Ellis BLB 729 Main Street Longmont, CO 80501 (720) 494-2552 Greg@ellisblb.com

April 15, 2019

Bounce Animal Rescue PO BOX 272407 FORT COLLINS, CO 80527

Dear Client,

Enclosed is the 2018 U.S. Form 990, Return of Organization Exempt from Income Tax, for Bounce Animal Rescue for the tax year ending December 31, 2018.

Your 2018 U.S. Form 990, Return of Organization Exempt from Income Tax, return will be electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

Kate Donahue, EA

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Α	For the	e 2018 cale	ndar year, or tax year beginning		, 2018, a	and ending	_		, 20
В	Check it	f applicable:	C Name of organization Bounce I	nimal Rescue				D Employ	er identification number
	Address	s change	Doing business as					47-5	045769
П	Name c	ı ı	Number and street (or P.O. box if ma	il is not delivered to street add	dress)	Room/suite			ne number
$\overline{\Box}$	Initial re	ĭ	PO BOX 272407					(720)494-2552
$\overline{\Box}$		urn/terminated	City or town, state or province, coun	try, and ZIP or foreign postal o	ode			\ ·	7
$\overline{\Box}$		ed return	FORT COLLINS, CO 80					G Gross re	eceipts \$ 347,764.
Н			F Name and address of principal office				H(a) lo thio a a		subordinates? Yes X No
ш	Applicat	lion pending	Robert Harvey, 729 M		ont (30 00E01			
_	T		▼ 501(c)(3)						a list. (see instructions)
÷	-	mpt status:		•	7(a)(1) or	527	+		
<u>J</u>	Website		ww.bounceanimalrescue		1. 1/-			_	number of legal domicile: CO
_	_		Corporation Trust Associate	ion Other ►	L Yea	ar of formatio	n: 201	5 M State	e of legal domicile: CO
Р	art I	Summ							
4	1		escribe the organization's missi						
Activities & Governance			well-being and adoption						nips, technology,
'na			assroots fundraising						
Ve.	2		is box $ ightharpoonup \square$ if the organization α	· · · · · · · · · · · · · · · · · · ·				1	1
ဗိ	3		of voting members of the gove					3	8
∞ ′′	4		of independent voting member				. ,	4	8
ţį	5	Total nun	nber of individuals employed in	calendar year 2018 (Pa	art V, line	e 2a) .		5	1
ξį	6	Total nun	nber of volunteers (estimate if r	necessary)				6	225
Ac	7a	Total unr	elated business revenue from F	Part VIII, column (C), line	12 .			7a	0.
	b	Net unrel	ated business taxable income	from Form 990-T, line 3	8			7b	0.
							Prior Ye	ear	Current Year
Ф	8	Contribut	tions and grants (Part VIII, line	1h)	.		47	7,646.	50,633.
Revenue	9	Program	service revenue (Part VIII, line	2g)			321	1,337.	297,122.
eve	10	Investme	ent income (Part VIII, column (A)	, lines 3, 4, and 7d) .		$ abla$		60.	9.
ď	11		venue (Part VIII, column (A), line			_			
	12		enue—add lines 8 through 11 (m		-		369	9,043.	347,764.
_	13		nd similar amounts paid (Part I)					,,,,,,,,	31777011
	14		paid to or for members (Part IX						
(n	15		other compensation, employee b				60	9,457.	54,413.
Expenses	16a		onal fundraising fees (Part IX, co					2,540.	5,153.
ben	b		draising expenses (Part IX, colu			153.		<u> 2,510.</u>	3,133.
X	17		penses (Part IX, column (A), line				276	5,967.	295,149.
	18		penses. Add lines 13-17 (must o					3,964.	354,715.
	19		less expenses. Subtract line 18					0,079.	-6,951.
		rievenue	less expenses. Subtract line 10	5 110111 11116 12			ginning of Cu		
Net Assets or Fund Balances	20	Total acc	ets (Part X, line 16)						
Asse Bala	21		vilities (Part X, line 26)			–		5,281. 1,690.	47,649.
und und	22		ts or fund balances. Subtract li			· · ⊢			
	art II		ture Block	ne z i ironi iine zu .			4.	3,591.	45,263.
			ry, I declare that I have examined this re ete. Declaration of preparer (other than						my knowledge and belief, it is
	,	1, 4, 4	eter Bestaratier er proparer (etrisi tilair						2010
0:4		Oiser	Aura Auffin au					4/07/2	2019
Sig	-		ature of officer				Da	ite	
He	ere		ber Neiberger, Treasu	ırer					
		1, 1	e or print name and title			1_			DTIN
Pa	iid	Print/Ty	pe preparer's name	Preparer's signature		Date		Check	if PTIN
	epare	Kate	Donahue, EA	Kate Donahue, E	A	04,	/15/201	9 self-em	ployed P01610637
	se On		ame ► Ellis BLB				Firn	n's EIN ▶	20-5405563
		Firm's a	ddress ▶ 729 Main Street				Pho	one no. (7	20)494-2552
Ma	y the II	RS discus	s this return with the preparer s	hown above? (see instr	uctions)				Yes X No

	· · ·
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Bounce is an animal rescue focused
	on the well-being and adoption of unwanted animals through community relationships, technology,
	and grassroots fundraising. Bounce focuses on quality veterinary
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 306,153. including grants of \$ 0.) (Revenue \$ 297,122.)
	The Bounce Animal Rescue program is the same as it's mission:
	To save the lives of lost and unwanted animals while striving to enrich
	the lives of their adopters. In 2016, Bounce Anumal Rescue placed almost 1,000 dogs and cats in forever homes. In 2017 it is our project to almost
	double that amount. Bounce Animal Rescue is a 100% foster-home based rescue for dogs and cats. We rely solely
	on adoption fees and donations to work our cause. Many fine volunteers support
	efforts for adoption with the organization. We are also licensed by the state of Colorado
	as a rescue and a transporter. This provides us the ability to occasionally bring in animals for other
	rescues in the Fort Collins area. PACFA (Pet Animal Care and Facilities Act)
	See Part III, Ln 4a statement
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 306,153.

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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	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		×
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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV </i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		×
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		×
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? ###\@A,1/16@###@plete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С.	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		×
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		×
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	NI-
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		res	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	3		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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	0.5		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
	If "Yes," enter the name of the foreign country:	Ta		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		×
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	60		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		×
		6b		
	gifts were not tax deductible?	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
L	and services provided to the payor?	7a		×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١
	required to file Form 8282?	7c		×
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
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		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes " complete Form 4720. Schedule O			

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 8 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 1b 🛦 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? × 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 × 6 6 × 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, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? 10a X **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe in 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 × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 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? The organization's CEO, Executive Director, or top management official 15a × 15b X If "Yes" to line 15a or 15b, 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 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ☐ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Ellis Bottom Line Bookkeeping, 729 Main St, Longmont, CO 80501 (720)494-2552

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2018) Page **7**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average	(do n	ot ch	Posi eck s pe	ition more	than o	one i an	(D) Reportable compensation	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	Indivic or dire		a Officer	Key employee	Highest compensated employee	ee) Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) AMBER NEIBERGER TREASURER	10.00			×				0.	0.	0.
(2) BARRY EASTMAN CHAIR	10.00			×				0.	0.	0.
(3) ANNELIESE CLARK EXECUTIVE DIRECTOR	40.00				×	×		49,654.	0.	0.
(4) JEN BUSER SECRETARY	10.00			×				0.	0.	0.
(5) BO VIGER VICE PRESIDENT	10.00			×				0.	0.	0.
(6) LAURA MORTON BOARD MEMBER	10.00	×						0.	0.	0.
(7) KRISTI ROSS BOARD MEMBER	10.00	×						0.	0.	0.
(8) JENNIE EDWARDS BOARD MEMBER	10.00	×						0.	0.	0.
(9) ROBERT HARVEY TREASURER	10.00			×			×	0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per	box, ι	ot ch unles	Posi eck s pe	more rson	than o	n an	(D) Reportable compensation	(E) Reportable compensation fro		(F) timated	
		week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	composition (composition)	other other opensation om the anization I related nizations	
(15)											1//		
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	o-total				.,			>	49,654.	0			0.
	al from continuation sheets to Part al (add lines 1b and 1c)		n A					<u> </u>	49,654.	0			0.
	al number of individuals (including but ortable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received m	ore than \$100,	000 of		
3 Did	the organization list any former of	ficer, direc										Yes	No
-	ployee on line 1a? If "Yes," complete so any individual listed on line 1a, is the											×	
orga	anization and related organizations	greater that	an \$1	50,	000	? //	"Ye	s, "	complete Sch	edule J for s	uch		×
5 Did	any person listed on line 1a receive of services rendered to the organization	r accrue co	omper	nsat	ion	fror	n any	/ un	related organiz	ation or individ	dual		×
	Independent Contractors												
	mplete this table for your five highest on pensation from the organization. Report												x
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compen		
2 Tota	al number of independent contracto	rs (includir	ng bu	t no	ot I	imit	ed to	th	ose listed abo	ove) who			

received more than \$100,000 of compensation from the organization ▶

Form 9	90 (201	8)					Page
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to		Part VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ts, (Arr	С	Fundraising events 1c	12,670.				
Gif ilar	d	Related organizations 1d					
ns, Sim	e	Government grants (contributions) 1e					
utio	f	All other contributions, gifts, grants, and similar amounts not included above	37,963.				
trib Oth	g	Noncash contributions included in lines 1a–1f: \$	37,963.				
Son	9 h	Total. Add lines 1a–1f	-	50,633.			
		Totali / tad iiii oo Ta Ti Ti Ti Ti Ti Ti Ti	Business Code	30,000			
Program Service Revenue	2a	RELATED PROGRAM REVENUE	812910	297,122.	297,122.	0.	0.
	b						
vice	С						
Ser	d						
am	е						
rogr	f	All other program service revenue.				· ·	
Δ_	<u>g</u>	Total. Add lines 2a–2f		297,122.			
	3	and other similar amounts)			0.		0
	4	Income from investment of tax-exempt be		9.	-0.	0.	9.
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ 12,670. of contributions reported on line 1c).					
ner R		See Part IV, line 18 a	· ·				
₹		Less: direct expenses b					
		Net income or (loss) from fundraising	events . >				
		Gross income from gaming activities. See Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming acti	vities ▶				
	iua	Gross sales of inventory, less returns and allowances a					
	h	Less: cost of goods sold b					
		Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					

0.

347,764.

297,122.

Total. Add lines 11a-11d . Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 0. 49,654. 49,654. 0. Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 4,759 4,759 0. 0. 11 Fees for services (non-employees): Management 19,774 Legal 19,774. 0. Accounting 4,226. 4,226. 0. 0. Lobbying 5,153. Professional fundraising services. See Part IV, line 17 5,153. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion . . 864. 864. 0. 0. 13 441. 441. 0. 0. Office expenses 14 Information technology . . . 15 Royalties Occupancy 3,267. 16 3,267. 0. 0. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 3,350. 3,350. 22 Depreciation, depletion, and amortization . 0. 2,072. 23 Insurance 2,072. 0. 0. Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ANIMAL CARE 0. 0. 205,683. 205,683. ANIMAL TRANSFER 21,004. 21,004. 0. 0. VEHICLE EXPENSE 5,989. 0._ С 5,989 0. BAD DEBTS 8,780. 0. 8,780. 0. 19,699. 8,194. 11,505. All other expenses 0. Total functional expenses. Add lines 1 through 24e 5,153. 25 354,715. 306,153. 43,409. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if

Form 990 (2018) Page **11**

Part X Balance Sheet

	art X						
		Check if Schedule O contains a response or	note to any line	e in this Pa	rt X		<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			22,172.	1	27,293.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and f		,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers	,				
		4958(f)(1)), persons described in section 4958(c)(3)(B), an					
		sponsoring organizations of section 501(c)(9) volun					
Assets	_	organizations (see instructions). Complete Part II of Sche			0.600	6	0.600
\ss	7	Notes and loans receivable, net			8,622.	7	8,622.
1	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or				9	
	10a	other basis. Complete Part VI of Schedule D	10a	24,107.			
	b	Less: accumulated depreciation		12,970.	14,487.	10c	11,137.
	11	·			11,107.	11	
	12	Investments—publicly traded securities				12	
	13	Investments—program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15	597.	
	16	Total assets. Add lines 1 through 15 (must equa	45,281.	16	47,649.		
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and for					
Ħ		trustees, key employees, highest compen					
Liabilities		disqualified persons. Complete Part II of Schedu				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D	17-24). Comple	ele Fail A	1,690.	25	2,386.
	26	-			1,690.	26	2,386.
	20	Organizations that follow SFAS 117 (ASC 958)				20	2,300.
Ses		complete lines 27 through 29, and lines 33 and					
anc	27	Unrestricted net assets			43,591.	27	45,263.
3al	28	Temporarily restricted net assets			<u>. </u>	28	· · · · · · · · · · · · · · · · · · ·
ld E	29	Permanently restricted net assets				29	
Fur		Organizations that do not follow SFAS 117 (ASC 95					
orl		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ec	quipment fund			31	
t A	32	Retained earnings, endowment, accumulated inc				32	
Ne	33	Total net assets or fund balances			43,591.	33	45,263.
	34	Total liabilities and net assets/fund balances .			45,281.	34	47,649.

Form **990** (2018)

Form 990 (2018) Page **12**

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	34	17,7	64.
2	Total expenses (must equal Part IX, column (A), line 25)	3!	54,7	<u> 15.</u>
3	Revenue less expenses. Subtract line 2 from line 1	-	-6,9	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	4	43,5	91.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		36,6	40.
Part	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
4	Accounting method used to prepare the Form 000t M Cook		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	Za		
	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?	2b		×
-	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:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		×_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2018)

Bounce Animal Rescue 47-5045769 1

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4a (continued)

Continuation Statement

Description is governed by the Department of Agriculture of Colorado. Bounce Animal Rescue is required to follow the rules of the PACFA and is also required to go through several inspections during a calendar year to ensure the rescue is adhering to the rules of operation as well as completing proper record keeping.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2018

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number**

47-5045769 Bounce Animal Rescue 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 🗵 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support	· · · · ·		• •	·	,	
Caler	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	or fifth tax yo	12 ear as a section	on 501(c)(3)
Secti	organization, check this box and stop he on C. Computation of Public Suppor	t Dercentee	<u></u>				🕨 🗌
14	Public support percentage for 2018 (line 6			1 column (f)		14	%
15	Public support percentage for 2017 (line of Public support percentage from 2017 Sch		-			15	
16a	33 ¹ / ₃ % support test—2018. If the organi box and stop here. The organization qua	ization did not	check the box	x on line 13, ar	nd line 14 is 33		check this
b	33 ¹ / ₃ % support test—2017. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop here	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets the neets the "fac	e "facts-and-o	circumstances' stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di				a, or 17b, chec	k this box and	see

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

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

Section A. Public Support											
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and membership fees										
_	received. (Do not include any "unusual grants.")		84,904.	481,454.	44,559.	37,963.	648,880.				
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			5,268.	321,337.	297,122.	623,727.				
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		84,904.	486,722.	365,896.	335,085.	1,272,607.				
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										
	•										
	Add lines 7a and 7b										
8	Public support. (Subtract line 7c from line 6.)						1 272 607				
Secti	on B. Total Support	4					1,272,607.				
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
9	Amounts from line 6	(a) 2011	84,904.	486,722.	365,896.		1,272,607.				
10a	Gross income from interest, dividends,		01,301.	10077221	3037030.	3337003.	1727270071				
	payments received on securities loans, rents,										
	royalties, and income from similar sources .										
b	Unrelated business taxable income (less										
	section 511 taxes) from businesses										
	acquired after June 30, 1975										
С	Add lines 10a and 10b										
11	Net income from unrelated business										
	activities not included in line 10b, whether										
	or not the business is regularly carried on										
12	Other income. Do not include gain or										
	loss from the sale of capital assets										
	(Explain in Part VI.)										
13	Total support. (Add lines 9, 10c, 11, and 12)		_								
44	and 12.)		84,904.				1,272,607.				
14	First five years. If the Form 990 is for the organization, check this box and stop he	•									
Sacti	on C. Computation of Public Suppor				<u> </u>		> ×				
15	Public support percentage for 2018 (line			13 column (fl)		15	%				
16	Public support percentage from 2017 Sci		•			16					
	on D. Computation of Investment In					10	70				
17	Investment income percentage for 2018 (y line 13. colu	mn (f)) .	17	%				
18	Investment income percentage from 2017			-							
19a	331/3% support tests—2018. If the organ										
	17 is not more than 331/3%, check this box										
b	331/3% support tests—2017. If the organiz	_	-	-		_	_				
-	line 18 is not more than 331/3%, check this										
20	Private foundation. If the organization di	id not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instru					

Part IV **Supporting Organizations**

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

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

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations		V	- NI -
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Section	on C. Type II Supporting Organizations			•
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	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 in (2), 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			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	20		
h		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (explain	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Section	ns A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
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		<u> </u>
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
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 1-1/2% 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 .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 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-functional	ly int	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part V

Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018		,	
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	·

SCHEDULE D (Form 990)

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.

2018

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Bou	nce Animal Rescue		47-5045769
Par			
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		10
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
Par			· · · · · · · · · Yes · No
гаі	Complete if the organization answered '	"Ves" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
'	Preservation of land for public use (e.g., recreations)		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	Treservation o	Ta certified flistofic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h		
d	Number of conservation easements included in	1.7	
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea		- -
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcin	g conservation easements during the year
	-		
7	Amount of expenses incurred in monitoring, inspecting	ig, handling of violations, and enforcing	conservation easements during the year
•	> \$	0(4) -	5+: 470/L\/4\/D\/:\
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	
•	In Part XIII, describe how the organization reports of		
9	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	•	ianolal statements that describes the
Part			Other Similar Assets
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF.		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,	historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these it	tems:
а	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		. \$
b	Assets included in Form 990, Part X		• \$

Schedule D (Form 990) 2018 Page **2**

Part	<u> </u>					
3	Using the organization's acquisition, accelection items (check all that apply):	ession, and oth	ner records,	check any of the	e following that are a	significant use of its
а	☐ Public exhibition		d 🗌 l	_oan or exchang	e programs	
b	Scholarly research					
С	☐ Preservation for future generations		_			
4	Provide a description of the organization'	s collections a	nd explain h	ow they further	the organization's exe	empt purpose in Part
•	XIII.				o o.gaao o o/	p. pp. oo a
5	During the year, did the organization soli	cit or receive (donations of	art historical tr	easures or other sim	ilar
	assets to be sold to raise funds rather that	n to be maintai				
Part						
	Complete if the organization and 990, Part X, line 21.					
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?					not ·
b	If "Yes," explain the arrangement in Part X	(III and comple	te the follow	ing table:		
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				16	
2a	Did the organization include an amount or					ty? Yes No
	If "Yes," explain the arrangement in Part X					•
Par		iii. Oneck nere	i ille explai	lation has been	provided on Fart Alli	· · · · <u> </u>
гаі	Complete if the organization and	ewored "Vee"	on Form 0	00 Part IV line	10	
) Current year	(b) Prior year			ick (e) Four years back
4.	<u> </u>	Gurrent year	(b) Filor yea	(C) I WO year	S back (u) Three years ba	(e) I our years back
1a	Beginning of year balance					
b	Contributions	-				
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses	A 1				
g	End of year balance					
2	Provide the estimated percentage of the co	current year end	d halance (lir	ne 1g. column (a)	n) held as:	
a	Board designated or quasi-endowment	our one your one	.%	10 1g, 001a1111 (a)	ny mora ao.	
h	Permanent endowment > 9	6	_ / 0			
0	Permanent endowment ► 9 Temporarily restricted endowment ►	%				
С	The percentages on lines 2a, 2b, and 2c s		00%			
За	Are there endowment funds not in the po			on that are held	and administered for	the
Ja	organization by:	336331011 01 111	e organizatio	in that are new a	and administered for	Yes No
	(i) unrelated organizations					. 3a(i)
	(ii) related organizations					. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organ					. 3b
4	Describe in Part XIII the intended uses of t		n's endowm	ent tunas.		
Part					0 = 00	
	Complete if the organization and					
	Description of property	(a) Cost or oth (investme		Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		0.			0.
b	Buildings					
C	Leasehold improvements					
d	Equipment	24	1,107.			24,107.
a e	Other	29	.,			27,10/.
	Add lines 1a through 1e. (Column (d) must	oqual Form 00	O Part V an	Jumn (D) line 10		24,107.
i Utal.	Aud intes la linough le. (Column du) Must	equal Follii 99	ω, Γαιι Λ, CO	namm (D), mie 10	∪. <i>j</i> ►	∠ ' , ⊥∪ / •

	Complete if the organization	and the control of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		iii 000, i dit 71, iii 10 iz
	(a) Description of security or ca (including name of securit		(b) Book value		ethod of valuation: nd-of-year market value
1) Financial	I derivatives	*			<u> </u>
-	neld equity interests				
(A)					
(B)					
(C)					
(D)			-		
(E)			-		
(F)			-		
(G)					
(H)			-		
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12	<u>.</u> ▶			
art VIII	Investments-Program Rel				
	Complete if the organization		rm 990, Part IV, li	ne 11c. See For	m 990, Part X, line 1
	(a) Description of investme	ent	(b) Book value		lethod of valuation: nd-of-year market value
I)					
2)					
3)					
4)					
5)					
5)					
7)					
8)					
9)	b) must equal Form 990, Part X, col. (B) line 13	(i) \			
8) 9) otal. (Column (i Part IX	b) must equal Form 990, Part X, col. (B) line 13 Other Assets.				
9) vtal. (Column (l			rm 990, Part IV, lii	ne 11d. See For	m 990, Part X, line 1
9) vtal. (Column (l	Other Assets.		orm 990, Part IV, lii	ne 11d. See For	m 990, Part X, line 1
e) tal. (Column (I Part IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, lii	ne 11d. See For	
e) tal. (Column (i Part IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, lii	ne 11d. See For	
9) ptal. (Column (i Part IX 1)	Other Assets.	answered "Yes" on Fo	orm 990, Part IV, lii	ne 11d. See For	
9) tal. (Column (i Part IX 1) 2)	Other Assets.	answered "Yes" on Fo	orm 990, Part IV, lii	ne 11d. See For	
9) tal. (Column () Part IX 1) 2) 3)	Other Assets.	answered "Yes" on Fo	orm 990, Part IV, lii	ne 11d. See For	
9) tal. (Column (i Part IX 1) 2) 3) 4)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, lii	ne 11d. See For	
2) Part IX 1) 2) 3) 4) 5)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, lii	ne 11d. See For	
2) tal. (Column (i 2 art IX 2) 3) 4) 5)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, lii	ne 11d. See For	
2) tal. (Column (i Part IX 1) 2) 3) 4) 5) 7)	Other Assets.	answered "Yes" on Fo	orm 990, Part IV, lii	ne 11d. See For	
9) Part IX 1) 2) 33 44) 55) 66) 77 88)	Other Assets.	answered "Yes" on Fo	orm 990, Part IV, lin		(b) Book value
9) Part IX 1) 2) 33 44) 55) 66) 77 88)	Other Assets. Complete if the organization	answered "Yes" on Fo			(b) Book value
9) tal. (Column (i Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (i	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities.	answered "Yes" on Fo (a) Description X, col. (B) line 15.)			(b) Book value
9) tal. (Column (i Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (i	Other Assets. Complete if the organization mn (b) must equal Form 990, Part	answered "Yes" on Fo (a) Description X, col. (B) line 15.)			(b) Book value
9) tal. (Column (i Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (i	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" on Fo (a) Description X, col. (B) line 15.)			(b) Book value
e) tal. (Column (i Part IX 1) 2) 3) 4) 5) 6) 7) 2) part X Part X	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25.	answered "Yes" on Fo (a) Description X, col. (B) line 15.)			(b) Book value
D) tal. (Column (i Part IX 1) 2) 3) 4) 5) 6) 7) 3) Otal. (Column Part X	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo (b) Book value	orm 990, Part IV, li		(b) Book value
Part IX	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo (b) Book value			(b) Book value
Part IX	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo (b) Book value	orm 990, Part IV, li		(b) Book value
Part IX	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo (b) Book value	orm 990, Part IV, li		(b) Book value
1) 2) 2) 3) 4) 5) 6) 7) 3) 9) 1) Federal ir 2) PAYROL 3) 4)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo (b) Book value	orm 990, Part IV, li		(b) Book value
Part IX Par	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo (b) Book value	orm 990, Part IV, li		(b) Book value
1) Part IX 1) Part IX 1) Part IX 1) Part X 1) Part X 1) Federal ir Part X 1) Federal ir Part X 1) Part X 1) Part X 1) Part X 1) Part X	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo (b) Book value	orm 990, Part IV, li		(b) Book value
2) tal. (Column (i Part IX 1) 2) 3) 4) 5) btal. (Column (i Part X 1) Federal ir 2) PAYROL 3) 4) 5) 7) 3)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo (b) Book value	orm 990, Part IV, li		(b) Book value
1) Federal ir PAYROL (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes	answered "Yes" on Fo (a) Description X, col. (B) line 15.) answered "Yes" on Fo (b) Book value	orm 990, Part IV, li		(b) Book value

Schedule D (Form 990) 2018 Page **4**

Part			per Retur	n.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part			es per Ret	urn.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
_	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part VIII.)	4a		
b	Other (Describe in Part XIII.)	4b		
с 5	Add lines 4a and 4b		. 4c	
Part		6 10.7	. 5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4· Part IV lines 1b a	nd 2h: Part \	V line 4: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
,		,		

Schedule D (For	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Name of the organization Rounce Animal Rescue Employer identification number 47-5045769

Dour	ice Allillar Rescue			
Part	Questions Regarding Compensation			
4.	Check the appropriate boy(ee) if the argenization provided any of the following to ar far a parson listed on Form		Yes	No
ıa	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	١		
	explain	1b		
•				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
	16	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		×
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		×
b	Any related organization?	5b		×
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
6	compensation contingent on the net earnings of:			
_	The organization?	60		×
a b	Any related organization?	6a 6b		×
b	If "Yes" on line 6a or 6b, describe in Part III.	OD		
	in 100 of and on on, docombo in that in			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		×
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title (i) Base (ii) Bonus & incentive (iii) Other compensation	npensation
1 TREASURER (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	red on prior rm 990
(i) (ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiiiii	0.
2 (ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiiiii	0.
(i) (ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiiiii	
3 (ii) (i) (ii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii	
(i) (ii) 5 (ii) 6 (ii)	
4 (ii) (i) 5 (ii) 6 (ii)	
5 (i) (ii) 6 (ii)	
5 (ii) (i) (ii) (iii)	
6 (i) (ii)	
6 (ii)	
7 (ii)	
8 (ii)	
(i)	
9 (ii)	
10 (ii)	
11 (ii) (iii)	
0	
12 (ii)	
13 (ii)	
(i)	
14 (ii)	
(i)	
15 (ii)	
(i)	

Schedule J (Form 990) 2018
Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this pa
for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Bounce Animal Rescue	47-5045769
Pt VI, Line 11b: THE RETURN DRAFT IS CIRCULATED TO THE BOARD MEMB	ERS FOR REVIEW
AND IS APPROVED PRIOR TO FILING.	
Pt VI, Line 19: THE FORM 990 IS AVAILABLE AT BOUNCE ANIMAL RESCUE	'S OFFICES
UPON REQUEST.	
Pt VI, Line 5: DURING 2016 IT WAS DISCOVERD THAT THERE WERE APPRO	XIMATELY \$11,000
IN UNAUTHORIZED EXPENDITURES WHICH WERE UNRELATED TO BOUNCE ANIMA	L RESCUE. LEGAL
ACTION AGAINST THE PERSON FOR THE ALLEGED UNAUTHORIZED EXPENDITUR	ES WAS TAKEN
AND A SETTLEMENT WAS REACHED FOR THE MONIES TO BE PAID BACK OVER	A PERIOD OF
14 MONTHS. THE MONTHLY REPAYMENT INSTALLMENTS STARTED IN MAY 2017	. THE INDIVIDUAL
IS NO LONGER ASSOCIATED WITH BOUNCE ANIMAL RESCUE.	
Pt IX, Line 24e:	
Description: BANK CHARGES & MERCHANT FEES	
Total: \$11,505	
Program services: \$0	
Management and general: \$11,505	
Fundraising: \$0	
Description: CLEANING SUPPLIES	
Total: \$879	
Program services: \$879	
Management and general: \$0	
Fundraising: \$0	
Description: CONTRIBUTIONS	
Total: \$6	
Program services: \$6	
Management and general: \$0	

Name of the organization	Employer identification number
Bounce Animal Rescue	47-5045769
Fundraising: \$0	
Description: DUES & SUBSCRIPTIONS	
Total: \$1,609	
Program services: \$1,609	
Management and general: \$0	
Fundraising: \$0	
Description: PAYROLL PROCESSING FEES	
Total: \$72	
Program services: \$72	
Management and general: \$0	·
Fundraising: \$0	
Description: POSTAGE & SHIPPING	
Total: \$0	
Program services: \$0	
Management and general: \$0	
Fundraising: \$0	
Description: SPECIAL EVENTS	
Total: \$316	
Program services: \$316	
Management and general: \$0	
Fundraising: \$0	
Description: PRINTING	
Total: \$239	
Program services: \$239	
Management and general: \$0	
Fundraising: \$0	
Description: LICENSES & FEES	
Total: \$0 Program services: \$0 Management and general: \$0 Fundraising: \$0 Description: SPECIAL EVENTS Total: \$316 Program services: \$316 Management and general: \$0 Fundraising: \$0 Description: PRINTING Total: \$239 Program services: \$239 Management and general: \$0 Fundraising: \$0	

Name of the organization	Employer identification number
Bounce Animal Rescue	47-5045769
m-t-1, 4051	
Total: \$251	
Program services: \$251	
Management and general: \$0	
Fundaciaina: ¢0	
Fundraising: \$0	
Description: TRAINING	
Total: \$235	
Program services: \$235	
120924 50212005 7200	
Management and general: \$0	
The desiration of the Action o	
Fundraising: \$0	
Description: MEALS & ENTERTAINMENT	
Total: \$243	
Program services: \$243	
110g1am ScIVIces V213	
Management and general: \$0	
Fundraising: \$0	
Description: PENALTIES	
Total: \$0	
Program services: \$0	
110g1am ScIVIces. Vo	
Management and general: \$0	
Fundraising: \$0	
Description: TELEPHONE	
Total: \$1,529	
Program services: \$1,529	
Program Services. \$1,525	
Management and general: \$0	
Fundraising: \$0	
Description: VOLUNTEER APPRECIATION	
Total: \$400	
7	
Program services: \$400	

Name of the organization	Employer identification number
Bounce Animal Rescue	47-5045769
Management and general: \$0	
Fundraising: \$0	
Description: DISPOSAL FEES	
Total: \$29	
Program services: \$29	
Management and general: \$0	
Fundraiging: 60	
Fundraising: \$0	
Description: SUBCONTRACTORS	
Total: \$2,386	
7	
Program services: \$2,386	
Management and general: \$0	
Fundraising: \$0	

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018
Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Business or activity to which this form relates

Identifying number

Boui	nce Animal Reso	cue	Form	990 / Fo	rm 990EZ		47-	045769				
Pai			rtain Property Und ed property, compl			mplete Part I.						
1							1					
2	•		•				2					
3		ons)	3									
4	Reduction in limitation		4									
5		r -0 If married filing										
	separately, see instr		5									
6	(a) Des											
7	Listed property. Ente	er the amount	from line 29		7		7					
8	Total elected cost of					7	8					
9	Tentative deduction.						9					
10	Carryover of disallov						10					
11	•		•			ne 5. See instructions .	11					
12				•		e 11	12					
13	Carryover of disallov		,									
Note	: Don't use Part II or											
					$\overline{}$	de listed property. See	instru	ictions.)				
14	Special depreciation	n allowance f	or qualified property	(other than	listed proper	rty) placed in service						
	during the tax year.	See instruction	ns				14					
15	Property subject to s	section 168(f)(1) election	, , , ,			15					
16	Other depreciation (i	including ACR	S)				16					
Par	t III MACRS Dep	reciation (D	on't include listed	property. Se	e instruction	s.)						
				Section A								
						8	17					
18	If you are electing to	o group any a	ssets placed in serv	ice during the	e tax year into	one or more general						
	asset accounts, che					🕨 🗌						
	Section B	–Assets Place		g 2018 Tax Y	ear Using the	General Depreciation	Syste	em				
(a)	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) De	epreciation deduction				
19a	3-year property											
b	5-year property											
C	7-year property											
	10-year property											
е	15-year property											
	20-year property											
	25-year property			25 yrs.		S/L						
h	Residential rental			27.5 yrs.	MM	S/L						
	property			27.5 yrs.	MM	S/L						
i	Nonresidential real			39 yrs.	MM	S/L						
	property MM S/L											
		Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System										
20°		Assets Place	d in Service During	2018 Tax Ye	ar Using the I	·	J Cy C					
	Class life	Assets Place	d in Service During		ar Using the 7	S/L	J.: 0, 0					
b	Class life 12-year	Assets Place	d in Service During	12 yrs.		5/L 5/L						
b	Class life 12-year 30-year	Assets Place	d in Service During	12 yrs. 30 yrs.	MM	S/L S/L S/L						
b	Class life 12-year 30-year 40-year			12 yrs.		5/L 5/L						
d Par	Class life 12-year 30-year 40-year TIV Summary (S	See instructio	ns.)	12 yrs. 30 yrs.	MM	S/L S/L S/L						
d Par 21	Class life 12-year 30-year 40-year t IV Summary (S	See instructioner amount from	ns.) n line 28	12 yrs. 30 yrs. 40 yrs.	MM MM	S/L S/L S/L S/L	21	3,350.				
d Par 21	Class life 12-year 30-year 40-year t IV Summary (S) Listed property. Enter Total. Add amounts	See instructioner amount from s from line 12,	ns.) n line 28 lines 14 through 17,	12 yrs. 30 yrs. 40 yrs. 	MM MM	S/L S/L S/L S/L S/L S/L	21	3,350.				
21 22	Class life 12-year 30-year 40-year Listed property. Enter Total. Add amounts here and on the app	See instructioner amount from s from line 12, ropriate lines of	ns.) n line 28 lines 14 through 17, of your return. Partne	12 yrs. 30 yrs. 40 yrs. Lines 19 and rships and S	MM MM	S/L S/L S/L S/L S/L S/L						
21 22	Class life 12-year 30-year 40-year Listed property. Enter Total. Add amounts here and on the app For assets shown at	See instruction of amount from the series of	ns.) n line 28 lines 14 through 17, of your return. Partne	12 yrs. 30 yrs. 40 yrs. lines 19 and rships and S	MM MM 20 in column corporations— ear, enter the	S/L S/L S/L S/L S/L S/L	21	3,350.				

	4562 (2018)	(Include out	mahila	o ortoi	n other	vobio	loo o	ortoin (iroroft	and	nrono		Page 2
Pa	rt V Listed Property entertainment, recre	Include auto) eation. or amu			n otner	venic	ies, c	ertain a	aircrait	, and	prope	rty use	ea ior
	Note: For any vehicle 24b, columns (a) throu	for which you	are using	, g the stan					lease (expense	e, comp	olete on	l y 24a,
	Section A—Depreciation								for pas	senger	automo	biles.)	
248	Do you have evidence to suppor							If "Yes," i					No
	e of property (list Date placed invest	(c) siness/ (d tment use Cost or of centage		Basis for de (business/i	epreciation nvestment	(f) Recove	,	(g) Method/ onvention		(h) preciation eduction	Ele	(i) ected sect cost	
25	Special depreciation allowathe tax year and used more												
26			•		400. 000	motrac		. 25					
Var			4,107.	1	4,107.	5.	00 200	DB-H		3,35	50.		
Vai	05/02/2010	%	1,107.		1,107.		0020	J DD 11.		3,33	7.	·	
		%											
27	Property used 50% or less i	in a qualified bu	siness us	se:	'								
		%					S/L	$\overline{}$					
		%					S/L		MZ		_		
	A 1 1 (1)	%		<u> </u>		0.4	S/L						
	Add amounts in column (h),	_				-	-	. 28		3,35	29		
_29	Add amounts in column (i),			Informati		o of W	$\overline{}$			-	29		
Com	plete this section for vehicles u								elated r	person.	f vou pr	ovided v	/ehicles
	our employees, first answer the												
			(a)		(b)		(c)		d)	(e)	(1	·)
30	Total business/investment mile the year (don't include commu	•	Vehicle	e 1	Vehicle 2	Ve	hicle 3	Veh	icle 4	Vehi	cle 5	Vehic	cle 6
31	Total commuting miles driven of	during the year											
32	Total other personal (no miles driven												
33	Total miles driven during t lines 30 through 32												
34	Was the vehicle available fo	or personal	Yes	No Ye	es No	Yes	No	Yes	No	Yes	No	Yes	No
35	use during off-duty hours? Was the vehicle used prima	arily by a more											
-00	than 5% owner or related p												
36	Is another vehicle available for	personal use? -Questions for	Employe	ava Wha I	Dravida M	/abiala	o for H	aa bu Th	ois Em	plower			
	wer these questions to deterrent these than 5% owners or related	mine if you mee	t an exce	eption to d				-				who ar	en't
	Do you maintain a written p	<u> </u>			nersonal	1100 04	fyobiol	ee inclu	ding or	mmutic	na by	Yes	No
	your employees?											103	110
38	Do you maintain a written pemployees? See the instruction												
39	Do you treat all use of vehic												
40	Do you provide more than use of the vehicles, and reta												
41	Do you meet the requirement	nts concerning	qualified	automob	le demon	stratio	n use?	See inst	ructions	S			
	Note: If your answer to 37,												
Pa	rt VI Amortization												
	(a) Description of costs	(b) Date amortiza begins	ation	(c Amortizab			(d) Code sed	ction	(e) Amortiza period percent	or	Amortiza	(f) tion for th	is year
42	Amortization of costs that b	egins during yo	ur 2018 t	tax year (s	see instru	ctions):							
	A									16			
43	Amortization of costs that b	egan before yo	ur 2018 t	ax year .						43			

43 44

44 Total. Add amounts in column (f). See the instructions for where to report

Federal Depreciation Options ► Keep for your records

2018

Name as Shown on Return Bounce Animal Rescue	Employer Identification No. 47-5045769		
MACRS Convention			
Compute convention (result shown below)			
When 'Compute convention' is checked, the program determines which convention appersonal property assets placed in service in 2018, and checks the appropriate box be The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is 1 Half-year convention 2 Mid-quarter convention'	low. s checked.		
MACRS Computation			
Use IRS tables for all MACRS property placed in service this year?	Yes No No No Yes No No No Yes No		
Form 990-T Section 179 Information			
 Taxable income computed without the Section 179 or contribution deduction Contribution deduction for purposes of Section 179 limitation Taxable income computed for the Section 179 limitation Elect to treat Qualified Real Property as "Section 179 Property"	. 2 . 3 . 4 . Yes No . 5a		

teew7901.SCR 04/13/17

Form **8879-E0**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning , 2018, and ending

OMB No. 1545-1878

Department of the Treasury

▶ Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information.

Internal Revenue Service Name of exempt organization **Employer identification number** 47-5045769 Bounce Animal Rescue Name and title of officer Amber Neiberger, Treasurer Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. **1a** Form 990 check here **▶ ★ b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) 1b 2b 3b 3a Form 1120-POL check here ► 4a Form 990-PF check here ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b **5a** Form 8868 check here ▶ □ **b Balance Due** (Form 8868, line 3c) **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only □ I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ▶ Date $\triangleright 04/07/2019$ Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ Date ► 04/15/2019 **ERO Must Retain This Form — See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

2018

Tax Year 2018 ► Keep for your records

Page 1 of 1

Name as Shown on Return Bounce Animal Rescue	Identifying Number 47-5045769
QuickZoom here to enter assets	

Activity: Form 990	_ /	FOLIII 9	9052	Lond	Bus	Continu	Cassial	Dannasiahla		Mathad/	Dulan	C
		Date	Cost	Land		Section		Depreciable		Method/	Prior	Current
Asset Description	Code *	In Service	(Net of Land)		Use %	179	Depreciation Allowance	Basis	Life	Convention	Depreciation	Depreciation
DEPRECIATION						*						
Van	A	03/02/16	24,107		100.00			24,107	5.00	200DB/HY	9,260	3,350
SUBTOTAL PRIOR YEAR	.2		24,107			0	0	24,107			9,260	
TOTALS			24,107	0		0	0	24,107			9,260	3,35
			\									
							-					

^{*}Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS

990-EZ, 990, 990-T and 990-PF Information Worksheet

2018

Part I — Identifying Information
Employer Identification Number . <u>47-5045769</u>
Name Bounce Animal Rescue
Doing Business As
Address <u>PO BOX 272407</u> Room/Suite
City FORT COLLINS State CO ZIP Code 80527
Province/State Foreign Postal Code
Foreign Code Foreign Country
Telephone Number (720)494-2552 Extension Fax
Eligible for hurricane tax relief legislation benefits, check here
Port II. Turn of Poture
Part II — Type of Return
Form 990-EZ only Form 990-EZ with Form 990-T
X Form 990 only Form 990 with Form 990-T Form 990-PF only Form 990-PF with Form 990-T Form 990-PF with Form 990-PF
Form 990-T only Form 990-N (gross receipts \$50,000 or less) for Electronic Filing only
QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ OR for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ. IMPORTANT
Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.
Part III — Type of Organization
X 501(c) Corporation/Association 3 (subsection number) 220(e) Trust 501(c) Trust (subsection number) 408A Trust 4947(a)(1) Trust 529(a) Corporation 408(e) Trust 529(a) Trust 401(a) Trust 530(a) Trust Other (describe) Corporation/Association 527 Organization Or Trust 501(c) Association
Part IV — Tax Year and Filing Information
X Calendar year Fiscal year — Ending month Short year — Beginning date Ending date
X Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Bounce Animal Rescue		47-5045	5769 Page 3
Electronic Filing of Amended Return: Check this box to file amended return electronically Check this box to file the state and/or city amended * Select the state and/or city amended return(s) to file electronically	return(s) electronic	ally	
State(s) *			
File Amended Form 114 Report of Foreign Bank and Part VIII — Electronic Funds Withdrawal Information			ically
Yes No Use electronic funds withdrawal of federal Use electronic funds withdrawal of Form 88 Use electronic funds withdrawal of amende	868 balance due (E	EF only)?	
Bank Information Check to confirm transferred account information (which a Name of Financial Institution (optional) Check the appropriate box Check Routing number]
Payment Information Enter the payment date to withdraw tax payment			
Part IX — Information for Client Letter			
	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date			
Part X — Return Preparer			
Enter preparer code from Firm/Preparer Info (See Help)			
QuickZoom to Form 990-EZ, Pages 1 through 4 QuickZoom to Form 990, Page 1 QuickZoom to Form 990-PF, Page 1			
QuickZoom to Client Status			



2018

Tax Year 2018 ► Keep for your records

Page 1 of 1

Name as Shown on Return		Identifying Number
Bounce Animal Rescue		47-5045769
	_	

Activity: Form 990 - / Form 990EZ Special Asset Date Cost Land Bus Section Depr Method/ Prior Current Adj/ Use % 179 Life Convention Description (Net of Depr Pref In Basis Depr Depr Code Allowance Service Land) DEPRECIATION 03/02/16 24,107 100.00 24,1075.00 150DB/HY 9,260 3,350 SUBTOTAL PRIOR YEAR 24,107 24,107 9,260 3,350 0. 24,107 24,107 9,260 3,350 0. TOTALS

^{*}Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS, P = Passive

► Keep for your records

Name(s) Shown on Return Bounce Animal Rescue	Employer ID No. 47-5045769				
A – Practitioner PIN Authorization					
QuickZoom to the Federal Information Worksheet to enter PIN information .	·····				

B – Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 844767 Self-Select PIN 32114

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2018 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN	 <u>32114</u>
Date	

2018

Electronic Filing Information Worksheet • Keep for your records

Name(s) shown on return Bounce Animal Rescue		Identifying number 47-5045769
Part I — State Electronic Filing:		
Check this box to force state only filing for all states selected to	be filed electronically	
Part II — Electronic Return Originator Information		
The ERO Information below will automatically calculate based or	n the preparer code entered	on the return.
For returns that are prepared as a "Non-Paid Preparer" (XNP) o enter the EFIN for the ERO that is responsible for this return.		▶844767
For returns that are marked as a "Non-Paid Preparer" (XNP) or enter a PIN for the ERO that is responsible for filing return ERO Name Ellis BLB ERO Address		
729 Main Street	20-5405563	
City State ZIP Code Longmont CO 80501	ERO Social Security Number of	or PTIN
Longmont CO 80501 Country		
Part III — Paid Preparer Information		
Firm Name	Preparer Social Security Numb	oor or DTIN
Ellis BLB	P01610637	DELOFFIIN
Preparer Name	Employer Identification Number	r
Kate Donahue, EA	20-5405563	
Address	Phone Number Fax	Number
729 Main Street	(720)494-2552 (303)682-2553
City State ZIP Code		
<u>Longmont</u> <u>CO</u> <u>80501</u>		
Country	Preparer E-mail Address Kate@ellisblb.com	
Part IV — Selection of Additional Amended Returns		
Enter the payment date to withdraw tax payment		.
Amount you are paying with the amended return		
Check this box to file another federal amended return el		
File another Amended Form 114 Report of Foreign Bank and F		onically
Check this box to file another state and/or city amende	d return electronically	
* Select the state and/or city amended return(s) to file electron	ically.	
014 1014 +		
State/City *		
California State Exempt		
Part V — Name Control		

Bounce Animal Rescue 47-5045769 1

Smart Worksheets from your 2018 Federal Exempt Tax Return

SMART WORKSHEET FOR: Form 990: Return of Organization Exempt from Income Tax

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet							
To enter assets, QuickZoom to Asset Entry Worksheet							
The	The following items carry to line 22 below:						
	Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising		
A B C	Depreciation	3,350.	0.	3,350.	0.		

SMART WORKSHEET FOR: Exempt Organization Information Wks

2017 Tax Cuts & Jobs Act

Apply 15-year recovery period to qualified improvement property
(asset types J2, J3, J4 and J5)
placed in service after December 31, 2017?

Yes No X

Refer to Tax Help