

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20																															
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization COMMONWEALTH CAT RESCUE, INC.</td> <td>D Employer identification number 76-0826022</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>E Telephone number</td> </tr> <tr> <td>4122 LEONARD DRIVE</td> <td>300</td> <td>703-568-3600</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4</td> <td></td> </tr> <tr> <td colspan="2">FAIRFAX, VA 22030</td> <td>G Gross receipts \$ 84,889</td> </tr> <tr> <td colspan="3"> F Name and address of principal officer: CHRISTOPHER C. HASLAM 11837 WAPLES MILL RD, OAKTON, VA 22124 </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> <td> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3"> J Website: ▶ K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> </tr> <tr> <td colspan="3"> L Year of formation: 2007 M State of legal domicile: VA </td> </tr> </table>	C Name of organization COMMONWEALTH CAT RESCUE, INC.		D Employer identification number 76-0826022	Doing Business As			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	4122 LEONARD DRIVE	300	703-568-3600	City or town, state or country, and ZIP + 4			FAIRFAX, VA 22030		G Gross receipts \$ 84,889	F Name and address of principal officer: CHRISTOPHER C. HASLAM 11837 WAPLES MILL RD, OAKTON, VA 22124			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	J Website: ▶ K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2007 M State of legal domicile: VA		
C Name of organization COMMONWEALTH CAT RESCUE, INC.		D Employer identification number 76-0826022																													
Doing Business As																															
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number																													
4122 LEONARD DRIVE	300	703-568-3600																													
City or town, state or country, and ZIP + 4																															
FAIRFAX, VA 22030		G Gross receipts \$ 84,889																													
F Name and address of principal officer: CHRISTOPHER C. HASLAM 11837 WAPLES MILL RD, OAKTON, VA 22124																															
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶																													
J Website: ▶ K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: <u>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.</u>			
	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 2010 (Part V, line 2a)	5		
	6	Total number of volunteers (estimate if necessary)	6	200	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b		Net unrelated business taxable income from Form 990-T, line 34	7b		
8		Contributions and grants (Part VIII, line 1h)	Prior Year 63,500.00	Current Year 74,715.00	
9		Program service revenue (Part VIII, line 2g)	21,389.00	24,019.00	
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)	84,889.00	98,734.00	
Expenses		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
		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)		87,183.00	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	0.00	87,183.00	
	19	Revenue less expenses. Subtract line 18 from line 12	84,889.00	11,551.00	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 14,474.00	End of Year 22,275.00	
	21	Total liabilities (Part X, line 26)	9,082.00	5,331.00	
	22	Net assets or fund balances. Subtract line 21 from line 20	5,392.00	16,944.00	

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 3/10/11	YOUR FILE		
	Type or print name and title CHRIS HASLAM				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL H. CULLERS, EA	Preparer's signature 	Date 03/04/11	Check <input type="checkbox"/> if self-employed	PTIN P00052975
	Firm's name ▶ BETTER WAY BUSINESS SERVICES, INC.	Firm's EIN ▶ 27-1149253			
	Firm's address ▶ 2220 WILSON BLVD, WINCHESTER, VA 22601	Phone no. (540) 667-4188			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

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	74,715.00			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		74,715.00			
Program Service Revenue	2a sale of food & supplies			Business Code			
	b				24,019.00		
	c						
	d						
	e						
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f ▶		24,019.00			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶				
4		Income from investment of tax-exempt bond proceeds ▶					
5		Royalties ▶					
6a		Gross Rents	(i) Real	(ii) Personal			
		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. ▶		98,734.00				

YOUR
FILE

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	100.00	0	100.00	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	417.00	417.00		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,400.00	3,400.00		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	see schedule attached	83,266.00	81,558.00	1,708.00	0
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	87,183.00	85,375.00	1,808.00	0.00
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**YOUR
FILE**