

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)

OMB No. 1545-0047

2011

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 2011 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

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
4122 LEONARD DRIVE 300

E Telephone number
703-568-3600

City or town, state or country, and ZIP + 4
FAIRFAX VA 22030

G Gross receipts \$ **46,677**

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 ▶

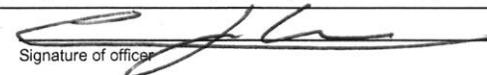
L Year of formation: **2007** **M State of legal domicile:** **VA**

Part I Summary

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 RESCUE 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	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 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	200
	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)	0	46,711
	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)	0	-34
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	46,677
	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	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	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0	52,991
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0	52,991
19 Revenue less expenses. Subtract line 18 from line 12	0	-6,314	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	22,275	11,794
	21 Total liabilities (Part X, line 26)	5,331	1,164
	22 Net assets or fund balances. Subtract line 21 from line 20	16,944	10,630

Part II Signature Block

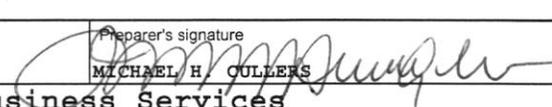
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer:  Date: **4/29/2011**

CHRISTOPHER C HASLAM **PRESIDENT**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MICHAEL H. CULLERS** Preparer's signature:  Date: **04/27/12** Check if self-employed PTIN: **P00052975**

Firm's name ▶ **Padgett Business Services** Firm's EIN ▶ **27-1149253**

Firm's address ▶ **2220 Wilson Blvd Winchester, VA 22601-3636** 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.

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 19,944				
	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 26,767				
	g Noncash contributions included in lines 1a-1f:	\$				
	h Total. Add lines 1a-1f		46,711			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	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						
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						
10a Gross sales of inventory, less returns and allowances	a 67,900					
b Less: cost of goods sold	b 67,934					
c Net income or (loss) from sales of inventory		-34				
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			46,677	0	0	0

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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	458	458		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	7,255		7,255	
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				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,400	3,400		
23 Insurance	556	556		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SEE SCHEDULE ATTACHED	41,322	41,322		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	52,991	45,736	7,255	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				