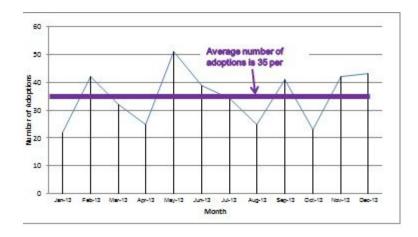
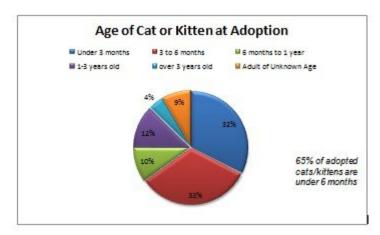
Cat Crusaders 2013 Financial Summary





In 2013 Cat Crusaders became more proactive with caring for Community Cats and provided funding for 94 cats to be TNVR'd at the Humane Society Tampa Bay. As a result, our veterinary expenses rose due to our increased support of TNR efforts and Community Outreach (assisting income challenged people spay/neuter their pets or helping with an injured cat)

This report summarizes Cat Crusaders Financial Activities for 2013. Overall Cat Crusaders had \$82,184.47 in income and \$80,196.20 in expenses for a surplus of \$1988.27. Note that while "Event Expenses" may seem to be a significant part of the expenses they were necessary to generate the "Event Income" which netted the rescue \$\$8,404.58. Events for 2013 were: Dogtoberfest, Bark & Purr Bowl, Hamburger Mary's Drag Queen Bingo, and the PetSmart Charities quarterly adoption events.

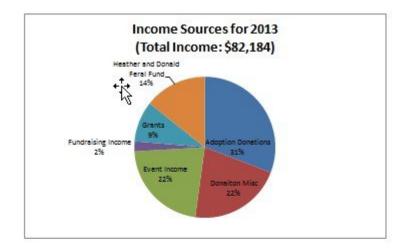
Income is classified as follows:

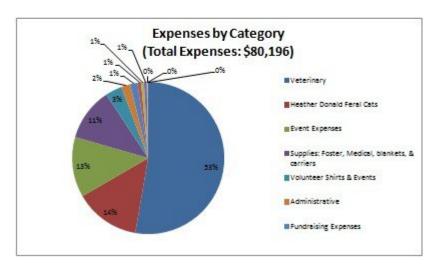
- Adoption Donations These funds are from donations given in association with an adoption
- Event Income This includes sponsorships, vendor fees, grants, and other income associated with any special event
- PetSmart Charities PetSmart Charities provides grant money to Cat Crusaders based on the number of adoptions that were conducted each quarter.
- General Donations These are all other donations that do not fit into previous categories

Expenses are categorized as follows:

- Veterinary These are any funds that are paid for any type of veterinary services to include TNR activities: spay/neuter, chip, tests, vaccines, medications, office visits, emergencies, etc.
- Event Expenses This is any expense directly related to conducting a special event such as tent rentals, insurance, supplies specific to the event, etc
- Supplies Carriers/blankets/Fosters This includes all general material except for office supplies. For example, cardboard carries for adoptions, food/litter for fosters, blankets for cages, crates, etc.
- Volunteer shirts /team building/gas reimbursement This is any expense
 associated with building or encouraging our volunteers. For example, T-shirts for
 volunteers, team building events at the holidays, or gas reimbursement for
 special circumstances.
- Administrative (office supplies etc.). This is any expenses necessary for operating the business end of Cat Crusaders. For example, paper, ink, corporate fees, etc.
- Fundraising Expenses This is any expenses incurred as part of conducting a non-event related fundraising activity. For example, purchasing T-shirt to sell.
- Promotional Material This is for flyers or brochures
- Utilities (Wireless) These costs are associated with the wireless fees necessary
 to operate the device used by Cat Crusaders to accept credit cards or access
 information at the adoption site.
- Bank & Credit Card Fees these are costs incurred for operating the business checking account or accepting credit cards and PayPal for donations.

| Income Source | |
|---------------------------|-------------|
| Adoption Donations | \$25,320.60 |
| General Donations | \$29,308.51 |
| Event Income | \$19,875.00 |
| PetSmart Charities | \$7,680.00 |
| TOTALINCOME | \$82,184.47 |
| Expense | |
| Veterinary | \$53,442.49 |
| Event Expenses | \$11,470.42 |
| Supplies | \$9,023.26 |
| Volunteer Shirts & Events | \$2,840.40 |
| Administrative | \$1,565.82 |
| Fundraising Expenses | \$58.59 |
| Promotional Material | \$616.64 |
| Credit Card Fees | \$499.84 |
| Utilities (Wireless) | \$459.12 |
| PayPal Fees | \$143.27 |
| Bank Fees | \$76.35 |
| TOTAL EXPENSES | \$80,196.20 |





Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Α | For the | 2013 calenda | ar year, or tax year beginning | 01/01 | 2013, a | and ending | | 12/31 | , 20 | 13 | |
|------------|---|---|---|---|-------------------|--------------|-------------|------------|-------------------|------------------|--|
| В | Check if applicable: C Name of organization | | D Empl | oyer ide | entification numb | er | | | | | |
| | Address c | | | | | | | 27-3257614 | | | |
| | Name cha | change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E T | | | | | | hone nu | umber | | |
| Ц | Initial retu | | 4220 Waterville Ave | | | | | | 813-472-9700 | | |
| H | Terminate | | City or town, state or province, country, and ZIP of | r foreign postal code | | | F Grou | | | | |
| H | Amended Application | | Wesley Chapel, FL 33543 | | | | | nber 🕨 | • | | |
| <u></u> | | | ✓ Cash | <u> </u> | | | | | f the organizatio | n is no i | |
| | Website | | tampacatcrusaders.org | | | ' | | | ach Schedule B | 11 15 110 | |
| | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | -\(4\) | | • | |)-EZ, or 990-PF) | | |
| | | | Corporation Trust |) ◀ (insert no.) ☐ 4947(a Association ☐ Ot | | 527 | (1 01111 3 | 50, 550 | , LZ, 01 330 11) | /- | |
| | | • | 7b, to line 9 to determine gross receipts. If g | | _ | noro or if t | otal accate | | | | |
| | | | v) are \$500,000 or more, file Form 990 instea | • | | | | | | | |
| _ | | | | | | | | \$ | | 82,184 | |
| Ш | Part I | | e, Expenses, and Changes in Net | | | • | | | • | | |
| _ | | | the organization used Schedule O to | | | | | | | | |
| | 1 | | ns, gifts, grants, and similar amounts re | | | | | 1 | | 62,309 | |
| | 2 | _ | ervice revenue including government fee | | | | | 2 | | 0 | |
| | 3 | Membersh | ip dues and assessments | | | | | 3 | | 0 | |
| | 4 | Investment | | | | | | 4 | | 0 | |
| | 5a | Gross amo | unt from sale of assets other than inven | tory | 5a | | 0 | | | | |
| | b | Less: cost | or other basis and sales expenses | | 5b | | 0 | | | | |
| | С | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | 0 | |
| | 6 | Gaming an | d fundraising events | | | | | | | | |
| | а | Gross inco | ome from gaming (attach Schedule | G if greater than | | | | | | | |
| 9 | | \$15,000) . | | | 6a | | 0 | | | | |
| Revenue | b | Gross inco | me from fundraising events (not includir | ng \$ | 0 of | contributi | ons | | | | |
| ě | [] | | aising events reported on line 1) (attacl | | | | | | | | |
| _ | ' | | h gross income and contributions excee | | 6b | | 19,875 | | | | |
| | С | Less: direc | t expenses from gaming and fundraising | g events | 6c | | 11,470 | | | | |
| | d | | | | | | | | | | |
| | | line 6c) | | | | | | 6d | | 8,405 | |
| | 7a | Gross sale | s of inventory, less returns and allowand | es | 7a | | 0 | | | | |
| | b | | of goods sold | | 7b | | 0 | | | | |
| | c | | t or (loss) from sales of inventory (Subtr | | | | | 7c | | 0 | |
| | 8 | | nue (describe in Schedule O) | | | | | 8 | | 0 | |
| | 9 | | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and | | | | | 9 | | 70,714 | |
| _ | 10 | | similar amounts paid (list in Schedule C | | | | | 10 | | 70,714 | |
| | 11 | | aid to or for members | , | | | | 11 | | 0 | |
| u | | • | ther compensation, and employee bene | fite | | | | 12 | | 0 | |
| Expenses | 13 | | | | | | | 13 | | 0 | |
| ē | 14 | | onal fees and other payments to independent contractors | | | | | 14 | | | |
| X | 14 | | Occupancy, rent, utilities, and maintenance | | | | | | | 0 | |
| | · .• | | | | | | | | | 0 | |
| | 16 | Other expenses (describe in Schedule O) See Schedule O, Statement 1 Total expenses. Add lines 10 through 16 | | | | | | 16 | | 68,726 | |
| _ | 17 | i otal expe | enses. Add lines 10 through 16 | !: 0\ | | | • | 17 | | 68,726 | |
| y. | 18 | | deficit) for the year (Subtract line 17 from | • | | | | 18 | | 1,988 | |
| Š | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree v end-of-year figure reported on prior year's return) | | | | | | | | | |
| Ă | | | | | | | | 19 | | 3,741 | |
| Net Assets | 20 | | ges in net assets or fund balances (exp | · | | | | 20 | | 0 | |
| _ | 21 | Net assets | or fund balances at end of year. Combi | ne lines 18 through 2 | 0. | | <u> ▶</u> | 21 | | 5,729 | |
| _ | _ | | | | | | | | - 000 E | 7 /00 | |

Form 990-EZ (2013) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 3,741 22 22 Cash, savings, and investments 5,729 23 0 23 0 24 Other assets (describe in Schedule O)____ 0 24 0 25 3,741 25 Total assets 5,729 0 26 26 Total liabilities (describe in Schedule O)_ 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 3.741 27 5.729 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. In 2013 Cat Crusaders took in 486 cats and found homes for 425. All cats were spayed/neutered, vaccinated, and microchipped. The expense amount associated with this PSA is the combined cost of veterinary care, not including TNVR expenses or Emergency Veterinary expenses. 28a 0) If this amount includes foreign grants, check here 48,206 Cat Crusaders became an active community leader in the TNVR effort. In 2013 Cat Crusaders payed fees for approximately 100 community cats to be TNVR'd. 0) If this amount includes foreign grants, check here 29a 1,666 30) If this amount includes foreign grants, check here 30a Other program services (describe in Schedule O). 0) If this amount includes foreign grants, check here . . . 31a 0 32 49,872 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Henreitta Cohen 0 0 0 **Board Member** Gretchyn Melde 16.0 0 0 0 **Secretary** Jeani Chair

| ne Cohen | 16 | 0 | 0 | 0 |
|----------|----|---|---|---------------------------|
| Person | | | | |
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| | | | | Form 990-EZ (2013) |
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Form 990-EZ (2013)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ► o ; section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b / Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ 41 42a The organization's books are in care of ► Gretchyn Melde Telephone no. ▶ 443-336-8710 Located at ► 20647 Longleaf Pine Ave, Tampa, FL 33647 ZIP + 4 ▶ 33647 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

| -orm 99 | U-EZ (20 | 113) | | | | | | Pa | age • |
|---------------|----------|---|---|---|---------------------------|---|------------------------|---------|----------|
| | | | | | | | | Yes | No |
| 46 | | ne organization engage, directly or in ndidates for public office? If "Yes," c | | | | | on 46 | | _ |
| Part \ | | Section 501(c)(3) organizations All section 501(c)(3) organizations | | stions 47–49b ar | nd 52, and | complete the | | or line | s |
| | | 50 and 51. | andula O ta vaanand | l to only guartien i | n thia Dart | \ /I | | | |
| | | Check if the organization used Sch | iedule O to respond | to any question i | n this Part | <u>vi</u> | | Yes | No |
| 47 | | ne organization engage in lobbying If "Yes," complete Schedule C, Part | | section 501(h) elec | | ct during the to | ax 47 | 162 | 140 ~ |
| 48 | - | organization a school as described in | | i)? If "Yes," comple | te Schedule | E | 48 | | ~ |
| 49a | | ne organization make any transfers to | | | | | 49a | | ~ |
| b 50 | Comp | s," was the related organization a se plete this table for the organization's | five highest compen | sated employees (| other than o | officers, directo | | | d ke |
| | emplo | oyees) who each received more than | \$100,000 of comper | nsation from the or | | | , enter "N | one." | |
| | (a) | Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS | contributi benefit pla | ealth benefits, ons to employee ans, and deferred npensation | (e) Estimate other com | | |
| None | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| f 51 | Comp | number of other employees paid ove olete this table for the organization' 000 of compensation from the orga | s five highest compe | ensated independe | ent contract | cors who each | received | more | thaı |
| | (a) | Name and business address of each independ | ent contractor | (b) Type of s | service | (c) (| Compensation | on | |
| None | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| d 52 | Did th | number of other independent contra ne organization complete Schedule A | ? Note . All section 5 | 01(c)(3) organizatio | | | | | |
| | enalties | kempt charitable trusts must attach a of perjury, I declare that I have examined this r | eturn, including accompan | ying schedules and state | | the best of my kno | wledge and | | t is |
| .ue, cor | eci, an | d complete. Declaration of preparer (other than | onicer) is based on all into | лтаноп от wnich prepar | er nas any kno | wieuge. | | | |
| Sign Here | | Signature of officer Gretchyn Melde, Director | | | ' | Date | | | |
| - | | Type or print name and title | | | | | | | |
| Paid Prepa | aror | Print/Type preparer's name | Preparer's signature | | Date | Check iself-employe | if PTIN | | |
| Use (| | Firm's name ▶ | · | | | Firm's EIN ▶ | | | |
| | y | Firm's address ▶ | | | | Phone no. | | | |
| May th | e IRS | discuss this return with the preparer | shown above? See i | instructions | | . | Yes | | lo |

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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number CAT CRUSADERS** 27-3257614 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II **c** Type III–Functionally integrated **d** Type III–Non-functionally integrated a Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support governing document? col. (i) of your (i) organized in the above or IRC section support? U.S.? (see instructions)) Yes Yes Nο Yes (A) (B) (C) (D) (E)

Part II

| | (Complete only if you checked the Part III. If the organization fails to | | | | - | • | alify under |
|-----------------|---|---------------------------------|-------------------|---------------------------------|-----------------|--|-------------------|
| Secti | on A. Public Support | quality arias | 51 1110 10010 110 | tod Bolow, p | ioacc comple | no r art iii.j | |
| | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (1) | | | | | · · |
| 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 | | | | | | |
| 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. | | | | | | |
| | on B. Total Support | | | | 4 10 20 40 | | |
| | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 12 13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the | e organization | n's first, secon | d, third, fourth | | | |
| | organization, check this box and stop her | e | | | | | ▶ □ |
| | on C. Computation of Public Suppor | | | | | | |
| 14 15 16a | Public support percentage for 2013 (line 6 Public support percentage from 2012 Sch 331/3% support test—2013. If the organiz | edule A, Part | II, line 14 . | | | 14 15 /3% or more, cl | % % heck this |
| | box and stop here. The organization qual | | | - | | | |
| b | 331/3% support test—2012. If the organicheck this box and stop here. The organic | | | | | 15 is 33 ¹ / ₃ % | or more, . ► □ |
| 17a | 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization | ion meets the eets the "fact | e "facts-and-ci | rcumstances" tances" test. T | test, check th | is box and st | op here. |
| 18 | Private foundation. If the organization did | d not check a | box on line 13, | 16a, 16b, 17a | a, or 17b, chec | k this box and | see |

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

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.)

| Secti | on A. Public Support | | | , 1 | <u> </u> | , | |
|------------|---|------------------|---------------------------------------|----------------|---------------|---|-----------|
| Calen | dar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| _ | received. (Do not include any "unusual grants.") | | 16,430 | 49,549 | 60,182 | 62,309 | 188,470 |
| 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 | 0 | 16,430 | 49,549 | 60,182 | 62,309 | 188,470 |
| 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from | | | | | | |
| 01: | line 6.) | | | | | | 188,470 |
| | on B. Total Support | (-) 0000 | (h) 0010 | (-) 0011 | (4) 0040 | (-) 0010 | |
| Galen 9 | dar year (or fiscal year beginning in) Amounts from line 6 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 10a | Gross income from interest, dividends, | U | 16,430 | 49,549 | 60,182 | 62,309 | 188,470 |
| iva | 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 | | | | | | |
| С | 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 | + | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | | | 317 | 2,759 | 8,555 | 11,631 |
| 13 | Total support. (Add lines 9, 10c, 11, | | | - | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | and 12.) | 0 | 16,430 | 49,866 | 62,941 | 70,864 | 200,101 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | _ | | | ·= | ear as a section | |
| Secti | on C. Computation of Public Suppor | rt Percentage |) | | | | |
| 15 | Public support percentage for 2013 (line 8 | | | | | 15 | % |
| 16 | Public support percentage from 2012 Sch | nedule A, Part I | II, line 15 . | <u> </u> | <u></u> | 16 | % |
| | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2013 (| | ., | | . ,, | 17 | <u>%</u> |
| 18 | Investment income percentage from 2012 | | | | | 18 | <u>%</u> |
| 19a | 33 ¹ / ₃ % support tests – 2013. If the organ | | | | | | |
| | 17 is not more than 33 ¹ / ₃ %, check this box | _ | _ | - | | _ | _ |
| b | 331/3% support tests—2012. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%. | | | | | | |
| 20 | Private foundation. If the organization di | | _ | = | | | _ |
| 20 | atc roundation. If the organization of | a not one on a l | , , , , , , , , , , , , , , , , , , , | 104, 01 100, 0 | HOOK HIIS DUX | u 555 111311UU | /UIU 🚩 📙 |

| Part IV | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |
|------------|--|
| Schedule A | , Part III, Line 12 - Event Income |
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public

Open to Public Inspection

| Name of | of the organization | | | | | Employer identific | cation number |
|---------|---|--------------------|----------------|-------------------------------------|-----------------------------------|--|---|
| CAT | CRUSADERS | | | | | | 3257614 |
| Par | Fundraising Activities. Form 990-EZ filers are i | • | - | | wered "Yes" to Fo | orm 990, Part IV, | line 17. |
| 1 | Indicate whether the organization | | | | owing activities. Ch | neck all that apply. | |
| а | ☐ Mail solicitations | | e Ć | | ion of non-governn | | |
| b | Internet and email solicitation | ons | f | | ion of government | | |
| С | Phone solicitations | | g - | | fundraising events | | |
| d | ☐ In-person solicitations | | • | • | • | | |
| 2a | Did the organization have a wri | tten or oral agre | ement with | any indivi | dual (including office | cers, directors, trus | tees |
| | or key employees listed in Form | n 990, Part VII) o | r entity in co | onnection | with professional fu | undraising services | ? 🗌 Yes 🗌 No |
| b | , | | | draisers) p | ursuant to agreeme | ents under which th | ne fundraiser is to be |
| | compensated at least \$5,000 by | y the organization | n. | | | | |
| | | | | | | | |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | custody o | draiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | |
| 1 | | | | | | | |
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| Total | | | | ▶ | | | |
| 3 | List all states in which the orga | anization is regis | stered or lic | ensed to s | solicit contributions | or has been notifi | ed it is exempt from |
| | registration or licensing. | | | | | | |
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Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|---|----------|---|----------------------------|--|------------------|--|
| | | | rk and Purr Bowling Eve | • | 5 | (add col. (a) through col. (c)) |
| a) | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 5,172 | 5,632 | 9,071 | 19,875 |
| Я | 2 | | 0 | 0 | 0 | 0 |
| | | line 2) | 5,172 | 5,632 | 9,071 | 19,875 |
| | 4 | Cash prizes | 0 | 0 | 0 | 0 |
| | 5 | Noncash prizes | 0 | 0 | 0 | 0 |
| enses | 6 | Rent/facility costs | 1,190 | 0 | 0 | 1,190 |
| Direct Expenses | 7 | Food and beverages | 0 | 335 | 1,906 | 2,241 |
| Direc | 8 | Entertainment | 0 | 1,050 | 0 | 1,050 |
| | 9 | Other direct expenses . | 0 | 1,566 | 5,423 | 6,989 |
| | 10 11 | , | | | | 11,470 8,405 |
| Pa | | Gaming. Complete if the | e organization answer | | | |
| | | than \$15,000 on Form 9 | 90-EZ, line 6a. | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses . | | | | |
| | 6 | Volunteer labor | ☐ Yes% ☐ No | ☐ Yes %☐ No | ☐ Yes % ☐ No | |
| | 7 | Direct expense summary. Ac | ld lines 2 through 5 in c | olumn (d) | | |
| | 8 | Net gaming income summar | y. Subtract line 7 from li | ne 1, column (d) | | |
| | а | Enter the state(s) in which the or is the organization licensed to op if "No," explain: | | in each of these states | | 🗌 Yes 🗌 No |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . Yes If "Yes," explain: | | | | | | |

| cneau | ile G (Form 990 or 990-EZ) 2013 | | Pa | age 3 |
|----------|---|------------------|------|--------------|
| 11 12 | Does the organization operate gaming activities with nonmembers? | ☐ Y | _ | No No |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| а | The organization's facility | | | % |
| b | An outside facility | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name ► | | | |
| | Address► | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | □ Y ₀ | es 🗌 | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | | | |
| Ū | Name ► | | | |
| | Address► | | | |
| 16 | Gaming manager information: | | | |
| | Name ► | | | |
| | Gaming manager compensation ► \$ | | | |
| | Description of services provided ► | | | |
| | □ Director/officer □ Employee □ Independent contractor | | | |
| 17 a | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | □ Y ₀ | es 🗌 | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ | | | |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide additional information (see instructions). | | | |
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization **Employer identification number CAT CRUSADERS** 27-3257614

Schedule O, Statement 1CAT CRUSADERSForm: 990-EZ27-3257614

Form: 990-EZ Page: 1

Line Number: Part I Line 16

Other Expenses Structured Explanation

| Description | Amount |
|---|--------|
| Veterinary Expenses | 53,443 |
| Supplies for care of cats such as food and litter | 9,023 |
| Volunteer shirts and events | 2,840 |
| Administrative supplies | 1,541 |
| fundraising expenses | 59 |
| promotional and educational materials | 617 |
| credit card and paypal fees | 643 |
| bank fees | 76 |
| donation refund | 25 |
| telecommunication fees | 459 |
| Total: | 68,726 |

Schedule O, Statement 2 CAT CRUSADERS
Form: 990-EZ 27-3257614

Page: 2

Line Number: Part III

Primary Exempt Purpose

Primary Exempt Purpose

Cat Crusader's mission is to rescue, vaccinate, spay or neuter, and find loving adoptive homes for stray and neglected cats. Whenever possible wewill assist cats who, because of extenuating circumstances, are unable to remain in their homes with their owners. Additionally, we seek to increase public awareness of the companion animal overpopulation issue and provide solutions to end the killing of adoptable animals in the Tampa Bay area and beyond