

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)

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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 or town, state or country, and ZIP + 4

FAIRFAX, VA 22030**D** Employer identification number**76-0826022****E** Telephone number**703-568-3600****G** Gross receipts \$ **84,889****F** Name and address of principal officer: **CHRISTOPHER C. HASLAM****11837 WAPLES MILL RD, OAKTON, VA 22124****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)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2007****M** State of legal domicile: **VA****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EXEMPT PURPOSE IS TO RESCUE CATS AND OTHER DOMESTIC PET ANIMALS. AFTER RESCUED THEY 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
	4	Number of independent voting members of the governing body (Part VI, line 1b)	3
	5	Total number of employees (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	10
Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0
Expenses	8	Contributions and grants (Part VIII, line 1h)	60,687
	9	Program service revenue (Part VIII, line 2g)	10,984
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.00
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.00
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	71,671.00
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0.00
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.00
Net Assets or Fund Balances	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0.00
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.00
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.00
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	66,180
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	66,180.00
19	Revenue less expenses. Subtract line 18 from line 12	5,491.00	
Net Assets or Fund Balances			

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

CHRIS C. HASLAM, PRESIDENT

Type or print name and title

FILE COPY**5/14/2010****Paid Preparer's Use Only**

Preparer's signature

Date
05/05/10Check if self-employed ☐

Preparer's identifying number (see instructions)

223-60-5887

Firm's name (or yours if self-employed), address, and ZIP + 4

G&C BUSINESS SERVICES CORP.
2220 Wilson Blvd., Winchester, VA 22601EIN ▶ **54-1089270**
Phone no. ▶ **(540) 667-4188**May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	63,500				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			63,500.00			
Program Service Revenue	2a SALE OF FOOD & SUPPLIES	Business Code		21,389			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			21,389.00			
	3 Investment income (including dividends, interest, and other similar amounts)						
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)	0.00	0.00				
	d Net rental income or (loss)			0.00			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)	0.00	0.00				
	d Net gain or (loss)			0.00			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events			0.00			
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities			0.00			
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory			0.00			
	Miscellaneous Revenue		Business Code				
	11a						
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			0.00				
12 Total Revenue. See instructions.			84,889.00				

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 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)				
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):				
a Management				
b Legal				
c Accounting	10	0	10	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	417	417		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,400	3,400		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SEE SCHEDULE ATTACHED	81,560	78,519	3,041	0
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	85,387.00	82,336.00	3,051.00	0.00
26 Joint Costs. Check here <input type="checkbox"/> 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				