Form . 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Department of the Treasury

benefit trust or private foundation)

Open to Public

Interna	al Revenu	ue Service		The organization may have to use	a copy of this	return to satisfy state	e repoi	rting requi	rement	S	Inspection
A I	For the 2009 calendar year, or tax year beginning , 2009, and ending							, 20			
B	Check if a	applicable:	Please	C Name of organization BIG CAT RI	SCUE CORE)					Employer identification no.
	Address o	change	use IRS label or	Doing Business As		-					59-3330495
	Name cha	ange	print or	Number and street (or P O box if mail is	not delivered to s	treet address)		Room/su	ote	E	Telephone number
t	nitial retu	m	type. See	12802 EASY STREET							(813) 920-4130
ᆿ ,	Terminate	nated Specific City or town, state or country, and ZIP + 4							7	Gross receipts	
=	Amended		instruc- tions.	TAMPA, FL 33625							\$ 1,980,089
_		n pending	F Name	and address of principal officer CAROLI	E BASKIN	•		Ī	-		·
	+			2 EASY STREET, TAMPA, F.	L 33625			H(a) Is	this a gro	oup retu	m for Yes X No
. 1	Tax-evem	npt status	X 501(c) (·		HOD) AC	e ell effili	stes in	duded? Yes No.
	Nebsite:			FRESCUE . ORG	UI [H(c) G	'No," atta	ich a lis	t. (see instructions)
		rganization: X				L Year of format	ton 1	205			domale FL
Pa		Summar		Tiust Association Other		L real of format	8011 -		Juace	or lega	dominate
	1			ganization's mission or most signific	ant activities.	TO PROVIDE	E THE	BEST	HOME	WE (CAN FOR THE
\mathbf{z}	•	·		CARE AND TO REDUCE THE							
<u> </u>		-	-	EXTINCTION BY TEACHING							
ANNIGO				Y, AND HOW THEY CAN HEL		·			-, 20		1111 1111
				f the organization discontinued its o				of its net a	eeete		
S				nbers of the governing body (Part V	•					3	5
i_a			•	nt voting members of the governing	.,				L L	4	<u> </u>
La e n s⊖c				yees (Part V, line 2a) · · · · · ·						5	10
				teers (estimate if necessary) · · ·					: : : }	- 6	100
2510											
		=		business revenue from Part VIII, co						7a	111,209
	—	Net unrelate	a busines:	s taxable income from Form 990-T,	ine 34 · · ·		• • •		•••	7b	4,786
R		Cantabadian		oto (Dart VIII. line 4h)			-	Prior	Year 763	041	Current Year 753, 122
e				nts (Part VIII, line 1h) · · · · · ·			_			, 136	585,764
e				nue (Part VIII, line 2g) · · · · · ·							
u			•	art VIII, column (A), lines 3, 4, and 7	•					,722	85,186
e			•	III, column (A), lines 5, 6d, 8c, 9c, 1	•			-	224,		282,453
				es 8 through 11 (must equal Part V		`			, 640,	620	1,706,525
				ounts paid (Part IX, column (A), line	•		∵.⊢				0
E		•		members (Part IX, column (A), line	•				237	021	207 020
X P		•	•	nsation, employee benefits (Part IX	. , ,,				237,	, 631	287,820
e	1			ng fees (Part IX, column (A), line 11	•	83,304	∵-				
8				nses (Part IX, column (D), line 25)		63,304	$- \vdash$		701	798	816,117
e s	1			IX, column (A), lines 11a-11d, 11f-2			$\cdot \cdot \vdash$	<u>_</u>			
				ines 13-17 (must equal Part IX, col			j '⊢		,019,		
	19	Revenue les	s expense	es Subtract line 18 from line 12 ·	RE	CEIVED	} -		620,		602,588
Net Asset	s 20	Total accets	(Dark V. III	no 16\	9) N	! ⊢	Beginning of (, 399 ,		End of Year 3,993,094
or Fund	20	Total liabilitie	-		₽ JUL	2.6.5010 S	լ .⊢			,256	9,468
Bal-	21 22	* *		ances Subtract line 21 from line 20	- I	3	ľ · ⊢		,381,		3,983,626
ances	' 					DEN. UT	-		, 301 ,	030	3,303,020
Pa	rt II	Signatu Under renatti		K , I declare that I have examined this return, in	·		nents. au	nd to the bes	t of my kr	nowled	<u> </u>
		and belief, its	true, correc	and complete Declaration of preparer (oth	er than officer) is l	pased on all information of	which p	reparer has a	iny know	ledge	-
Sig	n		Δ	b K no loin	`					1 -	7-19-10
_		Signatu	re of officer	C 1 CON TON	<u> </u>			 -		L Dat	
Her	e			IN, CEO/FOUNDER							
		 	print name a		· · · · · · · · · · · · · · · · · · ·						
		 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Date	Check	rf	Prepare	er's idei	ntifying number
		riepare's Self- (see ins					struction	18)			
Paid									44	.935	7566B
	arer's			Tax Refund Services,	Inc		Ь——	EIN I			rain -
Use	Only	Firm's name if self-employ		1420 W. Waters Ave.				EIN	50	1-3	586673
		address, and		Tampa, FL 33604				Phone no	813	-932	2-5344
		1							,		

`Form	n 990 (2009) BIG CAT RESCUE CORP	59-3330495	Page 2
Pa	irt III Statement of Program Service Accomplishments		
• 1	Briefly describe the organization's mission		
	TO PROVIDE THE BEST HOME WE CAN FOR THE ANIMALS IN OUR CARE AND TO REDUCE !	THE NUMBER OF CATS	
	THAT SUFFER THE FATE OF ABUSE, ABANDONMENT OR EXTINCTION BY TEACHING PEOPLE	E ABOUT THE PLIGHT	
	OF THE CATS, BOTH IN THE WILD AND IN CAPTIVITY, AND HOW THEY CAN HELP THROU	UGH THEIR BEHAVIOR	
2	Did the organization undertake any significant program services during the year which were not listed on		_
	the prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		-
	services?	Yes X	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4-	(O-1-) (D-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		764 \
4a		venue \$ 585,7	<u>/64</u>)
	A) PROVIDED A PERMANENT HOME FOR OVER 100 BIG CATS, MANY OF WHOM HAVE BEEN A		
	ORPHANED OR RETIRED FROM PERFORMING ACTS. CARE INCLUDED FOOD, SHELTER, VE	TERINARI CARE,	
	OPERANT CONDITIONING AND ENRICHMENT PROGRAMS.	2 62 86 73 62 58 58	
	B) PERFORMED ITS EDUCATIONAL MISSION BY TEACHING ABOUT THE PLIGHT OF THE BIO		
	AND IN THE WILD THROUGH GUIDED TOURS OF THE SANTUARY TO APPROXIMATELY 25,00		
	THE YEAR, THROUGH ITS WEBSITE THAT RECEIVED APPROXIMATELY 1,800,000 VISITS THOUGH ITS MONTHLY EMAIL THAT GOES TO OVER 40,000 RECIPIENTS AND THROUGH ITS		
	GOES TO OVER 40,000 RECIPIENTS.	IS NEWSLETTER THAT	
	GOES TO OVER 40,000 RECIPIENTS.		
			
4b	(Code) (Expenses \$ including grants of \$) (Rev	venue \$	1
-	/ (Laborises 4) (1.65		′
		· · · · · · · · · · · · · · · · · · ·	
			
			
		 	
			····
		 	
			······································
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$	
70	/ (Code:		— ′
		· · · · · · · · · · · · · · · · · · ·	···
			
			-
4.4	Other and the Character in Cata-data O		
4d	Other program services (Describe in Schedule O.)	`	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 894,238		

19

X

Х

18

19

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

	t IV Checklist of Required Schedules (continued)	ĺ		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	- 1		
	\$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 question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	рпог year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	~~		17
••	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly			
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
_	conditions, and exceptions)	28a		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	х	
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
С	family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI			<u>X</u>
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?		X	

•				
Form 990 (2009)	BIG CAT RESCUE CORP	59-3330495	F	Page 5
Part V Statem	ents Regarding Other IRS Filings and Tax Compliance			
•			Yes	No_
	reported in Box 3 of Form 1096, Annual Summary and Transmittal of	3		

'			Tes	NO_
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		
	gaming (gambling) winnings to prize winners?	1c	<u>X</u>	
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 10	2b	- V	ł
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-20	<u>X</u>	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
2-	Instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	v	
_		3b	<u>X</u>	
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? · · · · · · · · · · · · · · · · · · ·	4a		x
h	If "Yes," enter the name of the foreign country.			<u> </u>
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
Eo	and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		v
5a 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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			<u> </u>
·	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
~	organization solicit any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			İ
	and services provided to the payor?	7a	х	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>
	required to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	Х	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	X	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			Ì
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u>X</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities · · · · · · · · 10b		1	
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.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	↓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year · · · · · · · · 12b	L	L	<u>L.</u>

BIG CAT RESCUE CORP

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

<u>Sec</u>	tion A. Governing Body and Management			
4.	Enter the number of voting members of the governing body		Yes	No
1a L	Enter the number of voting members of the governing sody			
b	Enter the humber of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	X	,
2	any other officer, director, trustee, or key employee?			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		v
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u> X
4	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5	Does the organization have members or stockholders?	6	_	X
6 7a	Does the organization have members, stockholders, or other persons who may elect one or more members	<u> </u>		
'a	of the governing body? · · · · · · · · · · · · · · · · · · ·	7a		Х
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	-	X
8 8	Did the organization contemporaneously document the meetings held or written actions undertaken during	- 		
0				ļ
-	the year by the following: The governing body?	8a	х	
a h	The governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O · · · · · · · · · · · · · · · · · ·	9		х
<u></u>	tion B. Policies (This Section B requests information about policies not required by the Internal			- 21
	enue Code.)			
	nuo osaa.		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11	Х	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		1	
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	Х	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		١.	
	with a taxable entity during the year?	16a		X
ь	rama in the contract of the co			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		_X_
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► MARY STAIRS (813) 493-4565			
	4258 GOLF CLUB LANE Tampa, FL 33618			

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Posi I t d I r i I s e V t c I e t I e t I e t		1 _	All the year of year o	H c e I o m g m p h p l e e o s s e t e d	Form	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JAMIE VERONICA MURDOCK										
PRESIDENT/DIR	50	X		X				37,611	0	
CATHLEEN NEUMANN										
VP/DIR	20	X		X						
JENNIFER RUSZCZYK										
SECTY/DIR	1	X		X		ŀ				
HOWARD BASKIN									·-···	
TREASURER/DIR	50	x		X						
ELIZABETH WYNN		1								
DIRECTOR	1	X				}				
CAROLE BASKIN		1								
CEO/FOUNDER	50			X						
			-							
										

Name and Title Name and N	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
Note	•	(A)	(B) (C) (D) (E)					(E)		(F)				
1 1 1 1 1 1 1 1 1 1		Name and Title	· · · · · · · · · · · · · · · · · · ·											
the Total				nri	n r	f	е	l om	0					π
the Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation is any former officer, director or trustee, key employee, or highest compensation from the organization and related organization in the organization and related organization in the organization and related organization in the organization and related organization and rela				1 S e	t s	1	e	jh p i	m		-	α		
the Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization from the organization into a put of the sum of reportable compensation from the argenization for the organization into the sum of reportable compensation and related organization into a put of the sum of reportable compensation and related organization into the sum of reportable compensation and related organization into the organization of the compensation and related organization of the organization. (A) Section B. Independent Contractors (A) Name and business address Complete Schedule J for such person (B) Organization of services (Compensation Organization of services Org				ı e t	l t e	e	P	s n y			(***=**********************************		organizati	On
tb. Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total Total To				a o	l i		0	t						
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reportable compensation from the organization Post No	200											<u>' </u>		- 0
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	-	inose iisteo	above	e) W	no re	cen	vea mo	ore t	nan \$100,000 in	(`		
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Toportable compensation from the organization									<u>`</u>		Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former officer, director or t	trustee, key	emplo	yee,	or h	ighe	est con	nper	sated			1	-
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual · · · · · · · · · · · · · · · · · · ·		employee on line 1a? If "Yes," complete Schedule J for	r such indivi	dual								. 3	-	X
individual	4	· · · · · · · · · · · · · · · · · · ·	•					-						
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person												İ	1	ļ
Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who received											• • • • • • • •	4	 	X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	5		•					-				۱.	-	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received									<u> </u>					
compensation from the organization. (A) (B) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received		Complete this table for your five highest compensated	indenenden	t contr	acto	rs th	at re	CEIVE	d ma	ore than \$100,000	of			
(A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	•		шасропасн					300,10		710 (1141) \$ 100,000	. ,			
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received										(B)			(C)	
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Part IX

Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column not include amounts reported on lines 6b,	(A) Out are not requi	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21 · · · · ·		1		
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22 · · · · · · · · · · · ·				
3					····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16 · · · · · · · · · · · · · · · · · ·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	26 024	0.044	22 567	4 512
•	trustees, and key employees	36,924	9,844	22,567	4,513
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	211,796	159,710	33,843	18,243
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) · · · · · ·				
9	Other employee benefits	20,073	13,684	4,552	1,837
10	Payroll taxes · · · · · · · · · · [19,027	12,971	4,315	1,741
11	Fees for services (non-employees)				
а	Management				
b	Legal · · · · · · · · · · · [
c	Accounting	4,800		4,800	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 ·				
f	Investment management fees · · · · · · · · · · · · · · · · · ·				
g	Other	44,280	36,045	4,950	3,285
12	Advertising and promotion	106,487	77,555		28,932
13	Office expenses · · · · · · · · · · · · · · · · · ·	254,780	230,629	4,735	19,416
14	Information technology	11,306	11,306		
15	Royalties	<u>-</u>			
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel · · · · · · · · · · · · · · · · · · ·	1,433	1,433		
18	Payments of travel or entertainment expenses		·		
	for any federal, state, or local public officials			[
19	Conferences, conventions, and meetings	1,299	1,299		-
	Interest · · · · · · · · · · · · · · · · · · ·	2/233			
20	Payments to affiliates				
21	-	39,551	39,551		
22	Depreciation, depletion, and amortization · · · · · ·	4,951	4,951		
23	Insurance	4,331	4,951		·
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	Ann	200 222		
а	ANIMAL CARE & EDUCATION PROG	275,806	275,806		
b	REAL ESTATE INVESTMENT	46,633		46,633	
С					
d					
e					
f	All other expenses	24,791	19,454		5,337
25_	Total functional expenses. Add lines 1 through 24f · ·	1,103,937	894,238	126,395	83,304
26	Joint Costs. Check here ▶ X if following				
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation · · · · · · · · · · · · · · · · · · ·				
		EEA			Form 990 (2009)

Form	990 (2009) BIG CAT RESCUE CORP 59-333049	5	P	age 1
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	j
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both	2d		
	separate basis consolidated basis both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		
	EEA	Form	990 (2009)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

See separate instructions.

2009

OMB No 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

BIG CAT RESCUE CORP 59-3330495 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 1190) 11g(a) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (v) Did you notify (i) Name of supported (iv) Is the organization (wi) is the (in Ein (iii) Type of organization (Viii) Amount of organization (described on lines 1-9) in col (i) listed in your the organization in organization in col support above or IRC section governing document? col. (i) of your (i) organized in the support? US? (see instructions) Yes No Yes No Yes No Total

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 · · · · · · · · Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business. activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

(Complete only if y	ou checked the box on l	line 9 of Part I)

Sec	tion A. Public Support										
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(⊕) 2009	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	281,783	479,305	607,057	706,468	751,345	2,825,958				
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	754,960	837,322	933,427	932,486	958,135					
3	Gross receipts from activities that are not an unrelated trade or business under section 513 ·										
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5	1,036,743	1,316,627	1,540,484	1,638,954	1,709,480	7,242,288				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • • • •										
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year										
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·										
8	Public support (Subtract line 7c from line 6)						7,242,288				
Section B. Total Support											
	endar year (or fiscal year beginning in)	(a) 2005 1,036,743	(b) 2006 1,316,627	(c) 2007 1,540,484	(d) 2008 1,638,954	(e) 2009 1,709,480	(f) Total 7,242,288				
9 10a	Amounts from line 6	1,036,743	1,316,627	1,540,464	1,030,934	1,709,480	7,242,200				
100	payments received on securities loans, rents, royalties and income from similar sources	100,506	85,079	104,552	82,792	113,862	486,791				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
C	Add lines 10a and 10b · · · · · · · · · ·	100,506	85,079	104,552	82,792	113,862	486,791				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	108,227	58,926	57,118	64,940	137,170	426,381				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
13	Total support. (Add lines 9, 10c, 11, and 12.)						8,155,460				
14	First five years. If the Form 990 is for the organization, check this box and stop here	tion's first, second	d, third, fourth, or	r fifth tax year as	a section 501(c)	(3)	▶ □				
	tion C. Computation of Public Support	<u>Percentage</u>	10 100			15	88.80 %				
15	Public support percentage for 2009 (line 8, column Public support percentage from 2008 Schedule A,					16	88.17 %				
16 Soc	tion D. Computation of Investment Inc				• • • • • • • • • • • • • • • • •	10					
<u>Sec</u>	Investment income percentage for 2009 (line 10c, o	column (f) divided	by line 13, colu	mn (f)) • • •		17	5.97 %				
18	Investment income percentage from 2008 Schedule		=			18	6.42 %				
19a	33 1/3% support tests - 2009. If the organization di 17 is not more than 33 1/3%, check this box and st	d not check the b	ox on line 14. ar	nd line 15 is more es as a publicly s	e than 33 1/3%, a upported organia	and line zation	· · · · · ▶ 🕱				
b	33 1/3% support tests - 2008. If the organization di line 18 is not more than 33 1/3%, check this box ar	d not check a boa	on line 14 or line organization qu	e 19a, and line 1 alifies as a publi	16 is more than 3 cly supported or	33 1/3%, and janization •	▶ 🗍				
20	Private Foundation: If the organization did not che	ck a box on line 1	4, 19a, or 19b, o	check this box ar	nd see instruction	ns	<u> ▶ [</u>]				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

OMB No 1545-0047 2009

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

• Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

Open to Public Inspection

if the	e organization answered "Yes," to Form 9	90, Part IV, line 4, or Form 990-EZ,	Part VI, line 47 (Lob	bying Activities), then							
	Section 501(c)(3) organizations that have Section 501(c)(3) organizations that have										
If the	e organization answered "Yes," to Form 9	90, Part IV, line 5 (Proxy Tax), then									
	Section 501(c)(4), (5), or (6) organizations										
Na	me of organization	· · · · · · · · · · · · · · · · · · ·		Employer is	dentification number						
BI	IG CAT RESCUE CORP			59-333	0495						
Pa	rt I-A Complete if the organ	ization is exempt under se	ction 501(c) or	is a section 527 ord	anization						
1	Provide a description of the organization				amzation.						
2	Political expenditures · · · · · · ·										
3	Volunteer hours										
•	Totalical floats			_							
Da	rt I-B Complete if the organ	inction is even at under ea	ntion E04/a\/2\								
1	Enter the amount of any excise tax incur	ization is exempt under se	<u> </u>								
2	Enter the amount of any excise tax incur										
3	If the organization incurred a section 495				· · Yes No						
4a	Was a correction made? · · · · · ·										
				• • • • • • • • • • • • • • • • • • • •	Lie Lie						
b	 		41 . 704(-)		······································						
	Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function										
1	activities • • • • • • • • • • • • • • • • • • •										
•											
2											
_	527 exempt function activities · · · · · · · · · · · · · · · · · · ·										
3	3 Total of direct and indirect exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b · · · · · · · · · · · · · · · · · · ·										
_											
4	Did the filing organization file Form 1120										
5	State the names, addresses and employe			= : :							
	were made For each organization listed,										
	contributions received that were promptly	and directly delivered to a separate	political organizatio	n, such as a separate segn	egated						
	fund or a political action committee (PAC). If additional space is needed, prov	ide information in P	art 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-						

EEA

Schedule C (Form 990 or 990-EZ) 2009

Sche	dule C (Form 990 or 990-EZ) 2009 BIG CAT RESCU	E CORP			59-3330	495 Page 2
Pa	complete if the organization under section 501(h)).	n is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (ele	
Ā	Check if the filing organization belongs to	an affiliated arous		·		
	Check if the filing organization checked i		'	nh.		
<u> </u>		ying Expenditures		piy.		
	(The term "expenditures" m				(a) Filing organization's totals	(b) Affiliated
				• • • • • • •	Organization s totals	group totals
b						
c	retarios by ing experience to initiative a legion	• •	• •			
d	retariosofing expenditates (add intes ta and th					<u> </u>
e	- mar animps par passa art anima.					
f	rotal exempt parpose experialtares (and lines 1			• • • • • • • •		
•	Lobbying nontaxable amount Enter the amount columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not over \$500,000	20% of the ar	mount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	ver \$1,500,000.				
	Over \$17,000,000					
g	Grassroots nontaxable amount (enter 25% of lin	e 1f) • • • • • •		• • • • • • • •		
h	Subtract line 1g from line 1a If zero or less, ente	er <i>-</i> 0- · · · · ·	· • • • • • • • • • • • • • • • • • • •			
i	Subtract line 1f from line 1c. If zero or less, ente	r <i>-</i> 0- · · · · ·				
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did	the organization file	Form 4720 reporting	<u> </u>	
	section 4911 tax for this year?	· • • • • • • • • • • • • • • • • • • •				Yes No
	(Some organizations that r	nade a section 501	eriod Under Section (h) election do not h ions for lines 2a thro	ave to complete all o	of the five	
	Lobby	ring Expenditures	During 4-Year Averag	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroot non-taxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

(a) (b) Yes No Amount 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Part III-B Complete if the organization is excently and political expenditures of \$2,000 or less? c Types. (a) Lound Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amoun	Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed F	orm	5768		
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? X X		(election under Section 30 I(III)).	(6	a)		(b)	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?			Yes	No	A		:
referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? b Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? k Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV y Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing 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)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying and political expenditures from the pnor year? 7 Dies, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Camplete if the organization is exempt under section 501(c) (4), section 501(c)(5), or section 501(c) (4), section 501(c) (5), or section 501(c) (6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 5 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the sect	1	During the year, did the filing organization attempt to influence foreign, national, state or local					
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? Evaluations, or published or broadcast statements? d Mailings to members, legislators, or the public? Evaluations, or published or broadcast statements? Evaluations, or published or broadcast statements? S V V V V V V V V V V V V V V V V V V V		legislation, including any attempt to influence public opinion on a legislative matter or					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? k Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? k T 1,29 i Other activities? If "Yes," describe in Part IV 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)? k If "Yes," enter the amount of any tax incurred under section 4912 d If the filing 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)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carrent year b Carryover from last year		, -					
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g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV 2 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year 2a b Carryover from last year	0		Х				
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Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No	C		-				
501(c)(6). Yes No							
1 Were substantially all (90% or more) dues received nondeductible by members?	Pai		(5), (or se	ection		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?						Yes	No
Did the organization agree to carryover lobbying and political expenditures from the prior year?	1				1		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members	2				2	L	
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members			• •		3		
political expenses for which the section 527(f) tax was paid). a Current year	1	"Yes."			swere	ed	· · · · · ·
a Current year · · · · · · · · · · · · · · · · · · ·	2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of	ſ				
b Carryover from last year · · · · · · · · · · · · · · · · · · ·							
	а			2a			
n Tabel	b			2b			
	C	Total · · · · · · · · · · · · · · · · · · ·	٠٠ [2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · · · · 3	3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · · ·	٠	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		· · · · · · · · · · · · · · · · · · ·	İ				
and political expenditure next year? • • • • • • • • • • • • • • • • • • •		and political expenditure next year?	•	4			
5 Taxable amount of lobbying and political expenditures (see instructions)	5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information	Comp	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1	i.				

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

CHINE	e or line organization	Employer identification number
BIO	G CAT RESCUE CORP	59-3330495
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds of the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year · · · · · · · · · ·	
2	Aggregate contributions to (dunng year) · · · · ·	
3	Aggregate grants from (dunng year)	
4	Aggregate value at end of year · · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor or other	
	impermissible private benefit? · · · · · · · · · · · · · · · · · · ·	
	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historical	y important land area
	Protection of natural habitat Preservation of certified history	onc structure
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation	on easement
	on the last day of the tax year.	
		Held at the End of the Year
а	Total number of conservation easements	2a
þ	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06 · · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during
_	the taxable year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of	
_	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	
_		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year	
_	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense stater	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	at describes
	the organization's accounting for conservation easements.	
Pai	organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
40	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	ah ah wada af
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	at warden of ant
U	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance she	·
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service,
	provide the following amounts relating to these items:	. .
	(i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	
2	(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide the
_	following amounts required to be reported under SFAS 116 relating to these items:	▶ #
a	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	
b	ASSERS INCLUDED IN FORM 550, Part A	· · · · · • \$

Pa	rt III	Organizations Maintair	ing Colle	ctions of	Art, Histor	ical Treasure	<u>s, or 0</u>	ther Similar A	ssets (co	ntinued)	_
3	Using th	ne organization's accession and otl	ner records, o	check any of t	the following the	hat are a significa	nt use of	its collection			
	items (c	heck all that apply)									
а		olic exhibition		d Loan	or exchange	programs					
b	=	olarly research		e Othe	_						
C	=	servation for future generations		o	·						
4		a description of the organization's	collections a	ınd evnləin ho	w they further	the omanization'	s evemnt	numose in			
•	Part XIV	·	concatons a	по схрат по	w they faither	the organization	o oxompi	parpose in			
5				lanations of a	et historical tr	accurac ar other	ormulae				
3	_	the year, did the organization solici									A 1 _
_		o be sold to raise funds rather than							· · Ye	8	No
ra.	rt IV	Trust, Escrow and Cus				ir organization an	swered	res to Form 990,			
4-	1- 41	Part IV, line 9, or reported an a									_
1a		rganization an agent, trustee, custo									
		d on Form 990, Part X? · · · · ·							· · []Ye	ا <u>ا</u> عد	No
b	If "Yes,"	explain the arrangement in Part X	IV and comp	lete the follow	ving table:						
								An	nount		
C		ng balance · · · · · · · · · · ·						:			
d		ns during the year						d l			
0	Distribu	tions during the year					10	•		-	
f	Ending	balance · · · · · · · · · · · ·					11				
2a	Did the organization include an amount on Form 990, Part X, line 21?										
b		explain the arrangement in Part X		·							
	rt V	Endowment Funds. Com		nization answe	ered "Yes" to f	orm 990. Part IV.	line 10	·			_
	(<u>* V)</u>	Endownient i unus.		urrent Year	(b) Prior Ye			(d) Three Years Back	k (e) For	Years Back	
1a	Beanni	ng of year balance		191,079	(5) 11101 10	(0) (100 100	210 DOGN	(e) Three Tears Back	(0) 1001	T COI S DOOR	<u> </u>
b		utions · · · · · · · · · · · · ·		22,045				<u> </u>	-		—
c		ent earnings or losses · · · · ·		25,216				l	 		
ď		or scholarships		23,210					 		<u> </u>
			· •								
е		xpenditures for facilities									
		grams • • • • • • • • • • • • • • • • • • •	<u> </u>								
t		trative expenses · · · · · · ·									
g	_	year balance · · · · · · · · · · · · · · · · · · ·		238,340				l			_
2		the estimated percentage of the ye									
а		esignated or quasi-endowment		%							
b	Perman	ent endowment	<u></u> %								
C	Term er	ndowment ▶ %									
3a	Are ther	re endowment funds not in the pos	session of the	e organizatior	n that are held	and administered	I for the		_		_
	organiza	ation by:								Yes N	5 _
	(i) unre	elated organizations · · · · · ·							- 3a(i)	X	
	(ii) rela	ted organizations · · · · · · ·							- 3a(ii)	}	ζ_
b	If "Yes"	to 3a(ii), are the related organization	ons listed as	required on S	chedule R?				· 3b		
4		e in Part XIV the intended uses of t		-					<u> </u>		_
Par	rt VI	Investments - Land, Bu				orm 990, Part X,	line 10.				_
				•			T	Danmelatea	(A) Dook		
		Description of investment		(a) Cost or othe (investment	l l	(b) Cost or other basis (other)	(6)	Depreciation	(d) Book	Agine	
1a	Land •			(417004170	,	538,236	1			538,23	36
b		S · · · · · · · · · · · · · · · · · · ·	- ⊢			700,887		108,048		592,83	_
c	•	old improvements · · · · · · ·	<u> </u>			,					_
		ent · · · · · · · · · · · · · · · · · · ·	<u> </u>			227,222	 	147,242		79,98	30
d			⊢			221,222	+	141,242			-
e				Dod V!	- (D) I: 401	-\\	1			211 0	=
otal	. Add lin	es 1a-1e. (Column (d) should equa	ıı rom 990,	raπ X, colum	n (B), line 10(c).) • • • • • •		· · · · · · • •	ı,	211,05	13

Schedule D (Form 990) 2009

BIG CAT RESCUE CORP

59-3330495

Page 2

Schedule D (Form 990) 2009 BIG CAT RESCUE (Part VII Investments - Other Securities. Se		59-33304	195 Page 3
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market val	ue
Financial derivatives and other financial products	15,016	FMV	
Closely-held equity interests · · · · · · · · · · · · · · · · · ·			
Julei			
		·	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	15,016		
	e Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(c) Description of invocation type	(b) Book value	Cost or end-of-year market val	ue
			· · · · · · · · · · · · · · · · · · ·
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 1	5	··	··· · · · · · · · · · · · · · · · · ·
	escription		(b) Book value
DEPOSITS			12,765
GOLD INVESTMENTS			26,683
REAL ESTATE OWNED			799,205
MORTGAGE RECEIVABLE			309,504
		- 	
Fotal. (Column (b) should equal Form 990, Part X, col (B) line 1	5)		1,148,157
			1,140,13.
1 (a) Description of liability Federal income taxes	(b) Amount		
ederal moone taxes			
	· · · · · · · · · · · · · · · · · · ·		
Total (Column (b) should equal Form 990. Part X. col (B) line 25			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sched	lule D (Form 990) 2009 BIG CAT RESCUE CORP	59-3330495	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	<u> </u>	
· 1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,706,525
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,103,937
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	602,588
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8 · · · · · · · · · · · · · · · · · · ·	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 · · · · · · · · · · · · · · · · · ·	10	602,588
_	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,707,925
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments · · · · · · · · · · · · · · · · · · ·		
a b	Donated services and use of facilities		
_	Recoveries of pnor year grants · · · · · · · · · · · · · · · · · · ·		
C	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·	 	
d	Add lines 2a through 2d	⊣ ,	1,400
e	Subtract line 2e from line 1	2e 3	<u>.</u>
3		3	1,706,525
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a	_	
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·	-	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,706,525
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	1,105,337
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	<u>'</u>	
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25 · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	1,400
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	1,103,937
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV)	7	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,103,937
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b	· · · · · · · · · · · · · · · · · · ·	
	2b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part	ł	
	rovide any additional information		
to pi	ovide any additional information		·
_	1 Sunda dakandad wasa (Dank II. 1dan A)		
En	dowment funds intended uses (Part V, line 4)	·	
	ACTUMENT TRANSPORTED TO RECORD TO THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION OF THE COMMUNICATION	IP CAME	
END	OWMENT FUNDS ARE INTENDED TO PROVIDE INVESTMENT INCOME FOR LONG TERM CARE OF TI	E CAIS	
			
_			

BIG CAT RESCUE CORP

59-3330495

Page 4

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

See separate instructions.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

BIG CAT RESCUE CORP		· .			59-	3330495
Part I Fundraising Activi	ities.Complete if th	e organizatio	n answere	d "Yes" to Form 990, F	Part IV, line 17.	
 Indicate whether the organization Mail solicitations Internet and email solicitations 		h any of the e	Solicitatio	ctivities Check all that n of non-government on n of government grant	grants	•
c Phone solicitations	•	, g [=	ndraising events		
d In-person solicitations		8 [Jopeolariu	ndialising events		
2a Did the organization have a writte	en or oral agreemen	t with any ind	lividual (inc	ludina officers, directo	rs. trustees	
or key employees listed in Form !	_	-		=		res No
b If "Yes," list the ten highest paid i		•		_		
to be compensated at least \$5,00	00 by the organization	n. Form 990-	-EZ filers a	re not required to com	plete this table	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund		(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
		contribi	utions?		fundraiser listed in col (i)	organization
		Yes	No			
		<u> </u>	 			
						ļ
· · · · · · · · · · · · · · · · · · ·			 			
			 			
			 			
			-			
Total · · · · · · · · · · · · · · · · · · ·						
3 List all states in which the organize				or has been notified a	t is exempt from	<u></u>
registration or licensing					F	
						·
					 	
						
						
						
		· · · · · · · · · · · · · · · · · · ·				

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

		more than \$15,000 on Form 99	0-EZ, line 6a. List events	with	gross receipts gre	eater	han	\$5,000				_		
			(a) Event #1 GALA		(b) Event #2			(c) Other Events				l Events		
R			(event type)		(event type)			(total number)				a) throug I (c))	jn 	
e v	١.		444 504								_			
e n	1 2	Gross receipts · · · · · · · · · Less: Charitable	141,701	-	 					<u> </u>	1	41,70	01	
u e	-	contributions · · · · · · · · ·	5,900									5,9	00	
٠	3	Gross revenue (line 1	<u> </u>							<u> </u>				
		minus line 2) · · · · · · · ·	135,801							ļ	1	35,80	01	
_	4	Cash prizes · · · · · · · · · · · · · · · · · · ·												
ויי	5	Non-cash prizes · · · · · ·	4,350	_				· -				4,3	50	
e c t	6	Rent/facility costs · · · · · ·	42,770									42,7	70	
E	7	Food and beverages · · · · ·		_										
p e n	8	Entertainment · · · · · · · ·			<u> </u>							··-		
s e s Other direct expenses 5,345									5,345					
	10	Direct expense summary. Add lines								(52,46		
D	11	Net income summary. Combine line Gaming. Complete if the on							· >	<u> </u>		83,33	36	
F	<u>rt II</u>	than \$15,000 on Form 990-EZ		101	-01111 990, Pail IV	, iiie	19,	or reported more						
R e v e n u e 1 Gross revenue · · · · · · · · · · · · · · · · · · ·										(d) Total gaming (Add col (a) through col (c))				
ň		0												
	1 Gross revenue · · · · · · ·													
e c	2	Cash prizes · · · · · · · · ·										·		
Direct Expen	3	Non-cash prizes · · · · · ·										· .		
S	4	Rent/facility costs · · · · · ·			-									
e s	5	Other direct expenses · · · · ·												
	6	Volunteer labor · · · · · · ·	Yes % No		Yes No	_ %		Yes	- %		·			
	7	Direct expense summary Add lines	2 through 5 in column (d)						•	()	
	8	Net gaming income summary. Com	bine lines 1 and 7 in colun	nn (d)				•					
												Yes	No	
9		ter the state(s) in which the organizat						<u></u>				-		
t		he organization licensed to operate g No," Explain:	jaming activities in each o	the:	se states? • • •	• •	• •	• • • • • • • •	• •	• • • •	9a			
	_			_										
10a		ere any of the organization's gaming I	censes revoked, suspend	led o	r terminated durir	ng the	tax	year? · · · ·	• •	• • • •	10a		<u> </u>	
t	lf"	Yes," Explain												
	_													
11	Do	es the organization operate gaming a	activites with nonmembers	?						 .	11			
12		he organization a grantor, beneficiary			ber of a partnersh	np or	othe	er entity						
	for	med to administer charitable gaming?	,								12	i i	I	

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 38b or 40b. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Schedule L (Form 990 or 990-EZ) 2009

Name of the organization		•						-		on numi	per																													
BIG CAT RESCUE CORP	(coetion	- /E04/a	\/2\ and an	stion FO1/a	(A) armania	otions only)	I	9-33	3049	5																														
Part I Excess Benefit Transactio Complete if organization answered								ne 40b).																															
1 (a) Name of dequalified person					h) Donasah						(c) Corrected?																													
1 (a) Name of disqualified person					b) Description	on of transaction					Yes	No																												
				·								-																												
 												 																												
												<u> </u>																												
 Enter the amount of tax imposed on the organized under section 4958 Enter the amount of tax, if any, on line 2, about 				• • • • •				\$																																
_	ove, reimbl	Jiseu by	rine organi	zation			•••	> \$																																
Part II Loans to and/or From Inter Complete if the organization answer				√, line 26, or	Form 990	-EZ, Part V,	line 38	a																																
(a) Name of interested person and purpose	(b) Loan the organ	to or from nization?	, ,	Onginal el amount	(d) Ba	(d) Balance due		(e) in default?		(e) in default?		(e) In default?		(e) In default?		(e) In default?		(e) in default?		(e) in default?		(e) In default?		(e) In default?		(e) in default?		(e) in default?		(e) in default?) In default?		e) In default?		(e) In default?		oroved rd or ttee?	(g) W agree	mtten ment?
	То	From	1				Yes	No	Yes	No	Yes	No																												
			ļ				ļ																																	
		l								L																														
Total																																								
Part III Grants or Assistance Ben Complete if the organization answe																																								
(a) Name of interested person	(b) Rela	ationship t	oetween intere	sted person and	the	(c) Ar	nount of	grant o	r type of	assista	tance																													
																																								
Part IV Business Transactions Inc Complete if the organization answe					28b, or 28	c.				·																														
(a) Name of interested person	1 ''	itionship b d person a		(c) Amou		(d) Des	cnption	of trans	action		(e) Shar	-																												
	0	organizatio	ท								reveni																													
											Yes	No																												
JAMIE MURDOCK	DAUGHTE					EMPLOYEE						X																												
VERNON STAIRS	FATHER	OF CE	10		53,718	EMPLOYEE			-			_X_																												
	 																																							
	 								-																															
	1			1							T I																													

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

▶ Attach to Form 990.

OMB No. 1545-0047 2009

Schedule O (Form 990) 2009

Form 990 or to provide any additional information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

BIG CAT RESCUE CORP	59-3330495
01. Officer, directors, etc. family relationship (Part VI, line 2)	
DIRECTOR AND PRESIDENT JAMIE MURDOCK IS THE DAUGHTER OF FOUNDER AND CEO CAROL	E BASKIN, AND
DIRECTOR AND TREASURER HOWARD BASKIN IS MARRIED TO FOUNDER AND CEO CAROLE BAS	KIN.
DIRECTOR DR. ELIZABETH WYNN IS EMPLOYED BY EHRLICH ANIMAL HOSPITAL WHO PROVID	ED VETERINARY
SERVICES OF LESS THAN \$10,000/YEAR TO BIG CAT RESCUE AT A RATE AT OR BELOW TH	EIR NORMAL
RATES.	
02. Form 990 governing body review (Part VI, line 11)	
FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND THE TREASUR	ER REVIEWS
FORM 990 WITH THE BOARD AT THE FIRST MEETING AFTER COMPLETION	
03. Conflict of interest policy compliance (Part VI, line 12c)	
THE TREASURER REVIEWS THE DETAIL TRIAL BALANCE SHOWING PAYMENTS TO ALL VENDOR	S AND AT THE
BOARD MEETING WHERE THE 990 IS REVIEWED ASKS THE CEO AND DIRECTORS IF THEY HA	ve engaged in
ANY CONTRACTS, TRANSACTIONS OR RELATIONSHIPS THAT COULD GIVE RISE TO THE APPE	ARANCE OF A
CONFLICT OF INTEREST.	
04. CEO, executive director, top management comp (Part VI, line 15a)	
THE QUESTION IS NOT APPLICABLE TO THE CEO BECAUSE SHE IS NOT COMPENSATED.	
05. Other officer or key employee compensation (Part VI, line 15b	
THE SALARY OF THE PRESIDENT IS WELL BELOW THE AVERAGE COMPENSATION FOR MANAGE	RS OF
SANCTUARIES WHEN THOSE WERE LAST REVIEWED	
06. Governing documents, etc, available to public (Part VI, line 19)	
THE ARTICLES OF INCORPORATION, BYLAWS, AUDITED FINANCIAL STATEMENTS, FORM 990	S AND

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

Schedule O (Form 990)	2009	_													Page 2
Name of the organization													yer identifical	ion number	
BIG CAT RESCU	JE CORP											59-3	330495		
CONFLICT OF	INTEREST	POLICY	ARE	ALL	PUBLISHE	ON	THE	WEBSITE,	WWW.	BIGCA	TRESCU	E.ORG			
															
															
															
															
															
			<u> </u>												
					<u></u>										
		 .			 										
	·														
						-									
															
		·					<u>-</u>								
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<u></u>															
															
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									-						

Form 8868

' (Rev April 2009)

Application for Extension of Time to File an **Exempt Organization Return**

OMB No 1545-1709

Department of the Internal Revenue S		File a separate application for each return.							
		Automatic 3-Month Extension, complete only Part I and check this box	••••	· · · · · ▶ [X]					
	-	Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this f	orm).						
Do not comple	ete Part II u	inless you have already been granted an automatic 3-month extension on a previously file	ed Form 8868	i .					
Part I	Automa	tic 3-Month Extension of Time. Only submit original (no copies needed)							
		file Form 990-T and requesting an automatic 6-month extension - check this box and com	nplete						
Part I only • •			·	· · · · · · ▶ 🔲					
All other corpo		cluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a urns.	n extension o	f					
one of the retu electronically it returns, or a co	rns noted to f (1) you was composite of	Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or consolidated Form 990-T. Instead, you must submit the fully completed and signed pages the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & N	Form 8868 or 8870, group e 2 (Part II) of	1					
Type or									
print	BIG CA	59-33304	9-3330495						
File by the due date for filing your	date for								
return See	City, tow	n or post office, state, and ZIP code For a foreign address, see instructions.							
instructions	TAMPA,	FL 33625							
Check type of	return to b	ne filed (file a separate application for each return)							
X Form 990	Form 4720	m 4720							
Form 990-E	Form 5227	m 5227							
Form 990-E] Form 6069	6069							
Form 990-F	PF	Form 1041-A	Form 8870	ı 8870					
• If the organ	No ▶ 81	are of ► MARY STAIRS 4258 GOLF CLUB LANE Tampa, FL 33618 3-493-4565 FAX No ► es not have an office or place of business in the United States, check this box · · · · · eturn, enter the organization's four digit Group Exemption Number (GEN)	. If this is	▶ []					
-		this box · • If it is for part of the group, check this box I and attach	11 11113 13						
		EINs of all members the extension will cover							
		atic 3-month (6 months for a corporation required to file Form 990-T) extension of time							
until	08-		The extensio	n is					
for the o	rganization	's return for							
▶ X calendar year 20 09 or									
▶ ∏t	, 20_	, 20							
2 If this ta	x year is fo	r less than 12 months, check reason	accounting p	eriod					
3a If this ap	plication is	for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,							
less any	3a	\$							
b If this ap									
paymen	3b	\$							
		ract line 3b from line 3a Include your payment with this form, or, if required,							
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment									
System) See instructions. 3c \$									
Caution. If you	are going	to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	ı 8879-EO						
for payment in	structions.								