

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 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 **COMMONWEALTH HUMANE SOCIETY**
 Number and street (or P.O. box if mail is not delivered to street address) **4122 LEONARD DRIVE**
 Room/suite **300**
 City or town, state or province, country, and ZIP or foreign postal code
FAIRFAX VA 22030

D Employer identification number
76-0826022

E Telephone number
703-568-3600

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

G Gross receipts \$ **73,374**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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**

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: 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.		
	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 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	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)	55,613	28,058
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,829	4,007
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,442	32,065
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	51,093	31,677	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,093	31,677	
19 Revenue less expenses. Subtract line 18 from line 12	8,349	388	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	18,980	19,188
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	18,980	19,188

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: **10/14/2014**

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: **RICHARD E JACOBS** Date: **06/24/14** 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**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No