

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

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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\$ **3,638,128**

F Name and address of principal officer:
E. KATHLEEN STEVENS
316 OLD STAGE RD
SAUGERTIES NY 12477

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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CATSKILL ANIMAL SANCTUARY RESCUES FARMED ANIMALS, IGNITES SOCIAL CHANGE TO END THEIR EXPLOITATION, AND CHAMPIONS VEGAN LIVING.		
	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 2015 (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	51
	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)	1,613,220	3,128,110
	9 Program service revenue (Part VIII, line 2g)	220,042	325,972
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,549	21,742
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,153	15,469
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,846,866	3,491,293
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)	674,744	779,212
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 99,890		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	584,196	586,838
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,258,940	1,366,050	
19 Revenue less expenses. Subtract line 18 from line 12	587,926	2,125,243	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,092,391	6,213,807
	21 Total liabilities (Part X, line 26)	50,056	50,020
	22 Net assets or fund balances. Subtract line 21 from line 20	4,042,335	6,163,787

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: _____
 MEMBER / FOUNDER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **CRAIG R. SICKLER** Preparer's signature: **CRAIG R. SICKLER** Date: **11/11/16** Check if self-employed PTIN: **P00237241**
 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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015) DAA

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:

CATSKILL ANIMAL SANCTUARY RESCUES FARMED ANIMALS, IGNITES SOCIAL CHANGE TO END THEIR EXPLOITATION, AND CHAMPIONS VEGAN LIVING.

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 \$ **1,055,912** including grants of \$) (Revenue \$ **325,972**)

4e Total program service expenses **1,055,912**

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 13, 0, 39, 1, 3). Includes sections for Form 1096, Form W-3, Form 990-T, and Form 8886-T.

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.		
1b	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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
10b	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?		<input checked="" type="checkbox"/>
11b	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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<input checked="" type="checkbox"/>
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
16b	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, address, and telephone number of the person who possesses the organization's books and records: **u**

**LISA JACKSON
SAUGERTIES**

316 OLD STAGE ROAD

NY 12477

845-336-8447

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 organization 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 MEMBER/FOUNDER	40.00 0.00	X						64,250	0	0
(2) CHRISTINE MOTT MEMBER	4.00 0.00	X						0	0	0
(3) CAREN FLEIT MEMBER	4.00 0.00	X						0	0	0
(4) RAY IPPOLITO MEMBER	3.00 0.00	X						0	0	0
(5) MICHAEL SCHWEPPE SECRETARY	2.00 0.00	X						0	0	0
(6) CAROL MEYER CHAIR/ACTING TREAS.	6.00 0.00			X				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										

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	64,582				
	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	3,063,528				
	g Noncash contributions included in lines 1a-1f: \$		13,313				
	h Total. Add lines 1a-1f	u	3,128,110				
Program Service Revenue	2a SPONSORSHIPS	Busn. Code	119,631	119,631			
	b HOMESTEAD INCOME		110,720	110,720			
	c EDUCATIONAL		69,008	69,008			
	d SHINDIG		16,883	16,883			
	e AUCTION INCOME		3,710	3,710			
	f All other program service revenue		6,020	6,020			
	g Total. Add lines 2a-2f	u	325,972				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	23,288			23,288
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	(ii) Personal				
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	113,368			
b Less: cost or other basis & sales exps.				114,914			
c Gain or (loss)				-1,546			
d Net gain or (loss)		u		-1,546			-1,546
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		38,010				
	b Less: cost of goods sold	b	31,921				
	c Net income or (loss) from sales of inventory	u	6,089	6,089			
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS			7,630	7,630			
b BAD DEBT RECOVERIES			1,750	1,750			
c							
d All other revenue							
e Total. Add lines 11a-11d	u		9,380				
12 Total revenue. See instructions.	u		3,491,293	341,441	0	21,742	

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	731,018	588,613	97,246	45,159
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	48,194	38,806	6,411	2,977
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	31,282		31,282	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)	19,331	12,245	5,298	1,788
12 Advertising and promotion	14,360	7,018	4,761	2,581
13 Office expenses	91,831	28,091	32,114	31,626
14 Information technology				
15 Royalties				
16 Occupancy	4,744		4,744	
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	81,591	81,591		
23 Insurance	10,392	5,683	4,709	
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	194,371	194,371		
b FARM REPAIRS AND MAINTENANCE	69,545	69,545		
c FUND RAISING&MERCHANDISE	29,209	16,781	7,777	4,651
d UTILITIES	29,074	13,168	15,906	
e All other expenses	11,108			11,108
25 Total functional expenses. Add lines 1 through 24e	1,366,050	1,055,912	210,248	99,890
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	170,714	1	268,612
	2	Savings and temporary cash investments	140,817	2	241,683
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	740,632	4	2,641,272
	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	24,922	8	17,105
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,886,987		
	10b	Less: accumulated depreciation	457,005	10c	2,429,982
	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	668,916	15	615,153
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,092,391	16	6,213,807	
Liabilities	17	Accounts payable and accrued expenses	50,056	17	50,020
	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	50,056	26	50,020
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	3,996,084	27	5,985,922
	28	Temporarily restricted net assets	46,251	28	177,865
	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	4,042,335	33	6,163,787	
34	Total liabilities and net assets/fund balances	4,092,391	34	6,213,807	

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	3,491,293
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,366,050
3	Revenue less expenses. Subtract line 2 from line 1	3	2,125,243
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,042,335
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	-3,791
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,163,787

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
b	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	
c	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
b	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.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,702,514	610,046	1,017,175	1,613,220	3,128,110	8,071,065
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	1,702,514	610,046	1,017,175	1,613,220	3,128,110	8,071,065
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.						8,071,065

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,702,514	610,046	1,017,175	1,613,220	3,128,110	8,071,065
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,652	5,380	2,325	1,019	23,288	43,664
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 VI.)	525	3,531	9,593	6,991	9,850	30,490
11 Total support. Add lines 7 through 10						8,145,219
12 Gross receipts from related activities, etc. (see instructions)					12	373,362
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.09 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.00 %
16a 33 1/3% support test—2015. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 30,490

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

2015

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

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

Name of the organization CATSKILL ANIMAL SANCTUARY, INC.	Employer identification number 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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	\$ 2,894,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 10,337	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
7	\$ 10,000	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.)
.....	\$	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.)
.....	\$	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" on 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

2015

Open to Public Inspection

Name of the organization

Employer identification number

CATSKILL ANIMAL SANCTUARY, INC.

14-1827972

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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" on 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 on 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:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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" on 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		771,906		771,906
b Buildings		1,910,420	327,464	1,582,956
c Leasehold improvements				
d Equipment		204,661	129,541	75,120
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				u 2,429,982

Part VII Investments—Other Securities.

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

(1)	(a) Description	(b) Book value
	BERNSTEIN INVESTMENTS	581,803
	GIFT CARDS & SECURITY DEPOSITS	18,376
	PREPAID EXPENSES	14,974
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u		615,153

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,523,215
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	31,921	
	e Add lines 2a through 2d		2e	31,921
3	Subtract line 2e from line 1		3	3,491,294
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	-1	
	c Add lines 4a and 4b		4c	-1
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,491,293

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,397,970
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	31,921	
	e Add lines 2a through 2d		2e	31,921
3	Subtract line 2e from line 1		3	1,366,049
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	1	
	c Add lines 4a and 4b		4c	1
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,366,050

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COGS \$ 31,921

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

ROUNDING \$ -1

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COGS \$ 31,921

DEPRECIATION- ROUNDING \$ 0

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

ROUNDING \$ 1

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2015

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

CATSKILL ANIMAL SANCTUARY, INC.

Employer identification number

14-1827972

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.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.
u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

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 2014 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 2016. 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	81,591

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 2015	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 type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2015 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 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	81,591
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** (2015)

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	2008 VEHICLE ADDITIONS	6/30/08	6,331				6,331	5	MO S/L	6,331	0
2	2009 VEHICLE ADDITIONS	6/30/09	6,660				6,660	5	MO S/L	6,660	0
3	2010 VEHICLE ADDITIONS	6/30/10	28,788				28,788	5	MO S/L	25,909	2,879
4	BUILDINGS AND IMPROVEMENTS	6/30/04	303,358				303,358	39	MO S/L	103,419	7,778
5	2007 ADDITIONS	6/30/07	18,774				18,774	39	MO S/L	3,610	481
6	2008 BUILDING ADDITIONS	6/30/08	61,108				61,108	39	MO S/L	10,184	1,567
7	2008 IMPROVEMENTS	6/30/08	12,025				12,025	39	MO S/L	2,003	309
8	BUILDING - 318 OLD STAGE	10/15/09	217,779				217,779	39	MO S/L	29,316	5,584
9	2009 ADDITIONS	6/30/09	181,102				181,102	39	MO S/L	25,541	4,643
10	2010 BUILDING ADDITIONS	6/30/10	74,020				74,020	39	MO S/L	8,541	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	6,083	467
13	2009 EQUIPMENT ADDITIONS	6/30/09	10,822				10,822	7	MO S/L	8,503	1,546
14	2010 EQUIPMENT ADDITIONS	6/30/10	45,654				45,654	7	MO S/L	29,349	6,522
15	THE HOMESTEAD	7/01/11	46,863				46,863	40	MO S/L	4,101	1,171
16	BED	3/02/11	200				200	10	MO S/L	77	20
17	2-WAY RADIOS	4/22/11	632				632	7	MO S/L	331	90
18	MEDICATION REFRIGERATOR	6/04/11	400				400	10	MO S/L	143	40
19	LAWN MOWER	7/16/11	289				289	10	MO S/L	99	29
20	AIR CONDITIONER-VISITOR CENTER	7/17/11	360				360	10	MO S/L	123	36
21	ASSISTANCE LAPTOP	7/20/11	668				668	10	MO S/L	228	67
22	ANTIQUE HAY WAGON	11/03/11	1,800				1,800	10	MO S/L	570	180
23	HAY BARN	7/01/11	424				424	10	MO S/L	148	43
24	IMPROVEMENTS-DIRECTORS HOUSE	9/01/11	9,710				9,710	39	MO S/L	830	249
25	PIG BARN	7/01/11	389				389	10	MO S/L	136	39
26	POLE BARN	7/01/11	983				983	10	MO S/L	344	98
27	CHICKEN CHALET	7/01/11	3,653				3,653	10	MO S/L	1,279	365
28	2-WAY RADIOS	3/23/11	1,264				1,264	10	MO S/L	474	126
29	MAIN BARN	7/01/11	2,895				2,895	10	MO S/L	1,013	290
30	POT BELLY BARN	7/01/11	3,378				3,378	10	MO S/L	1,182	338
31	BLEICH BARN	7/01/11	62,680				62,680	10	MO S/L	21,938	6,268
32	ROADS	7/01/11	88,016				88,016	20	MO S/L	15,403	4,401
33	FENCING	7/01/11	1,325				1,325	20	MO S/L	232	66
34	HORSE TRAILER	7/01/11	1,500				1,500	7	MO S/L	750	214
35	TELEVISION	4/22/11	150				150	5	MO S/L	110	30
36	2-WAY RADIOS	9/12/11	632				632	7	MO S/L	301	90
37	SALT SPREADER	10/31/11	600				600	7	MO S/L	271	86
38	EXHIBIT SHELVES	11/21/11	1,588				1,588	7	MO S/L	699	227
39	MEDICAL SUPPLY CABINET	12/14/11	329				329	7	MO S/L	145	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	178,962				178,962	0	-- Land	0	0
42	BUILDING RT. 32	11/23/11	174,202				174,202	39	MO S/L	13,772	4,467
43	LAWN MOWER	7/05/11	900				900	10	MO S/L	315	90
44	FENCING	7/01/12	7,607				7,607	20	MO S/L	951	380
45	RT. 32 BLDG IMPROVEMENTS	7/01/12	6,678				6,678	39	MO S/L	428	171
46	FURNITURE FOR HOUSE	7/01/12	17,881				17,881	10	MO S/L	4,470	1,788
47	APPLIANCES FOR HOUSE	7/01/12	6,254				6,254	5	MO S/L	3,127	1,251
48	HOMESTEAD RENOVATIONS	7/01/12	77,647				77,647	39	MO S/L	4,977	1,991
49	COMPUTER EQUIPMENT	7/01/12	1,779				1,779	10	MO S/L	445	177
51	TRACTOR	9/28/12	30,000				30,000	10	MO S/L	6,750	3,000
52	300 OLD STAGE RD HOUSE	8/15/12	171,000				171,000	40	MO S/L	10,331	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	45	22
55	300 OLD STAGE RD-FENCE	11/02/12	796				796	7	MO S/L	246	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	416	227
58	ROAD PAVING	4/30/13	49,500				49,500	20	MO S/L	4,125	2,475
59	TURKEY FENCING	10/02/13	10,525				10,525	20	MO S/L	658	526
60	IMPROVEMENTS-BROWN OFFICE BUI	11/14/13	7,228				7,228	39	MO S/L	216	186
61	TURKEY BARN	9/17/13	7,598				7,598	10	MO S/L	950	760
62	NEW BARN	2/21/13	97,947				97,947	39	MO S/L	2,511	2,512
63	HOMESTEAD-IMPROVEMENTS	7/10/13	6,592				6,592	39	MO S/L	254	169
64	FURNITURE AND EQUIPMENT	6/30/13	4,523				4,523	10	MO S/L	678	453
65	MS Office	4/09/13	2,940				2,940	3	MO Amort	1,715	980
66	TRACTOR	9/15/14	7,800				7,800	5	MO S/L	520	1,560
67	98 FORD F150 SUPERCAB	10/22/14	3,000				3,000	5	MO S/L	100	600
68	TRUCK	10/22/14	600				600	5	MO S/L	20	120
69	HORSE TRAILER	10/24/14	3,700				3,700	5	MO S/L	123	740

101050 CATSKILL ANIMAL SANCTUARY, INC.

14-1827972

Federal Asset Report

FYE: 12/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
70	REFRIGERATOR	4/25/14	1,213				1,213	10 MO S/L	81	121
71	BROWN OFFICE IMPROVEMENTS	4/01/14	3,440				3,440	39 MO S/L	66	88
72	BOILER	3/14/14	5,700				5,700	10 MO S/L	475	570
73	ROUTE 32 FENCING	9/19/14	21,805				21,805	20 MO S/L	273	1,090
74	1997 JEEP	9/26/15	1,150				1,150	5 MO S/L	0	58
75	DODGE	12/17/15	3,505				3,505	5 MO S/L	0	0
76	SNOW BLOWER	2/03/15	1,200				1,200	7 MO S/L	0	157
77	REFRIGERATOR	3/26/15	895				895	10 MO S/L	0	67
78	TABLET	2/16/15	557				557	5 MO S/L	0	93
79	ROAD TO MANURE PILE	8/31/15	13,653				13,653	20 MO S/L	0	228
80	PATIO FURNITURE	7/15/15	814				814	10 MO S/L	0	41
81	US MATTRESS	5/12/15	735				735	10 MO S/L	0	49
82	ROOF ON BROWN OFFICE BLD	8/12/15	6,757				6,757	39 MO S/L	0	72
83	GENERATORS	5/18/15	11,767				11,767	10 MO S/L	0	686
84	RT 32 BARN	9/17/15	95,100				95,100	39 MO S/L	0	610
85	WATER HEATER RT 32	10/12/15	550				550	10 MO S/L	0	14
86	ED ROOM	6/19/15	22,794				22,794	39 MO S/L	0	292
87	INFIRMARY	10/05/15	5,714				5,714	39 MO S/L	0	37
Total Other Depreciation			<u>2,886,988</u>				<u>2,886,988</u>		<u>375,414</u>	<u>81,591</u>
Total ACRS and Other Depreciation			<u>2,886,988</u>				<u>2,886,988</u>		<u>375,414</u>	<u>81,591</u>
Grand Totals			2,886,988				2,886,988		375,414	81,591
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>2,886,988</u>				<u>2,886,988</u>		<u>375,414</u>	<u>81,591</u>

NY Asset Report

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	13,959	4,466	4,467	1
			<u>174,202</u>	<u>174,202</u>	<u>13,959</u>	<u>4,466</u>	<u>4,467</u>	<u>1</u>
Other Depreciation:								
1	2008 VEHICLE ADDITIONS	6/30/08	6,331	6,331	6,331	0	0	0
2	2009 VEHICLE ADDITIONS	6/30/09	6,660	6,660	6,660	0	0	0
3	2010 VEHICLE ADDITIONS	6/30/10	28,788	28,788	25,909	2,879	2,879	0
4	BUILDINGS AND IMPROVEMENTS	6/30/04	303,358	303,358	81,673	7,779	7,778	-1
5	2007 ADDITIONS	6/30/07	18,774	18,774	3,610	482	481	-1
6	2008 BUILDING ADDITIONS	6/30/08	61,108	61,108	10,185	1,567	1,567	0
7	2008 IMPROVEMENTS	6/30/08	12,025	12,025	2,004	308	309	1
8	BUILDING - 318 OLD STAGE	10/15/09	217,779	217,779	29,316	5,585	5,584	-1
9	2009 ADDITIONS	6/30/09	181,102	181,102	25,540	4,644	4,643	-1
10	2010 BUILDING ADDITIONS	6/30/10	74,020	74,020	8,541	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	6,082	468	467	-1
13	2009 EQUIPMENT ADDITIONS	6/30/09	10,822	10,822	8,503	1,546	1,546	0
14	2010 EQUIPMENT ADDITIONS	6/30/10	45,654	45,654	29,349	6,522	6,522	0
15	THE HOMESTEAD	7/01/11	46,863	46,863	5,893	1,704	1,171	-533
16	BED	3/02/11	200	200	114	29	20	-9
17	2-WAY RADIOS	4/22/11	632	632	331	90	90	0
18	MEDICATION REFRIGERATOR	6/04/11	400	400	143	40	40	0
19	LAWN MOWER	7/16/11	289	289	99	29	29	0
20	AIR CONDITIONER-VISITOR CENTER	7/17/11	360	360	206	51	36	-15
21	ASSISTANCE LAPTOP	7/20/11	668	668	228	67	67	0
22	ANTIQUE HAY WAGON	11/03/11	1,800	1,800	570	180	180	0
23	HAY BARN	7/01/11	424	424	148	43	43	0
24	IMPROVEMENTS-DIRECTORS HOUSE	9/01/11	9,710	9,710	830	249	249	0
25	PIG BARN	7/01/11	389	389	136	39	39	0
26	POLE BARN	7/01/11	983	983	344	98	98	0
27	CHICKEN CHALET	7/01/11	3,653	3,653	1,279	365	365	0
28	2-WAY RADIOS	3/23/11	1,264	1,264	474	126	126	0
29	MAIN BARN	7/01/11	2,895	2,895	1,013	290	290	0
30	POT BELLY BARN	7/01/11	3,378	3,378	1,182	338	338	0
31	BLEICH BARN	7/01/11	62,680	62,680	21,938	6,268	6,268	0
32	ROADS	7/01/11	88,016	88,016	15,403	4,401	4,401	0
33	FENCING	7/01/11	1,325	1,325	232	66	66	0
34	HORSE TRAILER	7/01/11	1,500	1,500	750	214	214	0
35	TELEVISION	4/22/11	150	150	110	30	30	0
36	2-WAY RADIOS	9/12/11	632	632	301	90	90	0
37	SALT SPREADER	10/31/11	600	600	271	86	86	0
38	EXHIBIT SHELVES	11/21/11	1,588	1,588	699	227	227	0
39	MEDICAL SUPPLY CABINET	12/14/11	329	329	145	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	178,962	178,962	0	0	0	0
43	LAWN MOWER	7/05/11	900	900	315	90	90	0
44	FENCING	7/01/12	7,607	7,607	951	380	380	0
45	RT. 32 BLDG IMPROVEMENTS	7/01/12	6,678	6,678	428	171	171	0
46	FURNITURE FOR HOUSE	7/01/12	17,881	17,881	6,386	2,554	1,788	-766
47	APPLIANCES FOR HOUSE	7/01/12	6,254	6,254	3,127	1,251	1,251	0
48	HOMESTEAD RENOVATIONS	7/01/12	77,647	77,647	4,977	1,991	1,991	0
49	COMPUTER EQUIPMENT	7/01/12	1,779	1,779	445	177	177	0
51	TRACTOR	9/28/12	30,000	30,000	6,750	3,000	3,000	0
52	300 OLD STAGE RD HOUSE	8/15/12	171,000	171,000	10,331	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	45	22	22	0
55	300 OLD STAGE RD-FENCE	11/02/12	796	796	246	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	416	227	227	0
58	ROAD PAVING	4/30/13	49,500	49,500	4,125	2,475	2,475	0
59	TURKEY FENCING	10/02/13	10,525	10,525	658	526	526	0
60	IMPROVEMENTS-BROWN OFFICE BUI	11/14/13	7,228	7,228	216	186	186	0
61	TURKEY BARN	9/17/13	7,598	7,598	950	760	760	0
62	NEW BARN	2/21/13	97,947	97,947	2,511	2,512	2,512	0
63	HOMESTEAD-IMPROVMENTS	7/10/13	6,592	6,592	254	169	169	0
64	FURNITURE AND EQUIPMENT	6/30/13	4,523	4,523	678	453	453	0
65	MS Office	4/09/13	2,940	2,940	1,715	980	980	0

101050 CATSKILL ANIMAL SANCTUARY, INC.

14-1827972

NY Asset Report

FYE: 12/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
66	TRACTOR	9/15/14	7,800	7,800	520	1,560	1,560	0
67	98 FORD F150 SUPERCAB	10/22/14	3,000	3,000	100	600	600	0
68	TRUCK	10/22/14	600	600	20	120	120	0
69	HORSE TRAILER	10/24/14	3,700	3,700	123	740	740	0
70	REFRIGERATOR	4/25/14	1,213	1,213	81	121	121	0
71	BROWN OFFICE IMPROVEMENTS	4/01/14	3,440	3,440	66	88	88	0
72	BOILER	3/14/14	5,700	5,700	475	570	570	0
73	ROUTE 32 FENCING	9/19/14	21,805	21,805	273	1,090	1,090	0
74	1997 JEEP	9/26/15	1,150	1,150	0	58	58	0
75	DODGE	12/17/15	3,505	3,505	0	0	0	0
76	SNOW BLOWER	2/03/15	1,200	1,200	0	157	157	0
77	REFRIGERATOR	3/26/15	895	895	0	67	67	0
78	TABLET	2/16/15	557	557	0	93	93	0
79	ROAD TO MANURE PILE	8/31/15	13,653	13,653	0	228	228	0
80	PATIO FURNITURE	7/15/15	814	814	0	41	41	0
81	US MATTRESS	5/12/15	735	735	0	49	49	0
82	ROOF ON BROWN OFFICE BLD	8/12/15	6,757	6,757	0	72	72	0
83	GENERATORS	5/18/15	11,767	11,767	0	686	686	0
84	RT 32 BARN	9/17/15	95,100	95,100	0	610	610	0
85	WATER HEATER RT 32	10/12/15	550	550	0	14	14	0
86	ED ROOM	6/19/15	22,794	22,794	0	292	292	0
87	INFIRMARY	10/05/15	5,714	5,714	0	37	37	0
Total Other Depreciation			<u>2,712,786</u>	<u>2,712,786</u>	<u>343,724</u>	<u>78,451</u>	<u>77,124</u>	<u>-1,327</u>
Total ACRS and Other Depreciation			<u>2,712,786</u>	<u>2,712,786</u>	<u>343,724</u>	<u>78,451</u>	<u>77,124</u>	<u>-1,327</u>
Grand Totals			2,886,988	2,886,988	357,683	82,917	81,591	-1,326
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>2,886,988</u>	<u>2,886,988</u>	<u>357,683</u>	<u>82,917</u>	<u>81,591</u>	<u>-1,326</u>

101050 CATSKILL ANIMAL SANCTUARY, INC.

14-1827972

FYE: 12/31/2015

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	0	0
3	2010 VEHICLE ADDITIONS	6/30/10	28,788	0	0
4	BUILDINGS AND IMPROVEMENTS	6/30/04	303,358	7,778	0
5	2007 ADDITIONS	6/30/07	18,774	481	0
6	2008 BUILDING ADDITIONS	6/30/08	61,108	1,567	0
7	2008 IMPROVEMENTS	6/30/08	12,025	308	0
8	BUILDING - 318 OLD STAGE	10/15/09	217,779	5,584	0
9	2009 ADDITIONS	6/30/09	181,102	4,644	0
10	2010 BUILDING ADDITIONS	6/30/10	74,020	1,898	0
11	LAND 318 OLD STAGE ROAD	10/15/09	48,000	0	0
12	2008 EQUIPMENT ADDITIONS	6/30/08	6,550	0	0
13	2009 EQUIPMENT ADDITIONS	6/30/09	10,822	773	0
14	2010 EQUIPMENT ADDITIONS	6/30/10	45,654	6,522	0
15	THE HOMESTEAD	7/01/11	46,863	1,172	0
16	BED	3/02/11	200	20	0
17	2-WAY RADIOS	4/22/11	632	91	0
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	ANTIQUE HAY WAGON	11/03/11	1,800	180	0
23	HAY BARN	7/01/11	424	42	0
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	365	0
28	2-WAY RADIOS	3/23/11	1,264	127	0
29	MAIN BARN	7/01/11	2,895	289	0
30	POT BELLY BARN	7/01/11	3,378	338	0
31	BLEICH BARN	7/01/11	62,680	6,268	0
32	ROADS	7/01/11	88,016	4,400	0
33	FENCING	7/01/11	1,325	66	0
34	HORSE TRAILER	7/01/11	1,500	215	0
35	TELEVISION	4/22/11	150	10	0
36	2-WAY RADIOS	9/12/11	632	91	0
37	SALT SPREADER	10/31/11	600	86	0
38	EXHIBIT SHELVES	11/21/11	1,588	227	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	178,962	0	0
42	BUILDING RT. 32	11/23/11	174,202	4,467	0
43	LAWN MOWER	7/05/11	900	90	0
44	FENCING	7/01/12	7,607	381	0
45	RT. 32 BLDG IMPROVEMENTS	7/01/12	6,678	172	0
46	FURNITURE FOR HOUSE	7/01/12	17,881	1,788	0
47	APPLIANCES FOR HOUSE	7/01/12	6,254	1,251	0
48	HOMESTEAD RENOVATIONS	7/01/12	77,647	1,991	0
49	COMPUTER EQUIPMENT	7/01/12	1,779	178	0
51	TRACTOR	9/28/12	30,000	3,000	0
52	300 OLD STAGE RD HOUSE	8/15/12	171,000	4,275	0
53	300 OLD STAGE RD	8/15/12	27,500	0	0
54	300 OLD STAGE RD-RENOVATIONS	12/02/12	867	22	0
55	300 OLD STAGE RD-FENCE	11/02/12	796	114	0
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	759	0
62	NEW BARN	2/21/13	97,947	2,511	0
63	HOMESTEAD-IMPROVMENTS	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	245	0
66	TRACTOR	9/15/14	7,800	1,560	0
67	98 FORD F150 SUPERCAB	10/22/14	3,000	600	0
68	TRUCK	10/22/14	600	120	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
69	HORSE TRAILER	10/24/14	3,700	740	0
70	REFRIGERATOR	4/25/14	1,213	122	0
71	BROWN OFFICE IMPROVEMENTS	4/01/14	3,440	89	0
72	BOILER	3/14/14	5,700	570	0
73	ROUTE 32 FENCING	9/19/14	21,805	1,090	0
74	1997 JEEP	9/26/15	1,150	230	0
75	DODGE	12/17/15	3,505	701	0
76	SNOW BLOWER	2/03/15	1,200	172	0
77	REFRIGERATOR	3/26/15	895	90	0
78	TABLET	2/16/15	557	111	0
79	ROAD TO MANURE PILE	8/31/15	13,653	682	0
80	PATIO FURNITURE	7/15/15	814	81	0
81	US MATTRESS	5/12/15	735	74	0
82	ROOF ON BROWN OFFICE BLD	8/12/15	6,757	173	0
83	GENERATORS	5/18/15	11,767	1,177	0
84	RT 32 BARN	9/17/15	95,100	2,438	0
85	WATER HEATER RT 32	10/12/15	550	55	0
86	ED ROOM	6/19/15	22,794	585	0
87	INFIRMARY	10/05/15	5,714	146	0
	Total Other Depreciation		<u>2,886,988</u>	<u>81,031</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,886,988</u>	<u>81,031</u>	<u>0</u>
	Grand Totals		<u>2,886,988</u>	<u>81,031</u>	<u>0</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	0
3	2010 VEHICLE ADDITIONS	6/30/10	28,788	0
4	BUILDINGS AND IMPROVEMENTS	6/30/04	303,358	7,778
5	2007 ADDITIONS	6/30/07	18,774	481
6	2008 BUILDING ADDITIONS	6/30/08	61,108	1,566
7	2008 IMPROVEMENTS	6/30/08	12,025	309
8	BUILDING - 318 OLD STAGE	10/15/09	217,779	5,584
9	2009 ADDITIONS	6/30/09	181,102	4,643
10	2010 BUILDING ADDITIONS	6/30/10	74,020	1,898
11	LAND 318 OLD STAGE ROAD	10/15/09	48,000	0
12	2008 EQUIPMENT ADDITIONS	6/30/08	6,550	0
13	2009 EQUIPMENT ADDITIONS	6/30/09	10,822	773
14	2010 EQUIPMENT ADDITIONS	6/30/10	45,654	6,522
15	THE HOMESTEAD	7/01/11	46,863	1,705
16	BED	3/02/11	200	28
17	2-WAY RADIOS	4/22/11	632	91
18	MEDICATION REFRIGERATOR	6/04/11	400	40
19	LAWN MOWER	7/16/11	289	29
20	AIR CONDITIONER-VISITOR CENTER	7/17/11	360	52
21	ASSISTANCE LAPTOP	7/20/11	668	67
22	ANTIQUE HAY WAGON	11/03/11	1,800	180
23	HAY BARN	7/01/11	424	42
24	IMPROVEMENTS-DIRECTORS HOUSE	9/01/11	9,710	249
25	PIG BARN	7/01/11	389	39
26	POLE BARN	7/01/11	983	98
27	CHICKEN CHALET	7/01/11	3,653	365
28	2-WAY RADIOS	3/23/11	1,264	127
29	MAIN BARN	7/01/11	2,895	289
30	POT BELLY BARN	7/01/11	3,378	338
31	BLEICH BARN	7/01/11	62,680	6,268
32	ROADS	7/01/11	88,016	4,400
33	FENCING	7/01/11	1,325	66
34	HORSE TRAILER	7/01/11	1,500	215
35	TELEVISION	4/22/11	150	10
36	2-WAY RADIOS	9/12/11	632	91
37	SALT SPREADER	10/31/11	600	86
38	EXHIBIT SHELVES	11/21/11	1,588	227
39	MEDICAL SUPPLY CABINET	12/14/11	329	47
40	PROPERTY 316 OLD STAGE ROAD	11/23/11	517,444	0
41	RT. 32 LAND	11/23/11	178,962	0
42	BUILDING RT. 32	11/23/11	174,202	4,467
43	LAWN MOWER	7/05/11	900	90
44	FENCING	7/01/12	7,607	381
45	RT. 32 BLDG IMPROVEMENTS	7/01/12	6,678	172
46	FURNITURE FOR HOUSE	7/01/12	17,881	2,555
47	APPLIANCES FOR HOUSE	7/01/12	6,254	1,251
48	HOMESTEAD RENOVATIONS	7/01/12	77,647	1,991
49	COMPUTER EQUIPMENT	7/01/12	1,779	178
51	TRACTOR	9/28/12	30,000	3,000
52	300 OLD STAGE RD HOUSE	8/15/12	171,000	4,275
53	300 OLD STAGE RD	8/15/12	27,500	0
54	300 OLD STAGE RD-RENOVATIONS	12/02/12	867	22
55	300 OLD STAGE RD-FENCE	11/02/12	796	114
56	WIP	11/01/12	14,200	0
57	IMPROVMENT TO HAY HOUSE	2/20/13	2,270	227
58	ROAD PAVING	4/30/13	49,500	2,475
59	TURKEY FENCING	10/02/13	10,525	526
60	IMPROVEMENTS-BROWN OFFICE BUILDING	11/14/13	7,228	185
61	TURKEY BARN	9/17/13	7,598	759
62	NEW BARN	2/21/13	97,947	2,511
63	HOMESTEAD-IMPROVMENTS	7/10/13	6,592	169
64	FURNITURE AND EQUIPMENT	6/30/13	4,523	452
65	MS Office	4/09/13	2,940	245
66	TRACTOR	9/15/14	7,800	1,560
67	98 FORD F150 SUPERCAB	10/22/14	3,000	600
68	TRUCK	10/22/14	600	120

Asset	Description	Date In Service	Cost	NY
69	HORSE TRAILER	10/24/14	3,700	740
70	REFRIGERATOR	4/25/14	1,213	122
71	BROWN OFFICE IMPROVEMENTS	4/01/14	3,440	89
72	BOILER	3/14/14	5,700	570
73	ROUTE 32 FENCING	9/19/14	21,805	1,090
74	1997 JEEP	9/26/15	1,150	230
75	DODGE	12/17/15	3,505	701
76	SNOW BLOWER	2/03/15	1,200	172
77	REFRIGERATOR	3/26/15	895	90
78	TABLET	2/16/15	557	111
79	ROAD TO MANURE PILE	8/31/15	13,653	682
80	PATIO FURNITURE	7/15/15	814	81
81	US MATTRESS	5/12/15	735	74
82	ROOF ON BROWN OFFICE BLD	8/12/15	6,757	173
83	GENERATORS	5/18/15	11,767	1,177
84	RT 32 BARN	9/17/15	95,100	2,438
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87	INFIRMARY	10/05/15	5,714	146
	Total Other Depreciation		<u>2,886,988</u>	<u>82,354</u>
	Total ACRS and Other Depreciation		<u>2,886,988</u>	<u>82,354</u>
	Grand Totals		<u>2,886,988</u>	<u>82,354</u>

Form **990****Two Year Comparison Report****2014 & 2015**

For calendar year 2015, or tax year beginning , ending

Name

Taxpayer Identification Number

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

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	1. 1,542,577	3,063,528	1,520,951
	2. Membership dues and assessments	2. 70,643	64,582	-6,061
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 220,042	325,972	105,930
	5. Investment income	5. 1,019	23,288	22,269
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -4,568	-1,546	3,022
	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. 10,162	6,089	-4,073
	11. Other revenue	11. 6,991	9,380	2,389
	12. Total revenue. Add lines 1 through 11	12. 1,846,866	3,491,293	1,644,427
Expenses	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. 674,744	779,212	104,468
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 39,301	50,613	11,312
	19. Occupancy, rent, utilities, and maintenance	19. 3,274	4,744	1,470
	20. Depreciation and Depletion	20. 80,069	81,591	1,522
	21. Other expenses	21. 461,552	449,890	-11,662
	22. Total expenses. Add lines 13 through 21	22. 1,258,940	1,366,050	107,110
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 587,926	2,125,243	1,537,317
Other Information	24. Total exempt revenue	24. 1,846,866	3,491,293	1,644,427
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 233,646	363,183	129,537
	27. Total assets	27. 4,092,391	6,213,807	2,121,416
	28. Total liabilities	28. 50,056	50,020	-36
	29. Retained earnings	29. 4,042,335	6,163,787	2,121,452
	30. Number of voting members of governing body	30. 4	5	
	31. Number of independent voting members of governing body	31. 4	5	
	32. Number of employees	32. 34	39	
	33. Number of volunteers	33. 100	51	

Form **990T****Two Year Comparison Report****2014 & 2015**

For calendar year 2015, or tax year beginning _____, ending _____

Name

Taxpayer Identification Number

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

		2014	2015	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.			
	27. Unrelated business taxable income.	27.			
	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.	3,283	-3,283	
	43. Total payments	43.	3,283	-3,283	
	44. Balance due/(Overpayment)	44.	-3,283	3,283	
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.	-3,283	3,283	