

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2012**

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

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning** , and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
**COMMONWEALTH CAT RESCUE INC**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**4122 LEONARD DRIVE 300**  
 City, town or post office, state, and ZIP code  
**FAIRFAX VA 22030**

**D Employer identification number**  
**76-0826022**

**E Telephone number**  
**703-568-3600**

**G Gross receipts \$** **115,528**

**F Name and address of principal officer:**  
**CHRISTOPHER C HASLAM**  
**11837 WAPLES MILL ROAD**  
**OAKTON VA 22124-2113**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** **N/A**

**H(c) Group exemption number** ▶

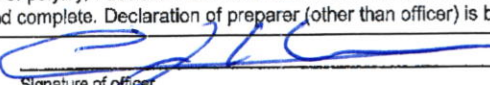
**K Form of organization:**  Corporation  Trust  Association  Other ▶


**L Year of formation:** **2007** **M State of legal domicile:** **VA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>RESCUE CATS AND OTHER DOMESTIC PET ANIMALS. AFTER RESCUE ANIMALS ARE HOUSED, CARED FOR, FED, AND PROVIDED MEDICAL ATTENTION UNTIL HOMES CAN BE FOUND FOR THEM.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	120
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	46,711	55,613
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-34	3,829
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,677	59,442
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	52,991	51,093
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	52,991	51,093
19 Revenue less expenses. Subtract line 18 from line 12	-6,314	8,349	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	11,794	18,979
	21 Total liabilities (Part X, line 26)	1,164	0
	22 Net assets or fund balances. Subtract line 21 from line 20	10,630	18,979

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer:  Date: **10/21/2013**  
**CHRISTOPHER C HASLAM** **PRESIDENT**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **RICHARD E JACOBS** Preparer's signature:  Date: **07/01/13** Check  if self-employed PTIN: **P01004503**  
 Firm's name: **Padgett Business Services** Firm's EIN: **27-1149253**  
 Firm's address: **809 N. Loudoun St Winchester, VA 22601-4947** Phone no.: **540-667-4188**