207,987		
15 Ro	oyalties				
16 O	ccupancy				
17 Tr	avel	10,522	10,522		
18 Pa	syments of travel or entertainment expenses				
foi	r any federal, state, or local public officials				
19 Cd	onferences, conventions, and meetings	7,105	7,105		
20 Inf	terest				
21 Pa	ayments to affiliates				
22 De	epreciation, depletion, and amortization	185,428	185,428		
	surance	36,249	36,249		
24 Ot	her expenses. Itemize expenses not covered				
	ove (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column				
) amount, list line 24e expenses on Schedule O.)				
	ANIMAL CARE AND EDUC PROG	430,289	430,289	1. Charles and the same of the	
b	LEGISLATION EFFORTS	89,991	89,991		
С	ALL OTHER EXPENSES	32,547	30,364	-16	2,19
d					
e Al	l other expenses				
	tal functional expenses. Add lines 1 through 24e	2,339,372	2,116,748	176,305	46,31
26 Jo orç fro	oint costs. Complete this line only if the ganization reported in column (B) joint costs or a combined educational campaign and			, , , , ,	
	ndraising solicitation. Check here	10 225	17,311		1,92
TOI	lowing SOP 98-2 (ASC 958-720)	19,235	11,311	L	Form 990 (202

				(A) Beginning of year		(B) End of year					
1	Cash—non-interest-bearing				1						
2				7,086,623	2	7,623,292					
3	Pledges and grants receivable, net				3						
4				226,379	4	118,137					
5	Loans and other receivables from any current or for	mer officer,	director,								
	trustee, key employee, creator or founder, substanti										
	controlled entity or family member of any of these pe	ersons			5_						
6	Loans and other receivables from other disqualified	persons (as	s defined	1960 Mary 1960 M		2000/2004					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)									
7	Notes and loans receivable, net	otes and loans receivable, net									
8	Inventories for sale or use			96,143	8	64,339					
9	Prepaid expenses and deferred charges				9						
10	a Land, buildings, and equipment: cost or other										
	basis. Complete Part VI of Schedule D	10a	5,737,319								
	Less: accumulated depreciation	10b	1,590,556	4,263,804	10c	4,146,763					
11				1,023,817	11	1,767,567					
	Investments—other securities. See Part IV, line 11			55,385	12	135,923					
	Investments—program-related. See Part IV, line 11				13						
14	Intangible assets				14						
15				2,216,430 14,968,581	15 16	2,220,524 16,076,545					
16		Total assets. Add lines 1 through 15 (must equal line 33)									
17	Accounts payable and accrued expenses		94,044		36,329						
18				18							
19					19						
20					20						
21				wiyyar ayayar in ay sasarasa ay ras.	21						
22	Loans and other payables to any current or former of					William to be a second					
	trustee, key employee, creator or founder, substant		or, or 35%								
	controlled entity or family member of any of these p				22						
23	Secured mortgages and notes payable to unrelated				23						
24					24	<u> </u>					
25											
	parties, and other liabilities not included on lines 17-										
	of Schedule D			94,044	25 26	36,329					
26	Total liabilities. Add lines 17 through 25			94,044		30,323					
1	Organizations that follow FASB ASC 958, check	nere A									
	and complete lines 27, 28, 32, and 33.			13,888,648		14,950,711					
27				985,889		1,089,505					
28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958				40	1,009,303					
27 28 29 30 31 32		, check riei	- F								
20	and complete lines 29 through 33. Capital stock or trust principal, or current funds			29	######################################						
30					30						
30		Retained earnings, endowment, accumulated income, or other funds									
31	• • • • • • • • • • • • • • • • • • • •			14,874,537	31 32	16,040,21					
32	***************************************			14,968,581		16,076,545					

Form	n 990 (2021) BIG CAT RESCUE CORP 59-3330495					Pag	e 12
Pa	irt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				<i>.</i>		X
1	Total revenue (must equal Part VIII, column (A), line 12)		1	3,	50	5,0)51
2	Total expenses (must equal Part IX, column (A), line 25)		2	2,	33	9,3	372
3	Revenue less expenses. Subtract line 2 from line 1		3	1,	16	5,6	5 79
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	14,	874	4,5	537
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	[6				
7	Investment expenses		7				
8	Prior period adjustments		8				
9	Other changes in net assets or fund balances (explain on Schedule O)	[9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	Г					
	32, column (B))		10	16,	04	0,2	216
Pa	art XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
						es/	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on						
	Schedule O.			20			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			🚅	?a │		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			1	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?				2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Single Audit Act and OMB Circular A-133?	. 		🗀	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						

Form **990** (2021)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name	of t	he organization	BIG CAT RESC	THE CORD				loyer identific	ation number			
P	arf	l Pose		Status. (All organization	one mus	t comp						
				use it is: (For lines 1 through				e madu	ALIOTIS.			
1	G			ssociation of churches describ		-	•					
2	-	i)(A)(ii). (Attach Schedule E (F			۵)(۱)(۸)(۱).					
3	}	i		vice organization described in			/A\/iii\					
4	-		•	ed in conjunction with a hospi				i). Enter the	e hospital's name			
•		city, and stat	-	compandion with a nospi	ital dosoni	/CG III 3C	Scion 110(B)(1)(A)(II	iji Lintoi tin	o nospitars name,			
5				t of a college or university own	ned or ope	rated by	a governmental unit	described	in			
		, -	(b)(1)(A)(iv). (Complete Pa	-		,	•					
6		A federal, sta	ate, or local government or	governmental unit described	in sectior	170(b)(I)(A)(v).					
7		, .	ion that normally receives a section 170(b)(1)(A)(vi). (a substantial part of its suppor Complete Part II.)	rt from a g	overnme	ntal unit or from the o	general put	olic			
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An agricultur	al research organization de	escribed in section 170(b)(1)	(A)(ix) ope	erated in	conjunction with a la	nd-grant co	llege			
			or a non-land-grant college	e of agriculture (see instruction	ns). Enter	the name	e, city, and state of th	ie college d)r			
40	v	university:	San that manner II.	(4) mare than 20 4/20/ =£'	upport for		utions more barelin					
10	X			 more than 33 1/3% of its sempt functions, subject to certain 								
				and unrelated business taxable								
	_			30, 1975. See section 509(a								
11		, .		d exclusively to test for public	-							
12				d exclusively for the benefit of								
				ations described in section 56 escribes the type of supportin								
	_		_	perated, supervised, or contro								
	а			ower to regularly appoint or el	-				nving			
				complete Part IV, Sections		,						
	b			supervised or controlled in cor								
		control o	r management of the supp	orting organization vested in t	he same p	ersons th	nat control or manag	e the supp	orted			
				te Part IV, Sections A and C					1			
	С	Type III	functionally integrated. A	supporting organization oper structions). You must comp	ated in co lete Part l	nnection V. Section	with, and functionally	y integrated	i with,			
	d			ed. A supporting organization				ed organiza	ation(s)			
	_	that is no	ot functionally integrated. T	he organization generally mus	st satisfy a	distribut	on requirement and	an attentiv	eness			
			,	ı must complete Part IV, Sec								
	е			eceived a written determinatio				I, Type III				
			ally integrated, or Type III n mber of supported organiza	on-functionally integrated sup	porting or	ganizatio	n.		<u> </u>			
	f g			the supported organization(s)								
		ne of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of mone	tary	(vi) Amount of			
,		rganization	(11) 2.114	(described on lines 1–10	listed in you	ır governing	support (see		other support (see			
				above (see instructions))		ment?	instructions)		instructions)			
					Yes	No						
(A))											
					+							
(B)	•											
(C)	,	100			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
(D)												
(E)												
Tot	al al											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(I) Total
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.)						
1 1	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, et	c. (see instruction	s)			12	
13	First 5 years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)	_
	organization, check this box and stop h						
<u>Sec</u>	tion C. Computation of Public						
14	Public support percentage for 2021 (line	6, column (f) divi	ded by line 11, co	lumn (f))		14	%
15	Public support percentage from 2020 Sc						%
16a	33 1/3% support test—2021. If the orga				4 is 33 1/3% or m	ore, check this	. \Box
	box and stop here. The organization qu						▶ ⊔
b	33 1/3% support test—2020. If the orga				line 15 is 33 1/3%	or more, check	▶ □
	this box and stop here. The organizatio						▶ ⊔
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me						
	Part VI how the organization meets the	racts-and-circums	tances test. The o	organization quali	nes as a publicly s	шрропеа	▶ □
L	organization					o and line	
b	10%-facts-and-circumstances test—2	-					
	15 is 10% or more, and if the organization in Part VI how the organization meets the						
					·		▶ □
18	Private foundation. If the organization						· ⊔
	instructions						▶ □

Page 3

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.)

500	tion A. Public Support	quality under	the tests liste	d below, pleas	se complete r	art II.)	
	ndar year (or fiscal year beginning in)	(=) 2047	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,498,363	2,676,667	3,120,980	2,910,979	2,634,344	13,841,333
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	1,141,134	1,357,388	1,306,641	395,181	72,798	4,273,142
3	Gross receipts from activities that are not an unrelated trade or business under section 513	89,564	40,291	67,894	30,455	24,698	252,902
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3,729,061	4,074,346	4,495,515	3,336,615	2,731,840	18,367,377
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						18,367,377
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	3,729,061	4,074,346	4,495,515	3,336,615	2,731,840	18,367,377
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	296,787	250,283	505,712	660,645	747,215	2,460,642
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	296,787	250,283	505,712	660,645	747,215	2,460,642
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	9,346	12,751	135,606	340,656	50,427	548,786
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.)	4,035,194	4,337,380		4,337,916		21,376,805
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•	, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	> 🗌
Sec	tion C. Computation of Public S	Support Perce	entage				
15	Public support percentage for 2021 (line	8, column (f), divi	ded by line 13, co	olumn (f))		15	85.92 %
16	Public support percentage from 2020 Sc			· · · · · · · · · · · · · · · · · · ·	<u> </u>	16	88.60%
	tion D. Computation of Investm			10 1 (0)			1.70/
17	Investment income percentage for 2021					40	<u>12 %</u> 9 %
16 II	nvestment income percentage from 2020 and 33 1/3% support tests—2021. If the org				15 is more than 3		9 70
	17 is not more than 33 1/3%, check this	box and stop her	e. The organizati	on qualifies as a p	ublicly supported	organization	▶ X
þ	33 1/3% support tests—2020. If the org line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization of						

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3h and 3c helow
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 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?
- С Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on 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.
- 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 line 10b below.
 - 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.)

		N-
0666,3000	Yes	No
1		
3a		
3b 3c		
4a		
4b		
4c		
5a		1
5c		
6		
8		1 40 E C
9a		
9c		
10a		
i Ja		

	ile A (Form 990) 2021 BIG CAT RESCUE CORP 59-333045			Page 5
Par	t 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		6888886	300038
·	provide detail in Part VI.	11c	0808/86/80/80/8	1600046666
Sacti	ion B. Type I Supporting Organizations	116		
Secu	ion B. Type i Supporting Organizations			
		333998	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte	ø		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	A CONTRACTOR	no encuencia e
Sect	ion C. Type II Supporting Organizations			
	ion or typo it ou proving organizations		Yes	No
4	Ware a majority of the arganization's directors or trustees during the tay year also a majority of the directors	7.282		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	199600	P443-1980	
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
		F0505,1505/00	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	2000		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3	EC12750907009) characters
Sact	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations			1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions).		
a	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 governmental entity (see	instru	<u>ctions).</u>	
2	Activities Test. Answer lines 2a and 2b below.	5,50 200	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 on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b	1-1-20/00/00/00/00/00	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	A	annigege (SEC)
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	580.00	S800 2 78	8000 SW
D		3b	apita estratario	T03840-8-91
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	1 20		

Schedule A (Form 990) 2021 BIG CAT RESCUE CORP		59-3330	495 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ		
1 Check here if the organization satisfied the Integral Part Test as a qualifying tru			VI). See
instructions. All other Type III non-functionally integrated supporting organizate	tions must o	complete Sections A throu	igh E.
Section A – Adjusted Net Income		(A) Dries Vees	(B) Current Year
occion A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	4000		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally int	tegrated Tvi	pe III supporting organiza	tion

Schedule A (Form 990) 2021

(see instructions).

Schedule A (Form 990) 2021

Excess distributions carryover to 2022. Add lines 3j

Breakdown of line 7:

a Excess from 2017 ...

b Excess from 2018 ...

c Excess from 2019 ...

d Excess from 2020 ...

e Excess from 2021 ...

DAA

Schedule A (Fo	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V,	Section A, lines 1, art IV, Section C, lin line 1; Part V, Section	he explanations red 2, 3b, 3c, 4b, 4c, 5a ie 1; Part IV, Sectio ion B, line 1e; Part	quired by Part II, line a, 6, 9a, 9b, 9c, 11a, on D, lines 2 and 3; P	10; Part II, line 17a or 11b, and 11c; Part IV, art IV, Section E, lines i, 6, and 8; and Part V, estructions.)	Section 1c, 2a, 2b
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DAA					Schedule A (Fo	rm 990) 2021

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

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.

Open to Public Inspection

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

• 5	section 501(c)(4), (5), or (6) organizations: Complete Part	III <u></u>			
Nam	e of organization				tification number
	BIG CAT RESCUE CORP			59-33304	
	rt I-A Complete if the organization is exe				zation
1	Provide a description of the organization's direct and indi	rect political campaign acti	vities in Part IV. Se	e instructions for	
	definition of "political campaign activities."				
	Political campaign activity expenditures. See instructions			▶\$	
3	Volunteer hours for political campaign activities. See inst				
Pa	rt I-B Complete if the organization is exe				
1	Enter the amount of any excise tax incurred by the organ	ization under section 4955			
2	Enter the amount of any excise tax incurred by organizat				
3	If the organization incurred a section 4955 tax, did it file I	Form 4720 for this year?			Yes No
					Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organization is exe			ection 501(c)(3).	
1	Enter the amount directly expended by the filing organization				
	activities			▶\$	
2	Enter the amount of the filing organization's funds contrib	_			
	527 exempt function activities			▶\$	
3					
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this ye	ear?			Yes No
5	Enter the names, addresses and employer identification				
	organization made payments. For each organization liste				
	the amount of political contributions received that were p				
	as a separate segregated fund or a political action comm	nittee (PAC). If additional s	pace is needed, pro	ovide information in Pa	rt IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Sch	nedule C (Form 990) 2021 BIG	CAT RESCUE	CORP		59-3330495	Page 2
P	art II-A Complete if the orga	nization is exem	pt under section	n 501(c)(3) and 1	iled Form 5768 (
	section 501(h)).					
Α	Check ▶ ☐ if the filing organizati	•	•		affiliated group mer	nber's name,
_	address, EIN, expen-					
<u> </u>	Check ▶ ☐ if the filing organizati			provisions apply.	· · · · · · · · · · · · · · · · · · ·	
	Limits on Lo (The term "expenditures"	bbying Expendi means amounts	tures paid or incurred.)	org	(a) Filing ganization's totals	(b) Affiliated group totals
1	a Total lobbying expenditures to influence	e public opinion (gras	sroots lobbying)		31,612	
	b Total lobbying expenditures to influence	e a legislative body (d	irect lobbying)		32,406	
	c Total lobbying expenditures (add lines	1a and 1b)			64,018	
	d Other exempt purpose expenditures			1 1	2,182,334	
	e Total exempt purpose expenditures (ad	dd lines 1c and 1d)			2,246,352	
	f Lobbying nontaxable amount. Enter the					
	columns.				262,318	
	If the amount on line 1e, column (a) or (b) is: The lobbying no	ntaxable amount is:			
	Not over \$500,000	20% of the amoun	nt on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$5	00,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the excess over \$1	,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,	500,000.		
	Over \$17,000,000	\$1,000,000.				
!	g Grassroots nontaxable amount (enter 2	25% of line 1f)			65,580	
	h Subtract line 1g from line 1a. If zero or	less, enter -0-			. 0	
	i Subtract line 1f from line 1c. If zero or l				0	
	j If there is an amount other than zero of	n either line 1h or line	1i, did the organization	on file Form 4720		
	reporting section 4911 tax for this year	<u>?</u>				Yes No
		4-Year Averagi	ng Period Under S	Section 501(h)		
	(Some organizations that mad				all of the five colum	nns below.
		See the separate in				
	Lo	obbying Expenditu	res During 4-Year	Averaging Perio	d	
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2	a Lobbying nontaxable amount	301,165	310,649	283,279	262,318	1,157,411
	b Lobbying ceiling amount (150% of line 2a, column (e))					1,736,117

78,037

77,662

56,513

109,709

75,291

74,978

46,051

70,820

37,608

Schedule C (Form 990) 2021

297,815

289,353

434,030

200,711

64,018

65,580

31,612

c Total lobbying expenditures

e Grassroots ceiling amount

d Grassroots nontaxable amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 3

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled	Form :	5768	
		(a)		(b)	
	es," response on lines 1a through 1i below, provide in Part IV a detailed of the lobbying activity.	Yes	No		Amo	unt
legislat referen	the year, did the filing organization attempt to influence foreign, national, state, or local ion, including any attempt to influence public opinion on a legislative matter or dum, through the use of:					
b Paid st c Media	aff or management (include compensation in expenses reported on lines 1c through 1i)? advertisements?	. L				
d Mailing e Publica	s to members, legislators, or the public? tions, 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?					
j Total.	Add lines 1c through 1i					
2a Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)?	` L				
	" enter the amount of any tax incurred under section 4912					
	" enter the amount of any tax incurred by organization managers under section 4912					
d If the fi	ing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c))(5), (or sec	tion	
	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less?				1 2	Yes No
3 Did the	organization agree to carry over lobbying and political campaign activity expenditures from the prior	r year?			3	
Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."					ine 3, is
1 Dues,	assessments and similar amounts from members		1			
	1 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	al expenses for which the section 527(f) tax was paid).					
a Curren	t year		2a			
b Carryo	ver from last year		2b			
c Total			2c	<u> </u>		
	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying litical expenditure next year?		4			
5 Taxabl	e amount of lobbying and political expenditures. See instructions		5	<u> </u>		
Part IV	Supplemental Information					
	descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list ctions); and Part II-B, line 1. Also, complete this part for any additional information.); Part I	I-A, lin	es 1 and	d	
			• • • • • •			
		•••••		• • • • • • •		

Schedule C (Forn	n 990) 2021	BIG	CAT	RESCUE	CORP	59-3330495 Page 4
Part IV	n 990) 2021 Supplemental	Inform	nation	(continued)		
		• • • • • • • •				
					· · · · · · · · · · · · · · · ·	
		· · · · · · · · · ·				
	,					

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.

2021 Open to Public Inspection

OMB No. 1545-0047

Name	of the organ	nization		Employer identification number
В	IG CA	T RESCUE CORP		59-3330495
	rt I	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" o	Funds or Other Similar Funds on Form 990, Part IV, line 6.	or Accounts.
			(a) Donor advised funds	(b) Funds and other accounts
1	Total nui	mber at end of year		
2		te value of contributions to (during year)		
3		te value of grants from (during year)		
4	Aggrega	te value at end of year		
5	Did the d	organization inform all donors and donor advisors in writing	that the assets held in donor advised	
	funds are	e the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the o	organization inform all grantees, donors, and donor advisors	s in writing that grant funds can be used	d
	only for o	charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other purpose	
	conferrin	g impermissible private benefit?		Yes No
Pa	ırt II.	Conservation Easements. Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose	(s) of conservation easements held by the organization (che	eck all that apply).	
	Pres	ervation of land for public use (for example, recreation or ed	ducation Preservation of a historical	ly important land area
	Prote	ection of natural habitat	Preservation of a certified I	historic structure
	Pres	ervation of open space		
2		e lines 2a through 2d if the organization held a qualified cor	nservation contribution in the form of a	conservation
	easemen	nt on the last day of the tax year.		Held at the End of the Tax Year
а	Total nu	mber of conservation easements		2a
b	Total ac	reage restricted by conservation easements		2b
		of conservation easements on a certified historic structure i		2c
d		of conservation easements included in (c) acquired after 7/		
	historic s	structure listed in the National Register		2d
3		of conservation easements modified, transferred, released,	, extinguished, or terminated by the org	anization during the
	tax year	>		
4		of states where property subject to conservation easement		
5		e organization have a written policy regarding the periodic n		
		s, and enforcement of the conservation easements it holds?		
6	Staff and	d volunteer hours devoted to monitoring, inspecting, handlin	ng of violations, and enforcing conserva	ition easements during the year
7		of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation	easements during the year
•				,
8		ch conservation easement reported on line 2(d) above satis	sfv the requirements of section 170(h)(4	4)(B)(i)
•		ion 170(h)(4)(B)(ii)?	•	
9		(III, describe how the organization reports conservation eas		
		sheet, and include, if applicable, the text of the footnote to		
		tion's accounting for conservation easements.		
Pa	rt III	Organizations Maintaining Collections of A Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete in the Organization answered of the Complete in the Organization and the Complete in the Organizations of A Complete in the Organization and the Orga		her Similar Assets.
1a	If the ord	ganization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and b	palance sheet works
		storical treasures, or other similar assets held for public exh		
	service,	provide in Part XIII the text of the footnote to its financial st	atements that describes these items.	
b	-	ganization elected, as permitted under FASB ASC 958, to re	•	
	•	orical treasures, or other similar assets held for public exhib	ition, education, or research in furthera	nce of public service,
	•	the following amounts relating to these items:		
	(i) Reve	enue included on Form 990, Part VIII, line 1 ets included in Form 990, Part X		
_				
2		ganization received or held works of art, historical treasures	_	in, provide the
_		amounts required to be reported under FASB ASC 958 rel		.
a	Revenue	e included on Form 990, Part VIII, line 1		
<u>b</u> For l	Assets II	ncluded in Form 990, Part X	990	Schedule D (Form 990) 2021
DAA	2001 WOI			Concadie D (i orini 550) 2021

(investment)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

2,347,548

2,457,622

932,149

Schedule D (Form 990) 2021

803,076

787,480

▶

2,347,548

1,654,546

4,146,763

144,669

e Other

1a Land

b Buildingsc Leasehold improvements

d Equipment

Part VII	Investments – Other Securities.			, ago e
	Complete if the organization answered "Yes" of		/, line 11b. See Form 990	0, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year r	narket value
(1) Financial				.,
	eld equity interests			
(3) Other				
(A)				W
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				ricana de la caractería de la composição de la composição de la composição de la composição de la composição d
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of va	
-			Cost or end-of-year r	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) >			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV	/, line 11d. See Form 99	
	(a) Description			(b) Book value
(1)	OTHER REAL ESTATE OWNE	D		1,898,151
(2)	MORTGAGES RECEIVABLE			322,373
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
CONTRACTOR OF THE PERSON NAMED IN COLUMN 2	nn (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>	<u>,</u>	2,220,524
Part X	Other Liabilities.			200 D 11
	Complete if the organization answered "Yes" of	on Form 990, Part IV	/, line 11e or 11f. See Fo	orm 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) T-4-1 (0-1-	4) 4 45 222 5 434 5 5 5			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
_	r uncertain tax positions. In Part XIII, provide the text of the f	_		
organization's	s liability for uncertain tax positions under FASB ASC 740. C	neck nere if the text of the	ie rootnote nas been provided	III Par XIII

Pa	IT XI Reconciliation of Revenue per Audited Financial State			Retu	rn.	
_	Complete if the organization answered "Yes" on Form 990), Part IV,	line 12a.		2 605 05	_
1	Total revenue, gains, and other support per audited financial statements			1	3,625,25	<u>,5</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1				
a	Net unrealized gains (losses) on investments	2a	25 525			
D	Donated services and use of facilities	2b 2c	25,525			
	Recoveries of prior year grants	2d	94,679			
d	Other (Describe in Part XIII.)	_ Zu		2e	120,20	۱4
3	Add lines 2a through 2d Subtract line 2e from line 1			3	3,505,05	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I I			3,303,03	<u>-</u>
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	Ž.			
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>		5	3,505,05	51
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stat	ements W	Vith Expenses pe	r Re	turn.	_
	Complete if the organization answered "Yes" on Form 990), Part IV,	line 12a.			
1	Total expenses and losses per audited financial statements			1	2,459,57	16
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	25,525			
b	Prior year adjustments	2b				
C	Other losses		04 670			
d	Other (Describe in Part XIII.)	2d	94,679		100.00	
_	Add lines 2a through 2d			2e	120,20 2,339,37	
3	Subtract line 2e from line 1	7	·····	<u>3</u>	2,339,31	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a				
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)					
	Add lines 4s and 4h		*	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,339,37	72
	rt XIII Supplemental Information.					
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1	b and 2b; Part V, line 4	; Part	X, line	_
	irt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov					
P	ART V, LINE 4 - INTENDED USES FOR ENDOWME	INT FUN	NDS			
E	NDOWMENT FUNDS ARE INTENDED TO PROVIDE IN	VESTME	ENT INCOME	FOR	LONG TERM	<u></u>
C	ARE OF THE CATS					
-	ADM VI IINE OD - DEWENNE AMOUNDE INCIIN	7D TN 1	CTNANCTAT C		TUED	
P.	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE	י איר סי	ETHANCIALS	 Υ		
R	ENTAL EXPENSES NETTED WITH REVENUE			Ś	94,67	9
						. .
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCLUI	DED IN	FINANCIALS		OTHER	
R	ENTAL EXPENSES NETTED WITH REVENUE			. \$	94,67	9

Schedule D	(Form 990) 202	1 BIG C	CAT RESCUE	CORP	 59-3330495	Page 5
Part XIII	Suppleme	ental Infor	CAT RESCUE	ied)	 	
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		<i></i>			 	
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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.

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

59-3330495 BIG CAT RESCUE CORP General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990. Part IV. line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total of offices in expenditures for employe region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region SOUTH ASIA GRANTS TO RECIPIENTSTIGER PRESERVATION 30,000 CENTRAL AMERICA GRANTS TO RECIPIENTSMARGAY PRESERVATION 7,800 EAST ASIA GRANTS TO RECIPIENTSFISHING/PALLAS CATS 7,500 (3) SOUTH AMERICA _(4) GRANTS TO RECIPIENTSPAMPAS CATS 11,000 SOUTHEAST ASIA GRANTS TO RECIPIENTSTIGER PRESERVATION 21,000 (5) RUSSIA GRANTS TO RECIPIENT SPALLAS CATS 5,000 (6) AFRICA GRANTS TO RECIPIENTSGOLDEN CAT PRES 6,000 (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3a Subtotal 88,300 b Total from continuation sheets to Part I c Totals (add

88,300

lines 3a and 3b)

(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)
			TIGER PRESERVATION	29,000				
			TIGER RESCUE	20,000				
)								
	Clinical and the mineral confidence of the confi							W
Enter total number of reempt 501(c)(3) orga	ecipient organization nizalion by the IRS, o	is listed above the or for which the	hat are recognized as charities by the grantee or counsel has provided a sec	foreign country, recog tion 501(c)(3) equival	nized as a tax ency letter			L 4
			grantee or counser has provided a sec				>	

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 can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of valuation recipients cash grant cash noncash of noncash assistance (book, FMV, appraisal, other) assistance disbursement SOUTH AMERICA (1) GRANTS TO INDIVIDUALS 2 10,000 EAST ASIA (2) GRANTS TO INDIVIDUALS 7,500 AMERICA CENTRAL 6,800 (3) GRANTS TO INDIVIDUALS AFRICA (4) GRANTS TO INDIVIDUALS 1 5,000 RUSSIA (5) GRANTS TO INDIVIDUALS 5,000 (6) (7) (10) (11) (12) (13) (14) (15) (16) (17) (18)

	duje (1 0111 330) 2021 DIG CIII 140000 CON		. ugu	•
Pa	rt IV Foreign Forms			
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 Foreig Corporation (see Instructions for Form 926)	n	X No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization in the required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	and th a	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 Certain Foreign Corporations (see Instructions for Form 5471)	t to	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 862 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		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)		X No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year "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)	ee	X No	

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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.

information. See instructions.	ecipients), as applicable. Als	o complete this part to provide	ariy additiorial
PART I, LINE 2 - PROCEDURES FO	OR MONITORING TH	E USE OF GRANT F	UNDS
OUR GRANTS ARE MADE TO SUPPORT	T SPECIFIC FUNDR	AISING NEEDS OF	CHARITABLE
ORGANIZATIONS SUPPORTING ANIMA	ALS OR TO SUPPOR	T THE OVERALL MI	SSION OF THOSE
ORGANIZATIONS. FOR GRANTS OVE	R \$1,000, WE RES	EARCH THE ORGANI	ZATION BEFORE
MAKING THE DONATION TO ENSURE	THAT THE ORGANI	ZATION'S PURPOSE	OVERLAPS WITH
OUR CHARITABLE MISSION.			
PART I, LINE 3 - ACTIVITIES P	ER REGION		
REGION	EXP	ENDITURES INVES	TMENTS
SOUTH ASIA	\$	30,000 \$	0
CENTRAL AMERICA	\$	7,800 \$	0
EAST ASIA	\$	7,500 \$	0
SOUTH AMERICA	\$	11,000 \$	0
SOUTHEAST ASIA	\$	21,000 \$	o
RUSSIA	\$	5,000 \$	0
AFRICA	\$	6,000 \$	0

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

lame of the organization BIG CAT RESCUE COI	20				Employer identifica	
Part I Fundraising Activities. Complete	if the organiza	ation	ans	wered "Yes" on Fo		
Form 990-EZ filers are not required	to complete	this p	oart.			
1 Indicate whether the organization raised funds throug		_			<i>/</i> .	
a Mail solicitations			-	vernment grants		
b Internet and email solicitations	f Solicitation	of go	overn	ment grants		
c Phone solicitations	g 💹 Special fu	ndrais	ing e	vents		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit	with any individu y in connection w	al (ind	cludin ofess	g officers, directors, tru ional fundraising servic	stees, es?	Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) purs			reements under which t	the fundraiser is to t	De
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo conf	d fund- r have ody or rol of outions?	(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		\top				
6		┢				
7		-		-		
8						
- -				·		
		\vdash				
9						
		_				
0						
		<u> </u>				
3 List all states in which the organization is registered o			. P	ione or her here = -1/5	ditionary for	
registration or licensing.				iono di nas peci notine	a k is exempt nom	

Schedule G (Form 990) 2021 BIG CAT RESCUE CORP 59–3330495 Page 2

Part II 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 greater than \$5,000

	gross receipts	greater than \$5,000.			
		(a) Event #1 WALKABOUT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
ne		(event type)	(event type)	(total number)	33 (4)
Revenue	1 Gross receipts	21,767			21,767
	2 Less: Contributions	9,507			9,507
	3 Gross income (line 1 minus	3,00.			3,00.
	line 2)	12,260			12,260
_	iiie 2)	12,200			12/200
	4 Cash prizes				
	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
ct Exp	7 Food and beverages				
Dire	8 Entertainment				
	9 Other direct expenses	400			
	40 Direct commence commence	. Add lines 4 through 0 in solumn	- (d)		
	10 Direct expense summary	y. Add lines 4 through 9 in column ubtract line 10 from line 3, column	· (d)		12,260
W.n	11 Net income summary. St	ubtract line 10 from line 3, column	n (d)	00 Dart IV line 40 an	
		plete if the organization ar	iswered Yes on Form 95	ou, Part IV, line 19, or i	eported more than
	\$15,000 on FC	orm 990-EZ, line 6a.		T	· · · · · · · · · · · · · · · · · · ·
e		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			bingo/progressive bingo		col. (a) through col. (c))
è					
_	1 Gross revenue				
nses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	E Other direct company				
_	5 Other direct expenses	Yes %	Yes %	Yes %	
	6 34 1				
	6 Volunteer labor	No	No	No	BLICE AMERICAN ACESBER SERVER SERVER.
	7 Direct expense summary	y. Add lines 2 through 5 in column	n (d)	>	
	8 Net gaming income sum	mary. Subtract line 7 from line 1,	column (d)	•	
	Trot gaining income sum				
	Enter the etate/s\!ti-t **	e organization conducts gaming	activities:		
a	Is the organization licensed to	to conduct gaming activities in ea	uch of these states?	• • • • • • • • • • • • • • • • • • • •	Yes No
					🗀 163 🗀 140
		's gaming licenses revoked, sus			Yes No

11 12	dule G (Form 990) 2021					5	Page 3
12	Does the organization cond	luct gaming activiti	ies with no	nmembers?			Yes No
	Is the organization a granto	r, beneficiary or tr	ustee of a	rust, or a member	er of a partnership or other entity		
	_	_					Yes No
13	Indicate the percentage of						
а						13a	%
	An outside facility					13b	%
14	Enter the name and address	s of the person wh	o prepare:	s the organizatio	n's gaming/special events books and		
•	records:	o or and percent an	io proparo	o ino organizatio	no garring/special events beens and		
	Name >						
	Address >						
	Addicas P	• • • • • • • • • • • • • • • • • • • •					
152	Does the organization have	a contract with a	third narty	from whom the c	organization receives gaming		
IJa					• •		☐ Yes ☐ No
h		of gaming revenue	received b	v the organization	on ▶\$ and the		Yes No
D	amount of gaming revenue	retained by the thi	ird party	y the organization	and the		
_	If "Yes," enter name and ad			Ψ			
C	ii res, entername and ad	idless of the tillid p	party.				
	Name ▶						
	Name P		• • • • • • • • • • • • • • • • • • • •				
	Address ▶						
	Address -						
16	Gaming manager information	on:					
10	Gaming manager information	JII.					
	Mana &						
	Name P		• • • • • • • • • • • • • • • • • • • •				
	0	-4: > 6					
	Gaming manager compens	ation 🏲 5					
	Description of acquires was	.:					
	Description of services prov	/idea >					
	Discrete defines	П Б]			
	Director/officer	Employee	L	Independent of	contractor		
47	N. A						
	Mandatory distributions:						
17 a	Is the organization required	_			ons from the gaming proceeds to		□ v □ u-
а	Is the organization required retain the state gaming lice	nse?					Yes No
а	Is the organization required retain the state gaming lice Enter the amount of distribu	nse? utions required und	der state la	w to be distribute			Yes No
a b	Is the organization required retain the state gaming lice Enter the amount of distribu- spent in the organization's	nse? utions required und own exempt activit	der state la	w to be distribute	ed to other exempt organizations or		
a b	Is the organization required retain the state gaming lice Enter the amount of distribuspent in the organization's organization's Supplementa	nse? utions required und own exempt activit Il Information.	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distribuspent in the organization's organization's Supplementa	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
a b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and
b	Is the organization required retain the state gaming lice Enter the amount of distributed in the organization's Supplementa Part III, lines S	utions required und own exempt activit Il Information. 9, 9b, 10b, 15b	der state la ties during Provide	w to be distribute the tax year ▶\$ the explanati	ed to other exempt organizations or ons required by Part I, line 2b, colu	mns (iii) a	nd (v); and

SCHEDULE I (Form 990)

Department of the Treasury

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.

Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization BIG CAT RESCUE CORP 59-3330495 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation (a) Name and address of organization (b) EIN (e) Amount of (h) Purpose of grant (a) Description of (book, FMV, appraisal, section or government grant noncash assistance noncash assistance or assistance other) if applicable (1) GEOFFREY CAT WORKING GROUP 1221 BRICKELL AVE SUITE 2200 CAT CONSERVATION FL 33131 503C3 7.500 MIAMI (2) (3) (4)(5) (6) (7)(8) (9) 12 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Schedule I	(Form 990) (2021) BIG CAT RES	SCUE CORP		9-3330495		Page 2
Part III	Grants and Other Assistance	e to Domestic Individ		the organization ans	wered "Yes" on Form 990	, Part IV, line 22.
	Part III can beduplicated if ad					
	(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. F	Provide the information	required in Part I,	line 2; Part III, colun	nn (b); and any other addi	tional information.
PART	I, LINE 2 - PROCEDUR	RES FOR MONITO	RING THE US	E OF GRANT FU	JNDS	
OUR	GRANTS ARE MADE TO SU	JPPORT IN SITU	CONSERVATION	ON WORK DIREC	CTLY RELATED	
TO P	RESERVING BIG CATS IN	THE WILD. W	E RESEARCH	THE ORGANIZAT	FION BEFORE	
MAKI	NG THE DONATION TO EN	SURE THAT THE	ORGANIZATI	ON'S WORK IS	CONSISTENT	
WITH	OUR PHILOSOPHY AND M	MISSION AND WE	RECEIVE RE	PORTS FROM TH	HE .	
ORGA	NIZATION ON THE PROGF	RESS OF THE PR	OJECTS WE F	UND.		

SCHEDULE L (Form 990)

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.

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the commitment of

Part I	FYCASS BONOSIS Transac		on 5'	11/a\/2\ ===±!:		14/-1	(A) and ==-4:		33304		-1N			
Faiti	Excess Benefit Transaction and Complete if the organization and													
	Complete if the organization an			ship between disq			on and				(d) Correc		ted?	
1	(a) Name of disqualified person	` '		organization				(c) Description of to	ansactio	n		Yes	1	No
(1)				-										
(2)								• "						
(3)														
(4)														
(5)	4												\perp	
(6)														
	e amount of tax incurred by the o													
3 Enter th	ection 4958 le amount of tax, if any, on line 2,	ahove reimh		hy the organ	izati				. • \$	· —				
2	or tax, it arry, or into 2,	above, remin	, ai oc	a by the organ	···Lut	٠			. • •		-			
Part II	Loans to and/or From I	nterested l	Pers	ons						-		-		
	Complete if the organization an				Part	V. li	ne 38a or Form	990. Part IV. lin	e 26: c	or if th	e			
	organization reported an amou							,,,,,	, -					
	(a) Name of interested person	(b) Relation	nship	(c) Purpose of	(d)	oan	(e) Original	(f) Balance due	(g) In (default?				/ritten
		with organi	izalion	loan	to or	irom org.?	principal amount					ard or nittee?	agree	inent
					То	From			Yes	No	Yes	No	Yes	No
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Total				<u> </u>		1	▶ \$	l						
Part III	Grants or Assistance B	enefitina	Inte	rested Pers	son	s.	.,							
र कार विकासित है।	Complete if the organization ar						27.							
	(a) Name of interested person	(b) R	elation	ship between intere	ested	c) A	mount of assistance	(d) Type of assistance	e	(e)	Purpos	e of as	sistance	е
		р	erson a	and the organization	n				\perp					
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For Paperwo	ork Reduction Act Notice, see the	ne Instructio	ns fo	r Form 990 o	r 99()-EZ			Sch	nedul	e L (Form	990)	,

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0074

Open To Public Inspection Employer identification number

Name of the organization

BIG CAT RESCUE CORP 59-3330495 Part 1 Types of Property (c) (a) (h) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art Art — Historical treasures Art — Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property 8 Securities --- Publicly traded Securities — Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities — Miscellaneous 4 34,833 CRYPTO. OUOTED VALUE 12 13 Qualified conservation contribution - Historic structures Qualified conservation 14 contribution — Other Real estate --- Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Other ▶(______) 25 26 Other ►() 27 Other ►(28

			163	140
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required			
	to be used for exempt purposes for the entire holding period?	30a		X
ь	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard			
	contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

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

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

Von No

Schedule M (Fo	om 990) 2021 BIG CAT RES	CUE CORP	59-33		ige Z
Part II	Supplemental Information	 Provide the informat 	ion required by Part I, line the number of contribution for any additional informa	es 30b, 32b, and 33, and wheth ons, the number of items receivation.	ner ed,
•					

SCHEDULE 0 (Form 990)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Name of the organization

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

BIG CAT RESCUE CORP

59-3330495

Employer identification number

FORM 990, PART III, LINE 4B - SECOND A	CCOMPLISHMENT
ADVOCACY - NORMALLY, THE SANCTUARY PER	FORMED ITS ADVOCACY MISSION BY
TEACHING ABOUT THE PLIGHT OF THE BIG CA	ATS IN CAPTIVITY AND IN THE WILD
THROUGH GUIDED TOURS OF THE SANCTUARY !	TO APPROXIMATELY 30,000 VISITORS
DURING THE YEAR. DUE TO COVID THE SANC	TUARY WAS CLOSED TO VISITORS OTHER
THAN A LIMITED NUMBER OF SMALL TOURS FO	OR DONORS. THE SANCTUARY CONTINUED TO
EDUCATE ABOUT THESE ISSUES AND ADVOCATI	E FOR LEGISLATION THROUGH ITS WEBSITE
THAT RECEIVED APPROXIMATELY 1.2 MILLION	N VISITORS DURING THE YEAR, THROUGH
EMAILS NO LESS THAN MONTHLY THAT GO TO	OVER 90,000 RECIPIENTS AND THROUGH
ITS PRINT NEWSLETTER THAT GOES TO OVER	6,000 RECIPIENTS. OUR YOUTUBE
CHANNEL BIGCATTV.COM HAS 1.3 MILLION ST	UBSCRIBERS AND OUR VIDEOS THERE HAVE
RECEIVED OVER 625 MILLION CUMULATIVE V	IEWS. WE HAD OVER 3.7 MILLION
FACEBOOK FOLLOWERS AT YEAR END. WE CON	TINUED TO SUCCESSFULLY URGE OWNERS OF
OPERATORS OF VENUES NOT TO ALLOW CUB P	ETTING OR OTHER BIG CAT EXHIBITS ON
SITE AND TO URGE ADVERTISERS NOT TO US	E BIG CATS IN THEIR TELEVISION,
ONLINE AND PRINT ADS.	
<u></u>	
FORM 990, PART VI, LINE 2 - RELATED PA	RTY INFORMATION AMONG OFFICERS
JAMIE MURDOCK	CAROLE BASKIN
PRESIDENT	CEO
DAUGHTER	······································
HOWARD BASKIN	CAROLE BASKIN
SECTY/TREAS	ĈEO
SPOUSE	

Employer identification number

BIG CAT RESCUE CORP

59-3330495

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
NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, OHIO,
OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE,
UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN

PAGE 1 OF 2