

Filing Instructions**CATSKILL ANIMAL SANCTUARY, INC.
CATSKILL ANIMAL SANCTUARY, INC.****Exempt Organization Tax Return****Taxable Year Ended December 31, 2013****Date Due:** May 15, 2014**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/13 shows no balance due.**Signature:** Form 8453-EO, Exempt Organization Declaration and Signature for Electronic Filing, should be signed and dated by an authorized officer of the organization and returned to Sickler,Torchia,Allen&Churchill,CPAsPC. The form will be included as an attachment to the electronic file and therefore must be signed and returned before the electronic file is transmitted to the IRS. If previously signed and returned no further action is required for Form 8453-EO.**Other:** Initial and date the copies of the Form 8453-EO and the Form 990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2013, or tax year beginning _____, and ending _____

2013

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

CATSKILL ANIMAL SANCTUARY, INC.

14-1827972

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,204,752</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration of Officer

- I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here		<u>09/11/14</u>		<u>EXECUTIVE DIRECTOR</u>
	Signature of officer	Date		Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's		Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
Use Only	ERO's signature	<u>09/11/14</u>			<u>P00237241</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>SICKLER, TORCHIA, ALLEN&CHURCHILL, CPASPC</u>			EIN <u>14-1629697</u>
		<u>P.O. BOX 757 LAKE KATRINE NY 12449</u>			Phone no. <u>845-336-7183</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>CRAIG R. SICKLER</u>				
	Firm's name }	Firm's EIN }			
	Firm's address }	Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2013)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047

2013

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
CATSKILL ANIMAL SANCTUARY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
316 OLD STAGE ROAD

City or town, state or province, country, and ZIP or foreign postal code
SAUGERTIES NY 12477

D Employer identification number
14-1827972

E Telephone number

G Gross receipts \$ **1,223,970**

F Name and address of principal officer:

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) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.CASANCTUARY.ORG**

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **2000** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	100
	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)	Prior Year 610,046	Current Year 1,017,175
	9 Program service revenue (Part VIII, line 2g)	166,701	173,016
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,380	2,325
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,144	12,236
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	789,271	1,204,752
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)	489,287	513,894
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 56,434		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	608,424	573,223
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,097,711	1,087,117	
19 Revenue less expenses. Subtract line 18 from line 12	-308,440	117,635	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,405,250	End of Year 3,468,473
	21 Total liabilities (Part X, line 26)	27,944	17,117
	22 Net assets or fund balances. Subtract line 21 from line 20	3,377,306	3,451,356

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: **E. KATHLEEN STEVENS** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **CRAIG R. SICKLER** Date: **09/11/14**
 Firm's name: **SICKLER, TORCHIA, ALLEN&CHURCHILL, CPASPC** Firm's EIN: **14-1629697**
 Firm's address: **P.O. BOX 757 LAKE KATRINE, NY 12449** Phone no.: **845-336-7183**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **821,110** including grants of \$) (Revenue \$)

4e Total program service expenses **u 821,110**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u JULIE BARONE** **316 OLD STAGE ROAD**

SAUGERTIES **NY 12477** **845-336-7480**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) E. KATHLEEN STEVENS PRESIDENT/ED	40.00 0.00	X		X				52,185	0	0
(2) CHRIS SEEHOLZER VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(3) BILL SPEARMAN TREASURER	1.00 0.00	X		X				0	0	0
(4) MICHAEL GRAFF MEMBER	1.00 0.00	X						0	0	0
(5) CAROL MEYER MEMBER	1.00 0.00	X						0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							52,185			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							52,185			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	81,690			
	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	935,485			
	g Noncash contributions included in lines 1a-1f: \$		7,010			
	h Total. Add lines 1a-1f	u	1,017,175			
Program Service Revenue		Busn. Code				
	2a SPONSORSHIPS		84,982	84,982		
	b HOMESTEAD INCOME		33,874	33,874		
	c EDUCATIONAL		32,367	32,367		
	d SHINDIG		11,204	11,204		
	e AUCTION INCOME		5,059	5,059		
	f All other program service revenue		5,530	5,530		
	g Total. Add lines 2a-2f	u	173,016			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	2,325	2,325		
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	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)	u				
	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	u				
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	u					
10a Gross sales of inventory, less returns and allowances	a	21,861				
b Less: cost of goods sold	b	19,218				
c Net income or (loss) from sales of inventory	u	2,643			2,643	
	Miscellaneous Revenue	Busn. Code				
11a MISCELLANEOUS			9,593	9,593		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u		9,593			
12 Total revenue. See instructions.	u		1,204,752	184,934	0	2,643

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).

Check if Schedule O contains a response or note to any line 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	485,149	297,415	145,525	42,209
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	28,745	17,534	8,624	2,587
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,502		25,502	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,309	5,309		1,000
12 Advertising and promotion	15,850	14,243	1,607	
13 Office expenses	88,746	72,486	16,260	
14 Information technology				
15 Royalties				
16 Occupancy	4,790		4,790	
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	75,837	75,837		
23 Insurance	5,678	5,678		
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 ANIMAL CARE AND SUPPLIES	191,978	191,978		
b BAD DEBT EXPENSE	77,533	75,000	2,416	117
c FARM REPAIRS AND MAINTENANCE	44,748	44,748		
d UTILITIES	21,106	16,257	4,849	
e All other expenses	15,146	4,625		10,521
25 Total functional expenses. Add lines 1 through 24e	1,087,117	821,110	209,573	56,434
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	67,441	1	90,981
	2	Savings and temporary cash investments	888,504	2	988,970
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	134,148	4	47,175
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	34,842	8	30,473
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,586,861		
	b	Less: accumulated depreciation	10b 297,359	10c 2,269,644	2,289,502
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,671	15	21,372
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,405,250	16	3,468,473	
Liabilities	17	Accounts payable and accrued expenses	27,944	17	17,117
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	27,944	26	17,117
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,335,972	27	3,381,356
	28	Temporarily restricted net assets	41,334	28	70,000
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,377,306	33	3,451,356	
34	Total liabilities and net assets/fund balances	3,405,250	34	3,468,473	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,204,752
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,087,117
3	Revenue less expenses. Subtract line 2 from line 1	3	117,635
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,377,306
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-44,847
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,262
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,451,356

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CATSKILL ANIMAL SANCTUARY, INC.

Employer identification number

14-1827972

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,974,374	1,415,530	1,702,514	610,046	1,017,175	6,719,639
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,974,374	1,415,530	1,702,514	610,046	1,017,175	6,719,639
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						6,719,639

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,974,374	1,415,530	1,702,514	610,046	1,017,175	6,719,639
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,827	13,545	11,652	5,380	2,325	41,729
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,171	9,936	525	3,531	9,593	25,756
11 Total support. Add lines 7 through 10						6,787,124

12 Gross receipts from related activities, etc. (see instructions) **12** 184,934

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.01 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.01 %

16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 25,756

SUPPLEMENTAL INFORMATION

SALE OF MERCHANDISE AND BOOKS

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2013

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

CATSKILL ANIMAL SANCTUARY, INC.

14-1827972

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

CATSKILL ANIMAL SANCTUARY, INC.

Employer identification number

14-1827972

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 430,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 55,173	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

CATSKILL ANIMAL SANCTUARY, INC.

Employer identification number

14-1827972

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, total acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** %
 - b** Permanent endowment **u** %
 - c** Temporarily restricted endowment **u** %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** unrelated organizations
 - (ii)** related organizations
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		764,906		764,906
b Buildings		1,629,704	215,239	1,414,465
c Leasehold improvements				
d Equipment		192,251	82,120	110,131
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) u				2,289,502

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

CATSKILL ANIMAL SANCTUARY, INC.

Employer identification number

14-1827972**FORM 990 - ORGANIZATION'S MISSION**

TO PROVIDE A SAFE HAVEN FOR ABUSED, ABANDONED, AND NEGLECTED HORSES AND FARM ANIMALS. TO HEIGHTEN PUBLIC AWARENESS OF THE TREATMENT OF THESE ANIMALS AND ITS IMPACT ON HUMANS, ANIMALS, AND THE PLANET WE SHARE THROUGH INOVATIVE ON AND OFF-SITE PROGRAMMING. ALSO TO SERVE AS AN EDUCATIONAL RESOURCE TO SCHOOLS AND YOUTH ORGANIZATIONS BY PROVIDING INNOVATIVE ON-SITE AND SCHOOL-BASED PROGRAMS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

TO PROVIDE A SAFE HAVEN FOR ABUSED AND ABANDONED FARM ANIMALS AND PROVIDE EDUCATION REGARDING ANIMAL CARE TO THE GENERAL PUBLIC.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE 990 IS MADE AVAILABLE TO THE GOVERNING BODY. THE ORGANIZATION'S INDEPENDENT ACCOUNTANT IS AVAILABLE TO THE BOARD AS A RESOURCE TO ANSWER ANY QUESTIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD REVIEWS COMPENSATION AND COMPARABILITY DATA WITH REGARD TO THE PAY OF THE EXECUTIVE DIRECTOR AND STAFF.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION'S FORM 990 IS AVAILABLE TO THE GENERAL PUBLIC ON GUIDESTAR AND UPON REQUEST.

Name of the organization

CATSKILL ANIMAL SANCTUARY, INC.

Employer identification number

14-1827972

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

INVESTMENT VALUE **\$ 1,262**

Filing Instructions

**CATSKILL ANIMAL SANCTUARY, INC.
CATSKILL ANIMAL SANCTUARY, INC.**

Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2013

Date Due: May 15, 2014

Remittance: None is required. Your Form 990-T for the tax year ended 12/31/13 shows a total overpayment of \$3,543, which is to be refunded in its entirety.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.

Other: Initial and date the copy of the return, and retain it for your records.

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit (40a-40e), Total credits (40e), Subtract line 40e from line 39 (41), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Questions include interest in foreign country, distribution from foreign trust, and tax-exempt interest received.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation u

Table with 2 columns: Description and Amount. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, Additional sec. 263A costs, and Total.

Sign Here

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.

Signature of officer: CRAIG R. SICKLER, Title: EXECUTIVE DIRECTOR

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

Paid Preparer Use Only

Print/Type preparer's name: CRAIG R. SICKLER, Preparer's s: CRAIG R., Firm's name: SICKLER, TORCHIA, ALLEN & ASSOCIATES, P.C., Firm's address: P.O. BOX 757 LAKE KATRINE, NY 12449, Firm's EIN: 14-1629697, Phone no.: 845-336-7183

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		

Total Total (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **u**

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B). **u**

Total dividends-received deductions included in column 8 **u**

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). **u**

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on page 1, Part II, line 14

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2013

Department of the Treasury
Internal Revenue Service (99)

u See separate instructions.

u Attach to your tax return.

Attachment Sequence No. **179**

Name(s) shown on return

CATSKILL ANIMAL SANCTUARY, INC.

Identifying number

14-1827972

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	75,837

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	75,837
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2013)

Form **8941**

Credit for Small Employer Health Insurance Premiums

OMB No. 1545-2198

2013

Department of the Treasury
Internal Revenue Service

u Attach to your tax return.

u Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.

Attachment
Sequence No. **63**

Name(s) shown on return

Identifying number

CATSKILL ANIMAL SANCTUARY, INC.

14-1827972

Caution. See the instructions and complete Worksheets 1 through 7 as needed.

1a	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a))	23
b	Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a if different from the identifying number listed above	14-1827972
2	Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	12
3	Average annual wages you paid for the tax year (from Worksheet 3, line 3). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	36,000
4	Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (b))	33,215
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (total from Worksheet 4, column (c))	42,024
6	Enter the smaller of line 4 or line 5	33,215
7	Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	8,304
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6	7,197
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from Worksheet 6, line 7	3,543
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	
11	Subtract line 10 from line 4. If zero or less, enter -0-	33,215
12	Enter the smaller of line 9 or line 11	3,543
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a))	8
14	Enter the number of FTEs you would have entered on line 2 if you only included employees included on line 13 (from Worksheet 7, line 3)	5
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	3,543
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	
19	Enter the amount you paid in 2013 for taxes considered payroll taxes for purposes of this credit (see instructions)	28,745
20	Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 44f	3,543

For Paperwork Reduction Act Notice, see separate instructions.

Form **8941** (2013)

Year Ended: December 31, 2013

14-1827972

CATSKILL ANIMAL SANCTUARY, INC.
CATSKILL ANIMAL SANCTUARY, INC.
316 OLD STAGE ROAD
SAUGERTIES, NY 12477

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

14-1827972

Federal Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	2008 VEHICLE ADDITIONS	6/30/08	6,331			6,331	5 MO S/L	5,704	627
2	2009 VEHICLE ADDITIONS	6/30/09	6,660			6,660	5 MO S/L	4,662	1,332
3	2010 VEHICLE ADDITIONS	6/30/10	28,788			28,788	5 MO S/L	14,394	5,758
4	BUILDINGS AND IMPROVEMENTS	6/30/04	303,358			303,358	39 MO S/L	87,862	7,778
5	2007 ADDITIONS	6/30/07	18,774			18,774	39 MO S/L	2,647	481
6	2008 BUILDING ADDITIONS	6/30/08	61,108			61,108	39 MO S/L	7,051	1,567
7	2008 IMPROVEMENTS	6/30/08	12,025			12,025	39 MO S/L	1,387	308
8	BUILDING - 318 OLD STAGE	10/15/09	217,779			217,779	39 MO S/L	18,148	5,584
9	2009 ADDITIONS	6/30/09	181,102			181,102	39 MO S/L	16,253	4,644
10	2010 BUILDING ADDITIONS	6/30/10	74,020			74,020	39 MO S/L	4,745	1,898
11	LAND 318 OLD STAGE ROAD	10/15/09	48,000			48,000	0 -- Land	0	0
12	2008 EQUIPMENT ADDITIONS	6/30/08	6,550			6,550	7 MO S/L	4,211	936
13	2009 EQUIPMENT ADDITIONS	6/30/09	10,822			10,822	7 MO S/L	5,411	1,546
14	2010 EQUIPMENT ADDITIONS	6/30/10	45,654			45,654	7 MO S/L	16,305	6,522
15	THE HOMESTEAD	7/01/11	46,863			46,863	40 MO S/L	1,757	1,172
16	BED	3/02/11	200			200	10 MO S/L	37	20
17	2-WAY RADIOS	4/22/11	632			632	7 MO S/L	150	91
18	MEDICATION REFRIGERATOR	6/04/11	400			400	10 MO S/L	63	40
19	LAWN MOWER	7/16/11	289			289	10 MO S/L	41	29
20	AIR CONDITIONER-VISITOR CENTER	7/17/11	360			360	10 MO S/L	51	36
21	ASSISTANCE LAPTOP	7/20/11	668			668	10 MO S/L	95	66
22	ANTIQUE HAY WAGON	11/03/11	1,800			1,800	10 MO S/L	210	180
23	HAY BARN	7/01/11	424			424	10 MO S/L	64	42
24	IMPROVEMENTS-DIRECTORS HOUSE	9/01/11	9,710			9,710	39 MO S/L	332	249
25	PIG BARN	7/01/11	389			389	10 MO S/L	58	39
26	POLE BARN	7/01/11	983			983	10 MO S/L	147	99
27	CHICKEN CHALET	7/01/11	3,653			3,653	10 MO S/L	548	365
28	2-WAY RADIOS	3/23/11	1,264			1,264	10 MO S/L	221	127
29	MAIN BARN	7/01/11	2,895			2,895	10 MO S/L	434	290
30	POT BELLY BARN	7/01/11	3,378			3,378	10 MO S/L	507	338
31	BLEICH BARN	7/01/11	62,680			62,680	10 MO S/L	9,402	6,268
32	ROADS	7/01/11	88,016			88,016	20 MO S/L	6,601	4,401
33	FENCING	7/01/11	1,325			1,325	20 MO S/L	99	67
34	HORSE TRAILER	7/01/11	1,500			1,500	7 MO S/L	321	215
35	TELEVISION	4/22/11	150			150	5 MO S/L	50	30
36	2-WAY RADIOS	9/12/11	632			632	7 MO S/L	120	91
37	SALT SPREADER	10/31/11	600			600	7 MO S/L	100	86
38	EXHIBIT SHELVES	11/21/11	1,588			1,588	7 MO S/L	246	227
39	MEDICAL SUPPLY CABINET	12/14/11	329			329	7 MO S/L	51	47
40	PROPERTY 316 OLD STAGE ROAD	11/23/11	517,444			517,444	0 -- Land	0	0
41	RT. 32 LAND	11/23/11	171,962			171,962	0 -- Land	0	0
42	BUILDING RT. 32	11/23/11	174,202			174,202	39 MO S/L	4,839	4,467
43	LAWN MOWER	7/05/11	900			900	10 MO S/L	135	90
44	FENCING	7/01/12	7,607			7,607	20 MO S/L	190	381
45	RT. 32 BLDG IMPROVEMENTS	7/01/12	6,678			6,678	39 MO S/L	86	171
46	FURNITURE FOR HOUSE	7/01/12	17,881			17,881	10 MO S/L	894	1,788
47	APPLIANCES FOR HOUSE	7/01/12	6,254			6,254	5 MO S/L	625	1,251
48	HOMESTEAD RENOVATIONS	7/01/12	77,647			77,647	39 MO S/L	995	1,991
49	COMPUTER EQUIPMENT	7/01/12	1,779			1,779	10 MO S/L	89	178
50	FOOD CART	7/01/12	12,749			12,749	10 MO S/L	637	1,275
51	TRACTOR	9/28/12	30,000			30,000	10 MO S/L	750	3,000
52	300 OLD STAGE RD HOUSE	8/15/12	171,000			171,000	40 MO S/L	1,781	4,275
53	300 OLD STAGE RD	8/15/12	27,500			27,500	0 -- Land	0	0
54	300 OLD STAGE RD-RENOVATIONS	12/02/12	867			867	40 MO S/L	2	22
55	300 OLD STAGE RD-FENCE	11/02/12	796			796	7 MO S/L	19	114
56	WIP	11/01/12	14,200			14,200	0 -- Memo	0	0
57	IMPROVMENT TO HAY HOUSE	2/20/13	2,270			2,270	10 MO S/L	0	189
58	ROAD PAVING	4/30/13	49,500			49,500	20 MO S/L	0	1,650
59	TURKEY FENCING	10/02/13	10,525			10,525	20 MO S/L	0	132
60	IMPROVEMENTS-BROWN OFFICE BUI	11/14/13	7,228			7,228	39 MO S/L	0	31
61	TURKEY BARN	9/17/13	7,598			7,598	10 MO S/L	0	190
62	WIP-NEW BARN	2/21/13	4,510			4,510	0 -- Memo	0	0
63	HOMESTEAD-IMPROVEMENTS	7/10/13	6,592			6,592	39 MO S/L	0	85
64	FURNITURE AND EQUIPMENT	6/30/13	4,523			4,523	10 MO S/L	0	226
65	MS Office	4/09/13	2,940			2,940	3 MO Amort	0	735

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Total Other Depreciation		<u>2,586,851</u>			<u>2,586,851</u>		<u>221,527</u>	<u>75,837</u>
	Total ACRS and Other Depreciation		<u>2,586,851</u>			<u>2,586,851</u>		<u>221,527</u>	<u>75,837</u>
	Grand Totals		2,586,851			2,586,851		221,527	75,837
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,586,851</u>			<u>2,586,851</u>		<u>221,527</u>	<u>75,837</u>

14-1827972

NY Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
Prior MACRS:								
42	BUILDING RT. 32	11/23/11	174,202	174,202	5,025	4,467	4,467	0
			<u>174,202</u>	<u>174,202</u>	<u>5,025</u>	<u>4,467</u>	<u>4,467</u>	<u>0</u>
Other Depreciation:								
1	2008 VEHICLE ADDITIONS	6/30/08	6,331	6,331	5,704	627	627	0
2	2009 VEHICLE ADDITIONS	6/30/09	6,660	6,660	4,662	1,332	1,332	0
3	2010 VEHICLE ADDITIONS	6/30/10	28,788	28,788	14,394	5,758	5,758	0
4	BUILDINGS AND IMPROVEMENTS	6/30/04	303,358	303,358	66,116	7,779	7,778	-1
5	2007 ADDITIONS	6/30/07	18,774	18,774	2,648	481	481	0
6	2008 BUILDING ADDITIONS	6/30/08	61,108	61,108	7,051	1,567	1,567	0
7	2008 IMPROVEMENTS	6/30/08	12,025	12,025	1,387	309	308	-1
8	BUILDING - 318 OLD STAGE	10/15/09	217,779	217,779	18,148	5,584	5,584	0
9	2009 ADDITIONS	6/30/09	181,102	181,102	16,253	4,643	4,644	1
10	2010 BUILDING ADDITIONS	6/30/10	74,020	74,020	4,745	1,898	1,898	0
11	LAND 318 OLD STAGE ROAD	10/15/09	48,000	48,000	0	0	0	0
12	2008 EQUIPMENT ADDITIONS	6/30/08	6,550	6,550	4,211	935	936	1
13	2009 EQUIPMENT ADDITIONS	6/30/09	10,822	10,822	5,411	1,546	1,546	0
14	2010 EQUIPMENT ADDITIONS	6/30/10	45,654	45,654	16,305	6,522	6,522	0
15	THE HOMESTEAD	7/01/11	46,863	46,863	2,485	1,704	1,172	-532
16	BED	3/02/11	200	200	57	29	20	-9
17	2-WAY RADIOS	4/22/11	632	632	150	91	91	0
18	MEDICATION REFRIGERATOR	6/04/11	400	400	63	40	40	0
19	LAWN MOWER	7/16/11	289	289	41	29	29	0
20	AIR CONDITIONER-VISITOR CENTER	7/17/11	360	360	103	51	36	-15
21	ASSISTANCE LAPTOP	7/20/11	668	668	95	66	66	0
22	ANTIQUE HAY WAGON	11/03/11	1,800	1,800	210	180	180	0
23	HAY BARN	7/01/11	424	424	64	42	42	0
24	IMPROVEMENTS-DIRECTORS HOUSE	9/01/11	9,710	9,710	332	249	249	0
25	PIG BARN	7/01/11	389	389	58	39	39	0
26	POLE BARN	7/01/11	983	983	147	99	99	0
27	CHICKEN CHALET	7/01/11	3,653	3,653	548	365	365	0
28	2-WAY RADIOS	3/23/11	1,264	1,264	221	127	127	0
29	MAIN BARN	7/01/11	2,895	2,895	434	290	290	0
30	POT BELLY BARN	7/01/11	3,378	3,378	507	338	338	0
31	BLEICH BARN	7/01/11	62,680	62,680	9,402	6,268	6,268	0
32	ROADS	7/01/11	88,016	88,016	6,601	4,401	4,401	0
33	FENCING	7/01/11	1,325	1,325	99	67	67	0
34	HORSE TRAILER	7/01/11	1,500	1,500	321	215	215	0
35	TELEVISION	4/22/11	150	150	50	30	30	0
36	2-WAY RADIOS	9/12/11	632	632	120	91	91	0
37	SALT SPREADER	10/31/11	600	600	100	86	86	0
38	EXHIBIT SHELVES	11/21/11	1,588	1,588	246	227	227	0
39	MEDICAL SUPPLY CABINET	12/14/11	329	329	51	47	47	0
40	PROPERTY 316 OLD STAGE ROAD	11/23/11	517,444	517,444	0	0	0	0
41	RT. 32 LAND	11/23/11	171,962	171,962	0	0	0	0
43	LAWN MOWER	7/05/11	900	900	135	90	90	0
44	FENCING	7/01/12	7,607	7,607	190	381	381	0
45	RT. 32 BLDG IMPROVEMENTS	7/01/12	6,678	6,678	86	171	171	0
46	FURNITURE FOR HOUSE	7/01/12	17,881	17,881	1,277	2,555	1,788	-767
47	APPLIANCES FOR HOUSE	7/01/12	6,254	6,254	625	1,251	1,251	0
48	HOMESTEAD RENOVATIONS	7/01/12	77,647	77,647	995	1,991	1,991	0
49	COMPUTER EQUIPMENT	7/01/12	1,779	1,779	89	178	178	0
50	FOOD CART	7/01/12	12,749	12,749	637	1,275	1,275	0
51	TRACTOR	9/28/12	30,000	30,000	750	3,000	3,000	0
52	300 OLD STAGE RD HOUSE	8/15/12	171,000	171,000	1,781	4,275	4,275	0
53	300 OLD STAGE RD	8/15/12	27,500	27,500	0	0	0	0
54	300 OLD STAGE RD-RENOVATIONS	12/02/12	867	867	2	22	22	0
55	300 OLD STAGE RD-FENCE	11/02/12	796	796	19	114	114	0
56	WIP	11/01/12	14,200	14,200	0	0	0	0
57	IMPROVMENT TO HAY HOUSE	2/20/13	2,270	2,270	0	189	189	0
58	ROAD PAVING	4/30/13	49,500	49,500	0	1,650	1,650	0
59	TURKEY FENCING	10/02/13	10,525	10,525	0	132	132	0
60	IMPROVEMENTS-BROWN OFFICE BUI	11/14/13	7,228	7,228	0	31	31	0
61	TURKEY BARN	9/17/13	7,598	7,598	0	190	190	0
62	WIP-NEW BARN	2/21/13	4,510	4,510	0	0	0	0
63	HOMESTEAD-IMPROVMENTS	7/10/13	6,592	6,592	0	85	85	0
64	FURNITURE AND EQUIPMENT	6/30/13	4,523	4,523	0	226	226	0

14-1827972

NY Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
65	MS Office	4/09/13	2,940	2,940	0	735	735	0
	Total Other Depreciation		<u>2,412,649</u>	<u>2,412,649</u>	<u>196,126</u>	<u>72,693</u>	<u>71,370</u>	<u>-1,323</u>
	Total ACRS and Other Depreciation		<u>2,412,649</u>	<u>2,412,649</u>	<u>196,126</u>	<u>72,693</u>	<u>71,370</u>	<u>-1,323</u>
	Grand Totals		2,586,851	2,586,851	201,151	77,160	75,837	-1,323
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>2,586,851</u>	<u>2,586,851</u>	<u>201,151</u>	<u>77,160</u>	<u>75,837</u>	<u>-1,323</u>

14-1827972

AMT Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
32	ROADS	7/01/11	88,016		X	0	15 HY 150DB	88,016	0
33	FENCING	7/01/11	1,325		X	0	15 HY 150DB	1,325	0
42	BUILDING RT. 32	11/23/11	174,202			174,202	39 MMS/L	5,025	4,467
			<u>263,543</u>			<u>174,202</u>		<u>94,366</u>	<u>4,467</u>
Other Depreciation:									
1	2008 VEHICLE ADDITIONS	6/30/08	6,331			6,331	5 MO S/L	5,704	627
2	2009 VEHICLE ADDITIONS	6/30/09	6,660			6,660	5 MO S/L	4,662	1,332
3	2010 VEHICLE ADDITIONS	6/30/10	28,788			28,788	5 MO S/L	14,394	5,758
4	BUILDINGS AND IMPROVEMENTS	6/30/04	303,358			303,358	39 MO S/L	87,862	7,778
5	2007 ADDITIONS	6/30/07	18,774			18,774	39 MO S/L	2,647	481
6	2008 BUILDING ADDITIONS	6/30/08	61,108			61,108	39 MO S/L	7,051	1,567
7	2008 IMPROVEMENTS	6/30/08	12,025			12,025	39 MO S/L	1,387	308
8	BUILDING - 318 OLD STAGE	10/15/09	217,779			217,779	39 MO S/L	18,148	5,584
9	2009 ADDITIONS	6/30/09	181,102			181,102	39 MO S/L	16,253	4,644
10	2010 BUILDING ADDITIONS	6/30/10	74,110			74,110	39 MO S/L	4,749	1,901
11	LAND 318 OLD STAGE ROAD	10/15/09	48,000			48,000	0 -- Land	0	0
12	2008 EQUIPMENT ADDITIONS	6/30/08	6,550			6,550	7 MO S/L	4,211	936
13	2009 EQUIPMENT ADDITIONS	6/30/09	10,822			10,822	7 MO S/L	5,411	1,546
14	2010 EQUIPMENT ADDITIONS	6/30/10	45,654			45,654	7 MO S/L	16,305	6,522
15	THE HOMESTEAD	7/01/11	46,863			46,863	27 MO 150DB	3,295	2,376
16	BED	3/02/11	200			200	7 MO 150DB	200	0
17	2-WAY RADIOS	4/22/11	632			632	7 MO S/L	150	91
18	MEDICATION REFRIGERATOR	6/04/11	400			400	7 MO 150DB	400	0
19	LAWN MOWER	7/16/11	289			289	7 MO 150DB	289	0
20	AIR CONDITIONER-VISITOR CENTER	7/17/11	360			360	7 MO 150DB	360	0
21	ASSISTANCE LAPTOP	7/20/11	668			668	5 MO 150DB	668	0
22	ANTIQUE HAY WAGON	11/03/11	1,800			1,800	7 MO 150DB	1,800	0
23	HAY BARN	7/01/11	424			424	10 MO 150DB	82	51
24	IMPROVEMENTS-DIRECTORS HOUSE	9/01/11	0			0	0 HY	0	0
25	PIG BARN	7/01/11	0			0	0 HY	0	0
26	POLE BARN	7/01/11	0			0	0 HY	0	0
27	CHICKEN CHALET	7/01/11	0			0	0 HY	0	0
28	2-WAY RADIOS	3/23/11	0			0	0 HY	0	0
29	MAIN BARN	7/01/11	0			0	0 HY	0	0
30	POT BELLY BARN	7/01/11	0			0	0 HY	0	0
31	BLEICH BARN	7/01/11	0			0	0 HY	0	0
34	HORSE TRAILER	7/01/11	0			0	0 HY	0	0
35	TELEVISION	4/22/11	0			0	0 HY	0	0
36	2-WAY RADIOS	9/12/11	0			0	0 HY	0	0
37	SALT SPREADER	10/31/11	0			0	0 HY	0	0
38	EXHIBIT SHELVES	11/21/11	0			0	0 HY	0	0
39	MEDICAL SUPPLY CABINET	12/14/11	0			0	0 HY	0	0
40	PROPERTY 316 OLD STAGE ROAD	11/23/11	0			0	0 HY	0	0
41	RT. 32 LAND	11/23/11	0			0	0 HY	0	0
43	LAWN MOWER	7/05/11	0			0	0 HY	0	0
44	FENCING	7/01/12	7,607			7,607	20 MO 150DB	285	549
45	RT. 32 BLDG IMPROVEMENTS	7/01/12	6,678			6,678	39 MO 150DB	128	252
46	FURNITURE FOR HOUSE	7/01/12	17,881			17,881	7 MO 150DB	1,916	3,421
47	APPLIANCES FOR HOUSE	7/01/12	6,254			6,254	5 MO 150DB	938	1,595
48	HOMESTEAD RENOVATIONS	7/01/12	77,647			77,647	39 MO 150DB	1,493	2,929
49	COMPUTER EQUIPMENT	7/01/12	1,779			1,779	5 MO 150DB	267	453
50	FOOD CART	7/01/12	12,749			12,749	5 MO 150DB	1,912	3,251
51	TRACTOR	9/28/12	30,000			30,000	3 MO 150DB	3,750	13,125
52	300 OLD STAGE RD HOUSE	8/15/12	171,000			171,000	27 MO 150DB	3,886	9,116
53	300 OLD STAGE RD	8/15/12	27,500			27,500	0 -- Land	0	0
54	300 OLD STAGE RD-RENOVATIONS	12/02/12	867			867	27 MO 150DB	4	47
55	300 OLD STAGE RD-FENCE	11/02/12	796			796	7 MO 150DB	28	165
56	WIP	11/01/12	0			0	0 HY	0	0
57	IMPROVMENT TO HAY HOUSE	2/20/13	0			0	0 HY	0	0
58	ROAD PAVING	4/30/13	0			0	0 HY	0	0
59	TURKEY FENCING	10/02/13	0			0	0 HY	0	0
60	IMPROVEMENTS-BROWN OFFICE BUI	11/14/13	0			0	0 HY	0	0
61	TURKEY BARN	9/17/13	0			0	0 HY	0	0
62	WIP-NEW BARN	2/21/13	0			0	0 HY	0	0
63	HOMESTEAD-IMPROVMENTS	7/10/13	0			0	0 HY	0	0
64	FURNITURE AND EQUIPMENT	6/30/13	0			0	0 HY	0	0

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Total Other Depreciation		<u>1,433,455</u>			<u>1,433,455</u>		<u>210,635</u>	<u>76,405</u>
	Total ACRS and Other Depreciation		<u>1,433,455</u>			<u>1,433,455</u>		<u>210,635</u>	<u>76,405</u>
	Grand Totals		1,696,998			1,607,657		305,001	80,872
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>1,696,998</u>			<u>1,607,657</u>		<u>305,001</u>	<u>80,872</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	2008 VEHICLE ADDITIONS	6/30/08	6,331	0	0
2	2009 VEHICLE ADDITIONS	6/30/09	6,660	666	666
3	2010 VEHICLE ADDITIONS	6/30/10	28,788	5,757	5,757
4	BUILDINGS AND IMPROVEMENTS	6/30/04	303,358	7,779	7,779
5	2007 ADDITIONS	6/30/07	18,774	482	482
6	2008 BUILDING ADDITIONS	6/30/08	61,108	1,566	1,566
7	2008 IMPROVEMENTS	6/30/08	12,025	308	308
8	BUILDING - 318 OLD STAGE	10/15/09	217,779	5,584	5,584
9	2009 ADDITIONS	6/30/09	181,102	4,644	4,644
10	2010 BUILDING ADDITIONS	6/30/10	74,020	1,898	1,900
11	LAND 318 OLD STAGE ROAD	10/15/09	48,000	0	0
12	2008 EQUIPMENT ADDITIONS	6/30/08	6,550	936	936
13	2009 EQUIPMENT ADDITIONS	6/30/09	10,822	1,546	1,546
14	2010 EQUIPMENT ADDITIONS	6/30/10	45,654	6,522	6,522
15	THE HOMESTEAD	7/01/11	46,863	1,172	2,247
16	BED	3/02/11	200	20	0
17	2-WAY RADIOS	4/22/11	632	90	90
18	MEDICATION REFRIGERATOR	6/04/11	400	40	0
19	LAWN MOWER	7/16/11	289	29	0
20	AIR CONDITIONER-VISITOR CENTER	7/17/11	360	36	0
21	ASSISTANCE LAPTOP	7/20/11	668	67	0
22	ANTIQUA HAY WAGON	11/03/11	1,800	180	0
23	HAY BARN	7/01/11	424	42	43
24	IMPROVEMENTS-DIRECTORS HOUSE	9/01/11	9,710	249	0
25	PIG BARN	7/01/11	389	39	0
26	POLE BARN	7/01/11	983	98	0
27	CHICKEN CHALET	7/01/11	3,653	366	0
28	2-WAY RADIOS	3/23/11	1,264	126	0
29	MAIN BARN	7/01/11	2,895	289	0
30	POT BELLY BARN	7/01/11	3,378	337	0
31	BLEICH BARN	7/01/11	62,680	6,268	0
32	ROADS	7/01/11	88,016	4,401	0
33	FENCING	7/01/11	1,325	66	0
34	HORSE TRAILER	7/01/11	1,500	214	0
35	TELEVISION	4/22/11	150	30	0
36	2-WAY RADIOS	9/12/11	632	90	0
37	SALT SPREADER	10/31/11	600	85	0
38	EXHIBIT SHELVES	11/21/11	1,588	226	0
39	MEDICAL SUPPLY CABINET	12/14/11	329	47	0
40	PROPERTY 316 OLD STAGE ROAD	11/23/11	517,444	0	0
41	RT. 32 LAND	11/23/11	171,962	0	0
42	BUILDING RT. 32	11/23/11	174,202	4,466	4,467
43	LAWN MOWER	7/05/11	900	90	0
44	FENCING	7/01/12	7,607	380	508
45	RT. 32 BLDG IMPROVEMENTS	7/01/12	6,678	171	243
46	FURNITURE FOR HOUSE	7/01/12	17,881	1,788	2,688
47	APPLIANCES FOR HOUSE	7/01/12	6,254	1,251	1,116
48	HOMESTEAD RENOVATIONS	7/01/12	77,647	1,991	2,817
49	COMPUTER EQUIPMENT	7/01/12	1,779	178	318
50	FOOD CART	7/01/12	12,749	1,275	2,276
51	TRACTOR	9/28/12	30,000	3,000	7,500
52	300 OLD STAGE RD HOUSE	8/15/12	171,000	4,275	8,618
53	300 OLD STAGE RD	8/15/12	27,500	0	0
54	300 OLD STAGE RD-RENOVATIONS	12/02/12	867	21	45
55	300 OLD STAGE RD-FENCE	11/02/12	796	113	129
56	WIP	11/01/12	14,200	0	0
57	IMPROVMENT TO HAY HOUSE	2/20/13	2,270	227	0
58	ROAD PAVING	4/30/13	49,500	2,475	0
59	TURKEY FENCING	10/02/13	10,525	526	0
60	IMPROVEMENTS-BROWN OFFICE BUILDING	11/14/13	7,228	185	0
61	TURKEY BARN	9/17/13	7,598	760	0
62	WIP-NEW BARN	2/21/13	4,510	0	0
63	HOMESTEAD-IMPROVEMENTS	7/10/13	6,592	169	0
64	FURNITURE AND EQUIPMENT	6/30/13	4,523	452	0
65	MS Office	4/09/13	2,940	980	0

Future Depreciation Report**FYE: 12/31/14**

FYE: 12/31/2013

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total Other Depreciation		<u>2,586,851</u>	<u>77,068</u>	<u>70,795</u>
	Total ACRS and Other Depreciation		<u>2,586,851</u>	<u>77,068</u>	<u>70,795</u>
	Grand Totals		<u>2,586,851</u>	<u>77,068</u>	<u>70,795</u>

Asset	Description	Date In Service	Cost	NY
Other Depreciation:				
1	2008 VEHICLE ADDITIONS	6/30/08	6,331	0
2	2009 VEHICLE ADDITIONS	6/30/09	6,660	666
3	2010 VEHICLE ADDITIONS	6/30/10	28,788	5,757
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63	HOMESTEAD-IMPROVEMENTS	7/10/13	6,592	169
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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NY</u>
	Total Other Depreciation		<u>2,586,851</u>	<u>78,390</u>
	Total ACRS and Other Depreciation		<u>2,586,851</u>	<u>78,390</u>
	Grand Totals		<u>2,586,851</u>	<u>78,390</u>

Form 8941	Credit for Small Employer Health Insurance Premium Optimization Wrk	2013
Name		Employer Identification Number
CATSKILL ANIMAL SANCTUARY, INC.		14-1827972

	Hours Worked	Days Worked	Weeks Worked
1. Number of individuals considered employees for the tax year	<u>12</u>	<u>12</u>	<u>12</u>
2. Enter the number of full-time equivalent employees for the tax year	<u>12</u>	<u>12</u>	<u>12</u>
3. Average annual wages you paid for the tax year	<u>36,000</u>	<u>36,000</u>	<u>36,000</u>
4. Premiums you paid during the tax year for employees	<u>33,215</u>	<u>33,215</u>	<u>33,215</u>
5. Average premiums you would have paid for the small group market	<u>42,024</u>	<u>42,024</u>	<u>42,024</u>
6. Enter the smaller of line 4 or line 5	<u>33,215</u>	<u>33,215</u>	<u>33,215</u>
7. Multiply line 6 by 25% (.25)	<u>8,304</u>	<u>8,304</u>	<u>8,304</u>
8. Credit after reduction, if line 2 is greater than 10	<u>7,197</u>	<u>7,197</u>	<u>7,197</u>
9. Credit after reduction, if line 3 is greater than \$25,000	<u>3,543</u>	<u>3,543</u>	<u>3,543</u>
10. Enter state premium subsidies paid and state tax credits available	<u> </u>	<u> </u>	<u> </u>
11. Subtract line 10 from line 4. If zero or less, enter -0-	<u>33,215</u>	<u>33,215</u>	<u>33,215</u>
12. Enter the smaller of line 9 or line 11	<u>3,543</u>	<u>3,543</u>	<u>3,543</u>

Form 8941	Credit for Small Employer Health Insurance Premium Wrk, Page 1	2013
Name CATSKILL ANIMAL SANCTUARY, INC.		Employer Identification Number 14-1827972
For calendar year 2013 or tax year beginning		, ending

	Hours Worked	Days Worked	Weeks Worked
Form 8941, Line 2 - Full-Time Equivalent Employees			
1. Total employee hours, days, and weeks of service	26,591	3,326	666
2. Hours, days, and weeks of service of a full-time employee	2,080	260	52
3. Full-time equivalent employees. (Divide line 1 by line 2. If the result is not a whole number, round to lowest whole number. If less than one, enter 1.)	12	12	12

Form 8941, Line 3 - Average Annual Wages			
1. Total employee wages paid	433,584	433,584	433,584
2. Number of full-time equivalent employees. (Form 8941, line 2)	12	12	12
3. Average annual wages. (Divide line 1 by line 2. If the result is not a multiple of \$1,000, round down to the next lowest multiple of \$1,000.)	36,000	36,000	36,000

Form 8941, Line 8 - FTE Limitation			
1. Credit before FTE limitation. (Form 8941, line 7)	8,304	8,304	8,304
2. Number of full-time equivalent employees. (Form 8941, line 2)	12	12	12
3. Subtract 10 from line 2	2	2	2
4. Divide line 3 by 15133	.133	.133
5. Multiply line 1 by line 4	1,107	1,107	1,107
6. Credit after FTE reduction. (Subtract line 5 from line 1.)	7,197	7,197	7,197

Form 8941, Line 9 - Average Annual Wage Limitation			
1. Credit before wage limitation. (Form 8941, line 8)	7,197	7,197	7,197
2. Credit before FTE limitation. (Form 8941, line 7)	8,304	8,304	8,304
3. Average annual wages. (Form 8941, line 3)	36,000	36,000	36,000
4. Subtract \$25,000 from line 3	11,000	11,000	11,000
5. Divide line 4 by \$25,000440	.440	.440
6. Multiply line 2 by line 5	3,654	3,654	3,654
7. Credit after wage reduction. (Subtract line 6 from line 1.)	3,543	3,543	3,543

Form 8941, Line 14 - FTEs Enrolled in Coverage			
1. Employees with insurance hours, days, and weeks of service	11,689	1,461	292
2. Hours, days, and weeks of service of a full-time employee	2,080	260	52
3. Full-time equivalent employees. (Divide line 1 by line 2. If the result is not a whole number, round to lowest whole number. If less than one, enter 1.)	5	5	5

Form 990	Two Year Comparison Report	2012 & 2013
For calendar year 2013, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

CATSKILL ANIMAL SANCTUARY, INC.**14-1827972**

		2012	2013	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 576,138	935,485	359,347
	2. Membership dues and assessments	2. 33,908	81,690	47,782
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 166,701	173,016	6,315
	5. Investment income	5. 5,380	2,325	-3,055
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 3,613	2,643	-970
	11. Other revenue	11. 3,531	9,593	6,062
	12. Total revenue. Add lines 1 through 11	12. 789,271	1,204,752	415,481
E x p e n s e s	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 489,287	513,894	24,607
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 47,476	31,811	-15,665
	19. Occupancy, rent, utilities, and maintenance	19. 13,995	4,790	-9,205
	20. Depreciation and Depletion	20. 64,854	75,837	10,983
	21. Other expenses	21. 482,099	460,785	-21,314
	22. Total expenses. Add lines 13 through 21	22. 1,097,711	1,087,117	-10,594
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -308,440	117,635	426,075
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 789,271	1,204,752	415,481
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 789,271	1,204,752	415,481
	27. Total assets	27. 3,405,250	3,468,473	63,223
	28. Total liabilities	28. 27,944	17,117	-10,827
	29. Retained earnings	29. 3,377,306	3,451,356	74,050
	30. Number of voting members of governing body	30. 5	5	
	31. Number of independent voting members of governing body	31. 5	5	
	32. Number of employees	32. 29	29	
	33. Number of volunteers	33. 150	100	

Form **990T**

Two Year Comparison Report

2012 & 2013

For calendar year 2013, or tax year beginning , ending

Name

Taxpayer Identification Number

CATSKILL ANIMAL SANCTUARY, INC.

14-1827972

		2012	2013	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.			
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. Total deductions. Add lines 12 through 22	23.			
	24. Taxable income before NOL. Subtract line 23 from 11	24.			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	27. Unrelated business taxable income.	27.	-1,000	-1,000	
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes	38.				
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.	3,547	3,543	-4
	43. Total payments	43.	3,547	3,543	-4
	44. Balance due/(Overpayment)	44.	-3,547	-3,543	4
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.	-3,547	-3,543	4

Form **990****Tax Return History****2013**

Name

CATSKILL ANIMAL SANCTUARY, INC.

Employer Identification Number

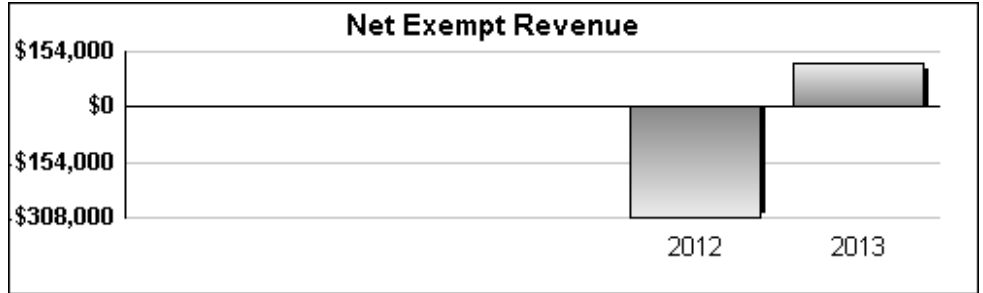
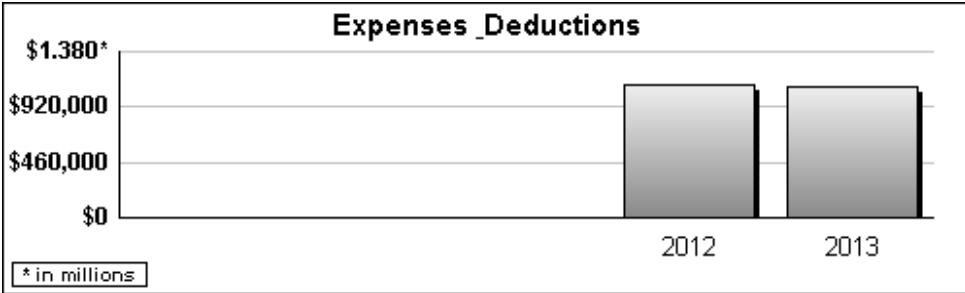
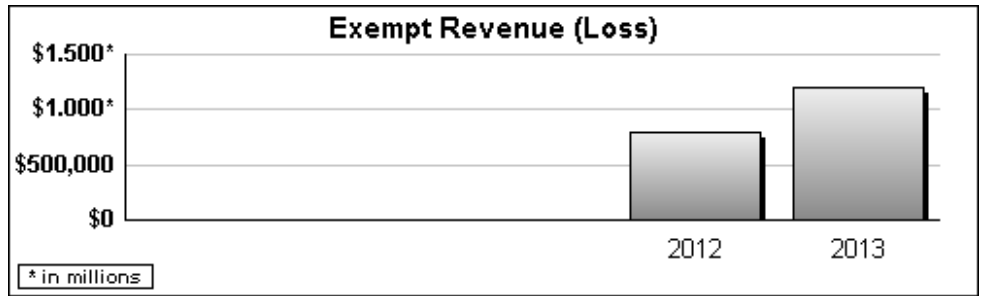
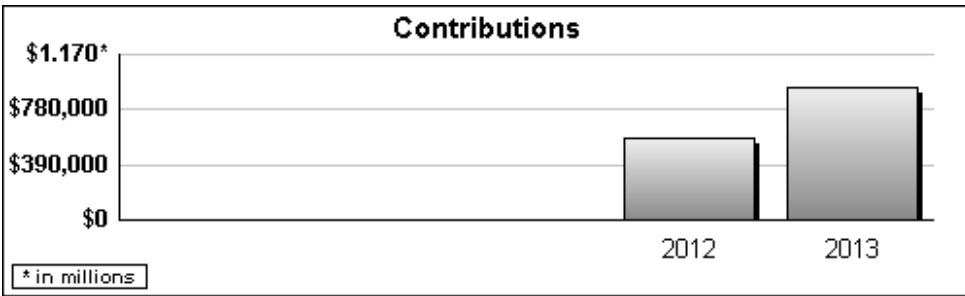
14-1827972

	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants				576,138	935,485	
Membership dues				33,908	81,690	
Program service revenue				166,701	173,016	
Capital gain or loss						
Investment income				5,380	2,325	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				7,144	12,236	
Total revenue				789,271	1,204,752	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				489,287	513,894	
Professional fees					31,811	
Occupancy costs				13,995	4,790	
Depreciation and depletion				64,854	75,837	
Other expenses				529,575	460,785	
Total expenses				1,097,711	1,087,117	
Excess or (Deficit)				-308,440	117,635	
Total exempt revenue				789,271	1,204,752	
Total unrelated revenue						
Total excludable revenue				789,271	1,204,752	
Total Assets				3,405,250	3,468,473	
Total Liabilities				27,944	17,117	
Net Fund Balances				3,377,306	3,451,356	

Form 990T	Tax Return History	2013
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Name CATSKILL ANIMAL SANCTUARY, INC.	Employer Identification Number 14-1827972
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	2009	2010	2011	2012	2013	2014
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form 990T	Tax Return History	2013
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Name CATSKILL ANIMAL SANCTUARY, INC.	Employer Identification Number 14-1827972
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	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				-1,000	-1,000	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments				3,547	3,543	
Balance due/Overpayment				-3,547	-3,543	

* Income shown net of expenses

