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2018

OMB No 1545-0052

## Form 990-PF

Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

► Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

		ndar year 2018, or tax year beginning 07-01-20	)18 , ar	nd ending 06-30-		
		indation LORIDA RESCUE INC			entification numbe	ı
			Ta (	20-5019326		
		l street (or P O box number if mail is not delivered to street address) AST COUNTY ROAD 1474	Room/suite	<b>B</b> Telephone nu	ımber (see ınstructıor	ns)
<u> </u>		1770		(305) 812-4414	1	
		i, state or province, country, and ZIP or foreign postal code .E, FL 32641		<b>C</b> If exemption	application is pendin	g, check here
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity	<b>D 1.</b> Foreign or	ganizations, check he	ere 📘 🗍
		Final return Amended return			rganizations meeting ck here and attach coi	
		Address change Name change		,	undation status was t	· · · —
		pe of organization Section 501(c)(3) exempt private			on 507(b)(1)(A), chec	
		1 4947(a)(1) nonexempt charitable trust Other taxable			_	
of y	year (f	xet value of all assets at end from Part II, col (c),  ▶\$ 5,240,189  J Accounting method  □ Other (specify) (Part I, column (d) must	► Cash		ation is in a 60-month in 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	42 24		(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	295,537			
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach	255,557			
		Sch B				
	3	Interest on savings and temporary cash investments	124 222	124 222	124 222	
ıe	4 5a	Dividends and interest from securities	134,333	134,333	134,333	
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	-50,574			
Reverkie	ь	Gross sales price for all assets on line 6a 450,741				
Rev	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain			0	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b c	Less Cost of goods sold	<u> </u>			
	11					
	12	Total. Add lines 1 through 11	379,296	134,333	134,333	
	13	Compensation of officers, directors, trustees, etc	0	0	· ·	0
	14	Other employee salaries and wages	23,995			
Sa	15	Pension plans, employee benefits				
Operating and Administrative Expenses	16a	Legal fees (attach schedule)	14,252	14,252	0	0
ed x	ь	Accounting fees (attach schedule)	<b>9</b> 550	0	550	0
e E	С	Other professional fees (attach schedule)	49,604	49,604	0	0
atıv	17	Interest				
Str	18	Taxes (attach schedule) (see instructions)	1,033	0		
ב	19	Depreciation (attach schedule) and depletion	1,748	0	1,748	
AGE	20	Occupancy				
<i>1</i> pt	21	Travel, conferences, and meetings				
j at	22	Printing and publications	90,894	0	90,894	50,506
tını T	23 24	Total operating and administrative expenses.	90,894	<u> </u>	90,094	30,306
era	24	Add lines 13 through 23	182,076	63,856	118,220	50,506
o	25	Contributions, gifts, grants paid	47,589	· · · · · · · · · · · · · · · · · · ·	110,220	47,589
	26	Total expenses and disbursements. Add lines 24 and				·
	27	25 Subtract line 26 from line 12	229,665	63,856	118,220	98,095
	27 a	Subtract line 26 from line 12  Excess of revenue over expenses and				
		disbursements	149,631			
	Ь	Net investment income (if negative, enter -0-)		70,477		
For	C	Adjusted net income (If negative, enter -0-)		Cat No 11289)	16,113	m <b>990-PF</b> (2018)

4,624,379

64,979

15,756

15,756

4,789,484

4,789,484

4,805,240

4,805,240

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4,787,834

87,695

5,240,189

9,496

9,496

5,230,693

5,230,693 5,240,189

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4,789,484

149,631

291,578

5,230,693

5,230,693 Form 990-PF (2018)

4,787,834

87,695

5,240,189

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19 20

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31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

3

Grants receivable . . . . . . . .

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe ▶\_

Unrestricted . . .

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . .

Other increases not included in line 2 (itemize) -

Temporarily restricted

Grants payable

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ \_

Investments—other (attach schedule) . . . . . . .

Less accumulated depreciation (attach schedule) ▶ 2,040

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Accounts payable and accrued expenses . . . . .

Other notes and loans receivable (attach schedule)

disqualified persons (attach schedule) (see instructions) . . . . .

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) . . . . . . . .

Investments—corporate bonds (attach schedule) . . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

	e the kınd(s) of property sold (e g , r arehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1aSee Additional Data Tabl	e				
b					
С					
d					
e					
(-)	(f)		(g)	(1	h)
<b>(e)</b> Gross sales price	Depreciation allowed (or allowable)		other basis ense of sale		r (loss) ) minus (g)
a See Additional Data Tabl	e				
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and own	ed by the foundation	on 12/31/69	(	I)
(i)	(j) Adjusted basis		(k) of col(ı)		h) gain minus less than -0-) <b>or</b>
F M V as of 12/31/69	as of 12/31/69		(j), if any	Losses (fro	om col (h))
a See Additional Data Tabl	e				
b					
<u>c</u>					
d					
e		 If gain, also enter in P			
·	gain or (loss) as defined in sections 1: rt I, line 8, column (c) (see instructio		· ,	3	-50,574
Part V Qualification l	Jnder Section 4940(e) for Rec	duced Tax on Net	Investment In	come	
	rivate foundations subject to the sect				
If section 4940(d)(2) applies, le	eave this part blank				
	e section 4942 tax on the distributabet qualify under section 4940(e) Do r		in the base period	,	es 🗹 No
1 Enter the appropriate an	nount in each column for each year, s	see instructions before	making any entrie	s	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2017	150,701		2,551,708	(30) (b) divided by c	0 059059
2016	0		0		0 000000
2015	0		0		0 000000
2014	0		0		0 000000
2013	0		0		0 000000
2 Total of line 1, column (	d)		2		0 059059
3 Average distribution ratio	o for the 5-year base period—divide th	ne total on line 2 by 5	0, or by the		
number of years the four	ndation has been in existence if less t	han 5 years	3		0 011812
	ncharitable-use assets for 2018 from	•	4		4,838,693
			5		57,155
	ent income (1% of Part I, line 27b)		6		705
					57,860
	ions from Part XII, line 4 ,				122,559
If line 8 is equal to or gre instructions	eater than line 7, check the box in Par	rt VI, line 1b, and com	plete that part usir	ng a 1% tax rate Se	e the Part VI

Page **6** 

1.	Statements Regard	iiig	ACTIVITIES IOI WITHCIT	FOITH 4720 May Be	Required (continued)	,			
5a	During the year did the foundation p	pay o	r incur any amount to					Yes	No
	(1) Carry on propaganda, or otherw	vise a	ittempt to influence legisl	ation (section 4945(e))?	☐ Yes [	✓ No			
	(2) Influence the outcome of any sp	pecifi	c public election (see sect	tion 4955), or to carry					
	on, directly or indirectly, any vo		-		· · · 🗌 Yes [	✓ No			
	(3) Provide a grant to an individual	for t	ravel, study, or other sım	ılar purposes?		✓ No			
	(4) Provide a grant to an organization section 4945(d)(4)(A)? See in		•	, -					
	(5) Provide for any purpose other t	han r	eligious, charitable, scien	tific, literary, or	∟ Yes L	<b>⊻</b> No			
	educational purposes, or for the		· ·		⊔ Yes L	✓ No			
b	If any answer is "Yes" to $5a(1)-(5)$ ,	dıd a	any of the transactions fa	nd to qualify under the ex	ceptions described in				
	Regulations section 53 4945 or in a	curre	ent notice regarding disas	ter assistance? See instr	ructions		5b		
	Organizations relying on a current n	otice	regarding disaster assist	ance check here	•				
c	If the answer is "Yes" to question 5a	a(4),	does the foundation clain	n exemption from the	•	_			
	tax because it maintained expenditu	ire re	sponsibility for the grant	<sup>2</sup>	· · □ Yes [	□ No	.		
	If "Yes," attach the statement requi	red b	y Regulations section 53	4945-5(d)	1c3 :	_ '*0			
6a	Did the foundation, during the year,	, rece	ive any funds, directly or	indirectly, to pay premi	ums on				
	a personal benefit contract?								
b	Did the foundation, during the year,				∟ res l	<b>⊻</b> No	6ь		No
	If "Yes" to 6b, file Form 8870	, ,	, ,	,, ,					
7a	At any time during the tax year, wa	s the	foundation a party to a r	prohibited tax shelter tra	nsaction?	<b>a</b> l			
	If yes, did the foundation receive ar				∟ res L	<b>⊻</b> No	7b		
8	Is the foundation subject to the sec		•				10		
•	excess parachute payment during th		, , ,						
					Yes □	<u> ✓ No</u>			
Pai	and Contractors	JTTIC	ers, Directors, Trust	tees, Foundation Ma	anagers, Highly Paid	Empi	oyees,		
1	List all officers, directors, truste	es, fo	oundation managers ar	d their compensation	. See instructions				
	(a) Name and address	(	b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans a deferred compensation	ina j	e) Expen		
See /	Additional Data Table		, , , , , , , , , , , , , , , , , , ,	,					
		1							
		1							
		<del>                                     </del>				_			
		1							
		-				_			
		4							
		<u> </u>							
	Compensation of five highest-pa	ıd en	nployees (other than ti	hose included on line :		none,	enter "	NONE.	
(2)	Name and address of each employee	hea	(b) Title, and average		(d) Contributions to employee benefit	/ / /	) Expens		nunt
(4)	more than \$50,000	paid	hours per week	(c) Compensation	plans and deferred		other all		
			devoted to position		compensation				
NON	E .								
			1						
Tota	I number of other employees paid ov	er \$5	0,000		<u> </u>				(
						F	orm <b>99</b> (	D-PF	(2018

Form 990-PF (2018)	Page <b>7</b>
Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NC	DNE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	_
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 COLLIESFLORIDA RESCUE INC IS DEDICATED TO THE RESCUE, REHABILITATION AND PLACEMENT, IN LOVING	
HOMES, COLLIES IN NEED, THROUGHOUT FLORIDA AND SOUTH GEORGIA WITH THE AID OF VOLUNTEERS AND MANY RESCUE PARTNERS WE ARE PROMOTING A NETWORK OF HOPE	50,506
2	30,300
3	
4	
Power TV D. Commonwood Discourage Deleted Towards agets (see weekweeks as)	
Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	Amount
	†
	1
2	
All other program-related investments See instructions	
3	-
	-
Total. Add lines 1 through 3	0
	Form <b>990-PF</b> (2018)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

24,464

122.559

121.854

Form 990-PF (2018)

705

Form **990-PF** (2018)

Page 9

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VLII			_		

990-PF (2	018)
rt XIII	U
Dietelbutab	10 00

Form Pa ndistributed Income (see instructions)

Distributable amount for 2018 from Part XI, line 7

(a)

Corpus

23.116

0

23,116

23,116

23.116

(b)

Years prior to 2017

(c)

2017

- 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. . . . . . Excess distributions carryover, if any, to 2018
- **b** Total for prior years a From 2013. . . . . **b** From 2014. . . .
- c From 2015. . . d From 2016. . . . .
- 23,116 e From 2017. . . . .
- f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a
- **b** Applied to undistributed income of prior years
- (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election

same amount must be shown in column (a) )

required—see instructions). . . . . . . . . . **d** Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . .

d Excess from 2017. . . e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

- List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
- List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the
- ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
- Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here lacksquigg of the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

- a The name, address, and telephone number or email address of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include
- Any submission deadlines
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors



a b c d	n service revenue	(a) Business code	(b)			Related or exempt
b c		business code	Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
c						
d						
е						
2 Member	and contracts from government agencies rship dues and assessments					
4 Dividen	ds and interest from securities			14		134,333
	financed property					
<b>b</b> Not de	ebt-financed property					
	tal income or (loss) from personal property					
	nvestment income					
invento	` '			14		-50,574
9 Net inco	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	evenue a					
	al Add columns (b), (d), and (e)		0			83,759
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			13	·	83,759
Part XVI			ment of Exemi	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions )	income is reporte	ed in column (e) of	f Part XVI-A contribut		0
1	DIVIDENDS AND INTEREST ARE EARNED ON	N A LARGE DONA	TION RECEIVED			
	INVESTMENT INCOME EARNED BEFORE THE					

0 11 (20	10)												
XVII	Information Exempt Org	Regarding Tr anizations	ansfers To a	and T	ransactio	ns and	Relation	ship	s Wit	h Non	charit	able	

1 Did the organization directly or indirectly engage in any of the following with any other organization described in (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash	1a(1) No 1a(2) No 1b(1) No 1b(2) No 1b(3) No 1b(4) No 1b(5) No 1b(6) No 1c No fair market value market value
<ul> <li>(1) Cash.</li> <li>(2) Other assets.</li> <li>b Other transactions</li> <li>(1) Sales of assets to a noncharitable exempt organization.</li> <li>(2) Purchases of assets from a noncharitable exempt organization.</li> <li>(3) Rental of facilities, equipment, or other assets.</li> <li>(4) Reimbursement arrangements.</li> <li>(5) Loans or loan guarantees.</li> <li>(6) Performance of services or membership or fundraising solicitations.</li> <li>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.</li> <li>d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fail in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services.</li> </ul>	1a(2) No  1b(1) No  1b(2) No  1b(3) No  1b(4) No  1b(5) No  1b(6) No  1c No  fair market value market value
(2) Other transactions (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fail in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services.	1a(2) No  1b(1) No  1b(2) No  1b(3) No  1b(4) No  1b(5) No  1b(6) No  1c No  fair market value market value
b Other transactions  (1) Sales of assets to a noncharitable exempt organization.  (2) Purchases of assets from a noncharitable exempt organization.  (3) Rental of facilities, equipment, or other assets.  (4) Reimbursement arrangements.  (5) Loans or loan guarantees.  (6) Performance of services or membership or fundraising solicitations.  c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.  d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fail in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services.	1b(1) No 1b(2) No 1b(3) No 1b(4) No 1b(5) No 1b(6) No 1c No fair market value market value
<ul> <li>(1) Sales of assets to a noncharitable exempt organization.</li> <li>(2) Purchases of assets from a noncharitable exempt organization.</li> <li>(3) Rental of facilities, equipment, or other assets.</li> <li>(4) Reimbursement arrangements.</li> <li>(5) Loans or loan guarantees.</li> <li>(6) Performance of services or membership or fundraising solicitations.</li> <li>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.</li> <li>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fail in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services.</li> </ul>	1b(2) No 1b(3) No 1b(4) No 1b(5) No 1b(6) No 1c No fair market value market value received
<ul> <li>(2) Purchases of assets from a noncharitable exempt organization.</li> <li>(3) Rental of facilities, equipment, or other assets.</li> <li>(4) Reimbursement arrangements.</li> <li>(5) Loans or loan guarantees.</li> <li>(6) Performance of services or membership or fundraising solicitations.</li> <li>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.</li> <li>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fail in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services.</li> </ul>	1b(2) No 1b(3) No 1b(4) No 1b(5) No 1b(6) No 1c No fair market value market value received
<ul> <li>(3) Rental of facilities, equipment, or other assets.</li> <li>(4) Reimbursement arrangements.</li> <li>(5) Loans or loan guarantees.</li> <li>(6) Performance of services or membership or fundraising solicitations.</li> <li>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.</li> <li>d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fail in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services.</li> </ul>	1b(3) No 1b(4) No 1b(5) No 1b(6) No 1c No fair market value market value eccived
<ul> <li>(4) Reimbursement arrangements.</li> <li>(5) Loans or loan guarantees.</li> <li>(6) Performance of services or membership or fundraising solicitations.</li> <li>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.</li> <li>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fail in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services.</li> </ul>	1b(4) No 1b(5) No 1b(6) No 1c No fair market value market value received
<ul> <li>(5) Loans or loan guarantees.</li> <li>(6) Performance of services or membership or fundraising solicitations.</li> <li>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.</li> <li>d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services.</li> </ul>	1b(5) No 1b(6) No 1c No fair market value market value received
<ul> <li>(6) Performance of services or membership or fundraising solicitations.</li> <li>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.</li> <li>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fai in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services.</li> </ul>	1b(6) No 1c No fair market value market value received
<ul> <li>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.</li> <li>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fai in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services.</li> </ul>	fair market value market value ecceived
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fai in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services	fair market value market value eceived
of the goods, other assets, or services given by the reporting foundation. If the foundation received less than failin any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services	market value received
in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services	received
(a) Line No (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transa	tions, and sharing arrangements
(a) Line No (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transa	tions, and sharing arrangements
I l  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations	
described in section 501(c) (other than section 501(c)(3)) or in section 527?	☐ Yes ☑ No
	res No
b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Desc	ption of relationship
(a) Name of organization (b) Type of organization (c) best	priori of Telationship
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a	
of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer which preparer has any knowledge	is based on all information of
Sign	May the IRS discuss this
******* lere	return
	with the preparer shown below
Signature of officer or trustee Date Title	(see instr )? ✓ Yes ☐ No
	•
Print/Type preparer's name Preparer's Signature Date Check if self-	PTIN
employed ▶ [	P01287643
Paid LORIE KEEGAN CPA 2019-11-09	1
Propros	
Jse Only Firm's name ► CARR RIGGS & INGRAM LLC	
Firm's address > 4010 NW 25 PLACE	Fırm's EIN ▶72-1396621
	Firm's EIN ▶72-1396621
GAINESVILLE, FL 32606	Firm's EIN ▶72-1396621  Phone no (352) 372-6300

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Р 2018-08-27 2018-01-10 1 **DUKE ENERGY** 1 **DUKE ENERGY** Ρ 2018-08-27 2018-01-16 **DUKE ENERGY** Р 2018-08-27 2018-01-23 **DUKE ENERGY** Р 2018-08-27 2018-02-05 **STARBUCKS** Ρ 2018-08-03 2018-01-16 Ρ **STARBUCKS** 2018-08-03 2018-02-01 Ρ **STARBUCKS** 2018-08-03 2018-02-08 Р VANECK VECTORS 2018-08-21 2018-01-17 VANECK VECTORS Ρ 2018-01-24 2018-08-21 VANECK VECTORS Р 2018-01-31 2018-08-21 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 13,699 13,738 -39 161 189 -28 1,612 1,588 24 16,923 16,128 795 5,221 6,087 -866 6,265 6,792 -527 522 574 -52 23,979 26,311 -2,33240,104 43,902 -3,798 40,039 43,886 -3,847 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -39 -28 24 795 -866 -527 -52 -2,332 -3,798-3,847

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation VANECK VECTORS Р 2018-08-21 2018-02-07 VANECK VECTORS Ρ 2018-08-21 2018-02-07 VANECK VECTORS Р 2018-08-21 2018-02-07 VANECK VECTORS Ρ 2018-08-21 2018-02-07 VANECK VECTORS Ρ 2018-08-21 2018-02-09 Ρ WESTLAKE CHEM 2018-09-11 2018-02-27 Ρ WESTLAKE CHEM 2018-09-11 2018-03-06 Р 2018-10-03 GARRETT MOTION 2018-10-03 GARRETT MOTION Ρ 2018-10-05 2018-10-10 **ISHARES** Р 2018-10-25 2018-10-29 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 17,945 19,535 -1,590 11,216 12,224 -1,008 11,216 12,232 -1,016 22 53 -31 42,596 45,960 -3,364 10,362 13,471 -3,109 490 345 -145 5 5 149 149 208,342 238,155 -29,813 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -1,590-1,008 -1,016 -31 -3,364-3,109 -145 5 149 -29,813

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d (b) List and describe the kind(s) of property sold (e.g., real estate, (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P—Purchase (mo , day, yr ) (mo, day, yr) D-Donation RESIDEO TECH 2018-10-31 2018-10-31 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss)

	(f) (or allowable)	(g) plus expense of sale	(h) (e) plus (f) minus (g)						
18			18						
Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I									
Complete only for assets show	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69								
(i) F M V as of 12/31/69	Adjusted basis	Excess of col (I)  (k) over col (I) If any	col (k), but not less than -0-) or (I) Losses (from col (h))						

18

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation FELICIA STERNBACH TREASURER 40 00 13208 E COUNTY ROAD 1474 GAINESVILLE, FL 32641 JUDY DECKED DIDECTOR 91 LONG MEADOW PLACE ROTONDA WEST, FL 33947 BARBARA WALLACE DIRECTOR ٥ 5 00

JUDY BECKER	DIRECTOR	l o	l o	l o
4511 BURLINGTON AVE N ST PETERSBURG, FL 33713	5 00			
JOYCE CUYJET	DIRECTOR	0	0	0
B1 LONG MEADOW BLACE	7 5 00			

DIRECTOR 5 00

7815 SW 88TH TERRACE MIAMI, FL 33156 JOSEPHINA PEREZ-CASTRO

8645 SW 132ND CT MIAMI, FL 33183

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

	or substantial contributor			
a Paid during the year				
PAY TO SPAY7401 NW 18TH AVE	NONE	501(C)3	ANIMAL PROTECTION	3,000

GAINESVILLE, FL 32605				
PAWS 4 YOU8717 SW 134TH ST MIAMI, FL 33176	NONE	501(C)3	ANIMAL PROTECTION	27,000
SENIOR SAVERS DOG RESCUE	NONE	501(C)3	ANIMAL PROTECTION	4.000

MIAMI, FL 33176				2,,000
SENIOR SAVERS DOG RESCUE 16238 COASTAL PLAIN DRIVE	NONE	501(C)3	ANIMAL PROTECTION	4,000
SPRING HILL FL 34610				

MIAMI, FL 331/6				
SENIOR SAVERS DOG RESCUE 16238 COASTAL PLAIN DRIVE SPRING HILL, FL 34610	NONE	501(C)3	ANIMAL PROTECTION	4,000

SENIOR SAVERS DOG RESCUE 16238 COASTAL PLAIN DRIVE SPRING HILL, FL 34610	NONE	501(C)3	ANIMAL PROTECTION	4,000
--------------------------------------------------------------------------------	------	---------	-------------------	-------

47,589

SPRING HILL, FL 34610		
16238 COASTAL PLAIN DRIVE		1

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
MID FLORIDA SHELTIE RESCUE 1480 MEADOWBROOK RD PALM BAY, FL 32905	NONE	501(C)3	ANIMAL PROTECTION	13,000

recipient

589

47,589

PALM BAY, FL 32905			
OTHER4010 NW 25TH PLACE	NONE	ANIMAL PROTECTION	

FALIT DAT, I L 32903			
OTHER4010 NW 25TH PLACE GAINESVILLE, FL 32606	NONE	ANIMAL PROTECTION	

any foundation manager

Name and address (home or husiness)

Total.

efile GRAPHIC print - DO NOT F	ROCESS	As Filed D	ata -	D	LN: 93491316010489		
TY 2018 Accounting Fe	TY 2018 Accounting Fees Schedule						
		COLLIES 20-5019	FLORIDA RESCUE 326	INC			
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES		550	0	550	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491316010489
Note: To capture the full content of this	document, please	e select landscape mode (11" $\times$ 8.5") when printing.	
TY 2018 Depreciation Schedule	•		
Name:	COLLIESFLORIDA	A RESCUE INC	
EIN:	20-5019326		

	ETI
B	C - I I

2019-06-08

4,500

SL

DURANGO TRAILER

	Depreci	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BUILDING FOR HOUSING DOGS	2018-04-30	62,099	259	SL	40 000000000000	1,552	0	1,552	
DECK	2018-01-25	3,172	33	SL	40 000000000000	79	0	79	
BUILDING RENOVATION	2019-05-21	19,964		SL	40 000000000000	42	0	42	

5 000000000000

75

75

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491316010489
TY 2018 Investments Corpora	te Stock Sche	dule	
11 2010 Investments corpora	te Stock Serie	ddic	
Name:	COLLIESFLORIDA	RESCUE INC	
EIN:	20-5019326		

Investments Corporation Stock Schedule						
Name of Stock		l of Year Fair arket Value				
CITY NATIONAL	4,787,834	4,787,834				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316010489
TY 2018 Land, Etc.		
Schedule		

Name: COLLIESFLORIDA RESCUE INC ETN: 20 5010226

EIN: 20-3019320							
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value			
BUILDING FOR HOUSING DOGS	62,099	1,811	60,288	60,288			
DECK	3,172	112	3,060	3,060			
BUILDING RENOVATION	19,964	42	19,922	19,922			
DURANGO TRAILER	4,500	75	4,425	4,425			

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLN	l: 93491316010489			
TY 2018 Legal Fees Schedule							
Name: COLLIESFLORIDA RESCUE INC EIN: 20-5019326							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
LEGAL FEES	14,252	14,252	0	0			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491316010489		
TY 2018 Other Expenses Sche	dule					
<del>-</del>						
Name:	COLLIESFLORID	DA RESCUE INC				
<b>EIN:</b> 20-5019326						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ANIMAL CARE	50,506	0	50,506	50,506		
OFFICE EXPENSE	36,295	0	36,295	0		
BANK FEES	279	0	279	0		

430

3,384

INSURANCE

MISCELLANEOUS

430

3,384

efile GRAPHIC print - DO NOT PROCESS	DLN: 93491316010489						
TY 2018 Other Increases Schedule							
Name: COLLIESFLORIDA RESCUE INC							
<b>EIN:</b> 20-5019326							
Description	Amount						
UNREALIZED GAIN	291,578						

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491316010489
<b>TY 2018 Other Liabilities Sche</b>	dule			
Name:	COLLIESFLOR	IDA RESCUE	INC	
EIN:	20-5019326			
Description	n		Beginning of Year - Book Value	End of Year - Book Value
CREDIT CARD			15,756	9,496

Category	Amount	Net Investment	Adjusted Net	Disbursements				
<b>EIN:</b> 20-5019326								
Name: COLLIESFLORIDA RESCUE INC								
TY 2018 Other Professional Fees Schedule								
efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491316010489				

		1		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
				Purposes

49,604

49,604

INVESTMENT FEES

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data -	-	DLN	N: 93491316010489			
TY 2018 Taxes Schedule							
Name: COLLIESFLORIDA RESCUE INC EIN: 20-5019326							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

1,033

1,033

PAYROLL TAXES

efile GRAPHIC print - DC	NOT PROCESS As Filed Data	-		DLN: 93491316010489	
Schedule B	Schedule of Contributors			OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF gov/Form990 for the latest inform	nation	2018	
Name of the organizatio COLLIESFLORIDA RESCUE			Employer id	dentification number	
Organization type (chec	(one)		20-5019326		
	,				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)( ) (enter number)	organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	☐ 527 political organization				
Form 990-PF	<b>☑</b> 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3) taxable private foundation				
	on filing Form 990, 990-EZ, or 990 roperty) from any one contributor				
Special Rules					
under sections 50 received from any	n described in section 501(c)(3) fili $\Theta(a)(1)$ and 170(b)(1)(A)(vi), that chone contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1 Coi	necked Schedule A (Form 990 optal contributions of the greater	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that	
during the year, to	n described in section 501(c)(7), (8 tal contributions of more than \$1,00 e prevention of cruelty to children of	00 exclusively for religious, cha	aritable, scientific, literary, d		
during the year, co If this box is check purpose Don't co	n described in section 501(c)(7), (8 ontributions <i>exclusively</i> for religious ed, enter here the total contribution in the any of the parts unless the 6 e, etc., contributions totaling \$5,00	s, charitable, etc., purposes, bu ns that were received during the <b>General Rule</b> applies to this or	t no such contributions tota e year for an <i>exclusively</i> re ganization because it rece	aled more than \$1,000 eligious, charitable, etc, ived <i>nonexclusively</i>	
990-EZ, or 990-PF), but it	that isn't covered by the General F must answer "No" on Part IV, line m 990PF, Part I, line 2, to certify th	2, of its Form 990, or check the	e box on line H of its		
For Paperwork Reduction Actor Form 990, 990-EZ, or 990-		Cat No 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2018)	

Name of organization COLLIESFLORIDA RESCUE INC		Employer identification 20-5019326	Employer identification number 20-5019326	
Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	dditional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	ANNIE CLAUDE KIRN ESTATE C/O MARY ROSASCO 8971 BLOOMFIELD BV  SARASOTA, FL 34238	\$ 283,019	Person  Payroll  Noncash  (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		s	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person Payroll Complete Part II for noncash contributions Payroll Payroll Payroll (2018)	

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2018)		Page <b>3</b>
Name of organization COLLIESFLORIDA RESCUE INC		Employer identification number	
	edi Me	20-50	19326
Part II	Noncash Property		_
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
——— <u>  =</u>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
=			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions)	(d) Date received
=			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
=		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
=			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
=			
<u> </u>		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)		Page <b>4</b>	
Name of organization COLLIESFLORIDA RESCUE INC			Employer identification number 20-5019326	
than \$1, organiza the year	000 for the year from any one contributo	r. Complete columns (a) throu of exclusively religious, charita actions.) ► \$	in section 501(c)(7), (8), or (10) that total more gh (e) and the following line entry. For able, etc., contributions of \$1,000 or less for	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Ri	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Ro	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Ro	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	elationship of transferor to transferee	
			chedule B (Form 990, 990-EZ, or 990-PF) (2018)	