Form 990

Return of Organization Exempt From Income Tax

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

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For t	the 2008 ca	alendar	year, or tax year beginning		3, and endir			, 20	
В	Check i	if applicable:	Please	C Name of organization COMMONWEALTH	CAT RE	ESCUE :	INC.		yer identification	number
		ss change	use IRS label or	Doing Business As				76-08	326022	
		change	print or	Number and street (or P.O. box if mail is not delivered to s	street address)	Room/su	uite	E Teleph	one number	
_	Initial r		type. See	4122 LEONARD DRIVE		300		(703)	568-3600)
	Termin		Specific Instruc-	City or town, state or country, and ZIP + 4						
		led return	tions.	FAIRFAX, VA 22030				G Gross r	eceipts \$ 71	,670
			F Nam	ne and address of principal officer: CHRISTOP	HER C.	HASLA	M Lu(a) le this	a araun ratur	n for affiliates? Yes	VINO
	Applica	tion pending		7 WAPLES MILL RD, OAKTO		22124	ri(a) is this		included? Yes	
_	Tay-e	xempt status			527		1		a list. (see instruction	
÷		site: ►	· [D] 3	oric) () (insert no.) 4947 (a)(1) or	JE1				100	1115)
<u>K</u>			∇ Como	ration ☐ Trust ☐ Association ☐ Other ►	I V	ear of formati		M State o	of legal domicile: V	Δ
_	art I			ration Trust Association Other		cai oi ioiiiati	011.2007	W State 0	i legal dollilolle. V 2	1
F	art	Summ	агу			. EVE	MDT DIID	DOCE	TC TO DE	SCIIE
	1	Briefly de	scribe	the organization's mission or most signific	cant activiti	ies: LALI	MPI PUR	PUSE	TO TO KE	200E
ø	1	CATS	AND	OTHER DOMESTIC PET ANIMA	ALS AFI	EK KES	COF IH	EI HO	USE, CARE	١,
2				OVIDE MEDICAL ATTENTION	TO THE	RESCU	JED ANTI	MALS	ONLIT HON	IES
Activities & Governance				UND FOR THEM						
8	2	Check this	box ► [if the organization discontinued its operations	or disposed	of more than	25% of its as	ssets.	5	_
യ	3	Number of	of votin	g members of the governing body (Part V	1, line 1a).			. 3		$\frac{3}{3}$
es	4			pendent voting members of the governing						3
Ϋ́	5			employees (Part V, line 2a)	3 10 100 100 100					
Ç	6			volunteers (estimate if necessary)						10
_				lated business revenue from Part VIII, line				-		
				siness taxable income from Form 990-T,				. 7b		0
				,			Prior Ye		Current Yea	ır
	8	Contributi	ione an	d grants (Part VIII, line 1h)			38	3,178	60,68	7.00
ine	9			revenue (Part VIII, line 2g)					10,984	
Revenue	1	-								0.00
Re	1			ne (Part VIII, column (A), lines 3, 4, and 70 art VIII, column (A), lines 5, 6d, 8c, 9c, 10						0.00
				Id lines 8 through 11 (must equal Part VIII, o			38 17	78.00	71,673	
							30/1	0.00		0.00
	1			ar amounts paid (Part IX, column (A), lines						
		•		or for members (Part IX, column (A), line						0.00
es Se				npensation, employee benefits (Part IX, colu	10.5% E200	8				0.00
Expenses				raising fees (Part IX, column (A), line 11e)						
Ϋ́	b	Total funds	raising (expenses (Part IX, column (D), line 25)			27 77	10 00	66 100	
_	17	Other exp	enses	(Part IX, column (A), lines 11a-11d, 11f-24	4f)		37,77		66,180	
	18	Total expe	enses.	Add lines 13-17 (must equal Part IX, colu	mn (A), line	25)	37,77		66,180	
	19	Revenue le	ess exp	enses. Subtract line 18 from line 12	<u></u>		40	0.00	5,491	.00
or				3			Beginning o		End of Year	
lan	20	Total asse	ts (Par	t X, line 16)			40	00.00	18,723	
Ass 1 Ba			•	art X, line 26)				0.00	12,833	
Net Assets or Fund Balances				d balances. Subtract line 21 from line 20			40	0.00	5,890	00.0
	rt II	Signa								
		Under nens	alties of n	erium, I declare that I have examined this return, inclu	ding accompa	nying schedu	les and stateme	ents, and to	the best of my kno	wledge
		and belief,	it is true,	correct, and complete. Declaration of preparer (othe	r than officer)	is based on a	all information o	of which pro	parer has any kno	wieage.
Sig	n		-	Lec			4/2	22/10	FILE	
Her		Signati	ure of off	iger			Date	1	CADY	
1101			OH	RIS HASLAND				Li	CULI	
		Type o	or print na	ame and title						
			1	20 1	Date			Preparer's id	lentifying number	
		Preparer's signature		naaa//A		self	ployed ▶ □	(see instruct	ions)	
Paid		Signature	11)	Y V V V I //N/ MI (XX	104/0	6/09	,	223-6	0-5887	
	arer's		//	rs G & C BUSINESS SERVI	CES CO		EIN		1089270	
Use	1	Firm's name if self-empl	loved).	DOOD TITT CON DITTO MIT	NCHEST		Phone no		0)667-41	88
	•	address, ar	nd ZIP +	4 / 2220 11120011 221			Prione no	(34	Yes [No
May	the	IRS discus	s this	eturn with the preparer shown above? (so	ee instructi	ons) .				
For	Privad	y Act and	Paperw	ork Reduction Act Notice, see the separate	instruction	ıs.			Form 990	(2008)

	Other Revenue												Pro	gram	Ser	vice F	Reve	nue	Con	tribut othe	ions r sir	s, gift nilar	s, gr amo	rants unts		Part VIII												
7.1	е	ф	o i	11a h		0 5	ь	10a	0 0	-	9a	ი ხ		8a	d (0	Ь	7a	р	ი ხ	6a	U	4 1	ယ	9	→ e	Ф	0 0	2a	•	ьg	_	* O	۵	0 0	1a		<u> </u>
9c, 10c, and 11e	Total. Add lines 11a-11d	All other revenue			Miscellaneous Revenue	Net income or (loss) from sales of inventory	returns and allowances . Less: cost of goods sold	Gross sales of inve	Net income or (loss) from gaming activities	See Part IV, line 19	Gross income from gaming activities.	Less: direct expenses b Net income or (loss) from fundraising events	tributions repor	Gross income from events (not including \$	Net gain or (loss)	Gain or (loss)	Less: cost or other basis	assets other than inventory	Net rental income or (loss)	Rental income or (loss)	Gross Rents	Royallies [Income from investment of tax-exempt bond proceeds	Investment income (including dividends, interest, and other similar amounts)	Total. Add lines 2a-2f	All other program service revenue			ONLE OF FOOD	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Noncash contributions included in lines 1a-1t: Total. Add lines 1a-1f	and similar amounts not included above	Government grants (contributions).		Fundraising events		SIL	Statement of Revenue
	÷ .	· · ·				sales of inventory	 	of inventory, less	m gaming activitie		ng activities.	,,,,b∐ m fundraising eve		fundraising	· · · ·	0.00		W coomings	SS)	0.00		(i) Real	tax-exempt bond p	uding dividends,		e revenue .	<u> </u>				d in lines 1a-1t: \$	1	ns).	1d	10	ने बे		venue
1 3	Р С				Business Code	V						nts 🔻			- - - - -	0.00			fii) Other	0.00		(ii) Personal	proceeds 🕨	interest, and						Business Code	▼	60,687						
1,671.00		0 00				0.00			0.00			0.00			0.00				0.00	44400					0,984.00					10 984	60,687.00						Total revenue	
																																					Related or exempt function revenue	(B)
																															Police Constitution Constitutio						Unrelated business revenue	
990 (2008)				2																																	Revenue excluded from tax under sections 512, 513, or 514	(D)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. zations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete co	iuiiii (A) but are ii	or required to com		(0), and (b).
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the		ő		
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				u a ⇔ ±
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	e:	# 34	e	129
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other		2		
	Office expenses	u		or č	
	Information technology				
	Royalties				
	Occupancy	-			
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1 000			
	Interest	1,883			
21	Payments to affiliates	1 700			
22	Depreciation, depletion, and amortization .	1,700		-	
23	Insurance				
24	Other expenses. Itemize expenses not		Name of the Control		6466
	covered above. (Expenses grouped together				的第三人称形式 医克里克氏
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
а	SEE SCHEDULE ATTACHED	62,597			
b					
c		,			
d					
e					
£	All other expenses	CC 100 00			200
25	Total functional expenses. Add lines 1 through 24f	66,180.00		The state of the s	FILLS
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			Cy-	COPY
	fundraioning continuous.				Form 990 (2008)