

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

1996

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 1996 calendar year, OR tax year period beginning 1996, and ending 19

- B Check if:
Change of address
Initial return
Final return
Amended return (required also for State reporting)

Please use IRS label or print or type. See Specific Instructions.
FA 06-0945388 9612 29 03 16 3 IB
DANBURY ANIMAL WELFARE SOCIETY INC
PO BOX 971
DANBURY CT 06813 IRS

D Employer identification number 06 0945388
E State registration number 1429-01314
F Check If exemption application is pending

G Type of organization - Exempt under section 501(c)(3) (insert number) OR section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates?
(b) If "Yes," enter the number of affiliates for which this return is filed.
(c) Is this a separate return filed by an organization covered by a group ruling?
I If either box in H is checked "Yes," enter four-digit group exemption number (GEN)
J Accounting method: Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 9.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sale of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss); 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 13.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|-----------|----------------------|----------------------------|-----------------|
| 22 | Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) | | | | |
| 23 | Specific assistance to individuals (attach schedule) | | | | |
| 24 | Benefits paid to or for members (attach schedule) | | | | |
| 25 | Compensation of officers, directors, etc. | | | | |
| 26 | Other salaries and wages | 24173 | 24173 | | |
| 27 | Pension plan contributions | | | | |
| 28 | Other employee benefits | | | | |
| 29 | Payroll taxes | 2240 | 2240 | | |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | 2750 | 1376 | 1374 | |
| 32 | Legal fees | | | | |
| 33 | Supplies - office | 240 | | 240 | |
| 34 | Telephone | 2154 | 1796 | 358 | |
| 35 | Postage and shipping | 418 | | 418 | |
| 36 | Occupancy - utilities | 11629 | 11629 | | |
| 37 | Equipment rental and maintenance | | | | |
| 38 | Printing and publications | 2212 | 16 | | 2196 |
| 39 | Travel | | | | |
| 40 | Conferences, conventions, and meetings | | | | |
| 41 | Interest | | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 4916 | 4916 | | |
| 43 | Other expenses (itemize): a | | | | |
| b | Fundraising expenses | 2375 | | | 2375 |
| c | | | | | |
| d | Statement | 119077 | 118423 | 654 | |
| e | | | | | |
| 44 | Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 172184 | 164569 | 3044 | 4571 |

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 16.)

What is the organization's primary exempt purpose? *provide shelter & new homes for stray animals*
 All organizations must describe their exempt purpose achievements. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

| | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|---|--|
| a <i>Shelter</i> Provide boarding, spaying, neutering, and veterinary services to dogs & cats who were stray or abandoned (Grants and allocations \$ _____) | 144174 |
| b <i>Kennel</i> Provide boarding service for the general public (Grants and allocations \$ _____) | 20395 |
| c _____ (Grants and allocations \$ _____) | |
| d _____ (Grants and allocations \$ _____) | |
| e Other program services (attach schedule) (Grants and allocations \$ _____) | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 164569 |

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Part IV Balance Sheets (See Specific Instructions on page 16.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------|--------------------|
| Assets | 45 Cash—non-interest-bearing | 11577 | 45 | 9746 |
| | 46 Savings and temporary cash investments | 112247 | 46 | 39272 |
| | 47a Accounts receivable | 47a | | |
| | b Less: allowance for doubtful accounts | 47b | 47c | |
| | 48a Pledges receivable | 48a | | |
| | b Less: allowance for doubtful accounts | 48b | 48c | |
| | 49 Grants receivable | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51a Other notes and loans receivable (attach schedule) | 51a | | |
| | b Less: allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | 212 |
| | 54 Investments—securities (attach schedule) | 27635 | 54 | 70541 |
| | 55a Investments—land, buildings, and equipment: basis | 55a | | |
| | b Less: accumulated depreciation (attach schedule) | 55b | 55c | |
| 56 Investments—other (attach schedule) | | 56 | | |
| 57a Land, buildings, and equipment: basis | 57a 205161 | | | |
| b Less: accumulated depreciation (attach schedule) | 57b 15717 | 191964 | 57c | 189444 |
| 58 Other assets (describe ▶) | | 58 | | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 343423 | 59 | 309215 | |
| Liabilities | 60 Accounts payable and accrued expenses | | 60 | |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 Other liabilities (describe ▶) | | 65 | |
| 66 Total liabilities (add lines 60 through 65) | - | 66 | - | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | 343423 | 67 | 309215 |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) | 343423 | 73 | 309215 |
| | 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | 343423 | 74 | 309215 |

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 18.)

| | | | |
|----------|--|---|--------|
| a | Total revenue, gains, and other support per audited financial statements . . . ▶ | a | 137976 |
| b | Amounts included on line a but not on line 12, Form 990: | b | (158) |
| (1) | Net unrealized gains on investments \$ (158) | | |
| (2) | Donated services and use of facilities \$ | | |
| (3) | Recoveries of prior year grants \$ | | |
| (4) | Other (specify): | | |
| | Add amounts on lines (1) through (4) ▶ | b | (158) |
| c | Line a minus line b ▶ | c | 138134 |
| d | Amounts included on line 12, Form 990 but not on line a: | d | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ | | |
| (2) | Other (specify): | | |
| | Add amounts on lines (1) and (2) ▶ | d | |
| e | Total revenue per line 12, Form 990 (line c plus line d) ▶ | e | 138134 |

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

| | | | |
|----------|---|---|--------|
| a | Total expenses and losses per audited financial statements . . . ▶ | a | 172184 |
| b | Amounts included on line a but not on line 17, Form 990: | b | |
| (1) | Donated services and use of facilities \$ | | |
| (2) | Prior year adjustments reported on line 20, Form 990 \$ | | |
| (3) | Losses reported on line 20, Form 990 \$ | | |
| (4) | Other (specify): | | |
| | Add amounts on lines (1) through (4) ▶ | b | |
| c | Line a minus line b ▶ | c | 172184 |
| d | Amounts included on line 17, Form 990 but not on line a: | d | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ | | |
| (2) | Other (specify): | | |
| | Add amounts on lines (1) and (2) ▶ | d | |
| e | Total expenses per line 17, Form 990 (line c plus line d) ▶ | e | 172184 |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 18.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|----------------------|--|---|---|--|
| See Attached list | | - 0 - | - 0 - | - 0 - |
| | | | | |
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see Specific Instructions on page 18.

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Part VI Other Information (See Specific Instructions on page 19.)

| | | Yes | No |
|-----|--|-----|----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | | X |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | X | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | X | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | X |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | | X |
| b | If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt. | | |
| 81a | Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81. | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 85 | 501(c)(4), (5), or (6) organizations.—Were substantially all dues nondeductible by members? N/A | | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | |
| c | Dues, assessments, and similar amounts from members | | |
| d | Section 162(e) lobbying and political expenditures | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | |
| 86 | 501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 12 | | |
| b | Gross receipts, included on line 12, for public use of club facilities. | | |
| 87 | 501(c)(12) organizations.—Enter: a Gross income from members or shareholders | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX | | |
| 89a | 501(c)(3) organizations.—Enter: Amount of tax paid during the year under: section 4911; section 4912; section 4955 | | |
| b | 501(c)(3) and 501(c)(4) organizations.—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction | | X |
| c | Enter: Amount of tax paid by the organization managers or disqualified persons during the year under section 4958 | | |
| d | Enter: Amount of tax in 89c, above, reimbursed by the organization | | |
| 90 | List the states with which a copy of this return is filed | | |
| 91 | The books are in care of Elizabeth Rakher, Telephone no. (203) 798-5816 Located at Bethel, CT ZIP + 4 06801 | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | |

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Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 22.)

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a Boarding Kennel | | 22500 | | | |
| b Adoption Fees | | | | | 22414 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 1146 | |
| 96 Dividends and interest from securities | | | 14 | 4845 | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | 16 | 5600 | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | (2466) | |
| 101 Net income or (loss) from special events | | | 01 | 10359 | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 22500 | | 19481 | 22414 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 64398 |

Note: (Line 105 plus line 1a, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 23.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| 93(b) | Adoption fees received from those willing to adopt stray or abandoned cats and dogs; pet adoption is a central part of the organization's tax exempt purpose. |
| | |
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| | |

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on line 88 is checked.)

| Name, address, and employer identification number of corporation or partnership | Percentage of ownership interest | Nature of business activities | Total income | End-of-year assets |
|---|----------------------------------|-------------------------------|--------------|--------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (See General Instructions on page 8.)

Signature of officer _____ Date _____ Type or print name and title _____

Paid Preparer's Use Only

| | | | |
|---|----------|--|----------------|
| Preparer's signature | Date | Check if self-employed <input checked="" type="checkbox"/> | Preparer's SSN |
| | 11-14-97 | | 171 36 0976 |
| Firm's name (or yours if self-employed) and address | EIN | ZIP + 4 | |
| CAROL R. ELDER, CPA 79 WEST ST., DANBURY, CT | 06 | 06810 | 1122169 |

**SCHEDULE A
(Form 990)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

See separate instructions.

OMB No. 1545-0047

1996

Department of the Treasury
Internal Revenue Service

▶ **Must be completed by the above organizations and attached to their Form 990 (or 990-EZ).**

Name of the organization

Danbury Animal Welfare Society, Inc.

Employer identification number

06 | 0945388

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions on page 1. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions on page 1. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | | |

Schedule A (Form 990) 1998

Danbury Animal Welfare Society, Inc.

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Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4 regarding lobbying activities, property transactions, grants, and organizational determination.

Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)

The organization is not a private foundation because it is (please check only ONE applicable box):

- 5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [x] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [] 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions on page 4.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Contains empty rows for data entry.

- 14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)

Schedule A (Form 990) 1996

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for years (1995, 1994, 1993, 1992, Total) and rows for various income categories (15-25) and support calculations (26-28).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1992 through 1995, attach a list...

Part V Private School Questionnaire (See instructions on page 4.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

| | Yes | No |
|--|-----|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | |
| 32 Does the organization maintain the following: | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | | |
| If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| 33 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | | |
| b Admissions policies? | | |
| c Employment of faculty or administrative staff? | | |
| d Scholarships or other financial assistance? | | |
| e Educational policies? | | |
| f Use of facilities? | | |
| g Athletic programs? | | |
| h Other extracurricular activities? | | |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| 34a Does the organization receive any financial aid or assistance from a governmental agency? | | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. | | |

Schedule A (Form 990) 1996

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Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions on page 6.) (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here a [] if the organization belongs to an affiliated group.

Check here b [] if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with columns: (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 8.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for years 1996, 1995, 1994, 1993, and Total. Rows 45-50 detailing nontaxable amounts and expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions on page 8.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers.
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines c through h).

Table with columns: Yes, No, Amount. Rows corresponding to items a-i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990) 1996

Danbury Animal Welfare Society, Inc.

06-0945388

Page 6

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations N/A

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

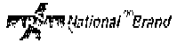
Table with columns for Yes/No and rows for various categories: a Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; b Other transactions: (i) Sales of assets to a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities or equipment, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees; d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.



45-603 Eye Guard
45-303 2-Pack
Made in USA


Danbury Animal Welfare Society, Inc.

#06-0945388

December 31, 1996

| | |
|-------------|--|
| Prepared By | |
| Approved By | |

| Statement 1 | | (A) | (B) | (C) |
|-------------|---------------------------------------|--------|--------|-----|
| 1 | | | | |
| 2 | Animal Food + litter | 10560 | 10560 | |
| 3 | Veterinary expenses | 85866 | 85866 | |
| 4 | Insurance | 3152 | 3152 | |
| 5 | Repairs + Maintenance | 3182 | 3182 | |
| 6 | Program supplies | 7783 | 7783 | |
| 7 | Licenses, fees + pubs | 284 | 166 | 118 |
| 8 | Misc. expense | 299 | | 299 |
| 9 | Tenant expenses | 237 | | 237 |
| 10 | Advertising | 7714 | 7714 | |
| 11 | | | | |
| 12 | | | | |
| 13 | T | 119077 | 118423 | 654 |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | Statement 2 - Fund raising activities | | | |
| 18 | | | | |
| 19 | Rabies Clinics | | | |
| 20 | Gross Receipts | 3868 | | |
| 21 | Direct expenses | 601 | | |
| 22 | Net | 3267 | | |
| 23 | | | | |
| 24 | Tag Sales | | | |
| 25 | Gross Receipts | 4808 | | |
| 26 | Direct expenses | 838 | | |
| 27 | Net | 3970 | | |
| 28 | | | | |
| 29 | Walkathon | | | |
| 30 | Gross Receipts | 3286 | | |
| 31 | Direct expenses | 467 | | |
| 32 | | 2819 | | |
| 33 | | | | |
| 34 | Misc. sales | | | |
| 35 | Gross receipts | 494 | | |
| 36 | Direct expenses | 191 | | |
| 37 | | 303 | | |
| 38 | | | | |
| 39 | | | | |
| 40 | | | | |

 National Brand
45-003 Eye Ease
45-003 2-Pack
Made in USA

Danbury Animal Welfare Society, Inc.

06-0945388

Dec. 31, 1996

| | |
|-------------|--|
| Prepared By | |
| Approved By | |

| | | 1 | 2 | 3 |
|----|-----------------------------|-------|---|---|
| | Investments | | | |
| 1 | | | | |
| 2 | Select Ten Dow Fund | 10368 | | |
| 3 | | | | |
| 4 | Select Ten U.K. Fund | 10681 | | |
| 5 | | | | |
| 6 | Select Ten H.K. Equity Fund | 10400 | | |
| 7 | | | | |
| 8 | Alliance Quasar Fund | 5056 | | |
| 9 | | | | |
| 10 | Van Kampen Amer. Fund | 4589 | | |
| 11 | | | | |
| 12 | MFS Research Fund | 5103 | | |
| 13 | | | | |
| 14 | CD - First Bank of PR | 7955 | | |
| 15 | | | | |
| 16 | CD - Fleet Bank | 8011 | | |
| 17 | | | | |
| 18 | CD - Bank of America | 8378 | | |
| 19 | | | | |
| 20 | | | | |
| 21 | T | 70541 | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |
| 31 | | | | |
| 32 | | | | |
| 33 | | | | |
| 34 | | | | |
| 35 | | | | |
| 36 | | | | |
| 37 | | | | |
| 38 | | | | |
| 39 | | | | |
| 40 | | | | |

DAW95DEP.XLS

DANBURY ANIMAL WELFARE SOCIETY, INC.
 FIXED ASSET AND DEPRECIATION SCHEDULE
 YEAR ENDED DECEMBER 31, 1996

| DATE ACQ | LIFE | METHOD | COST 12-31-95 | ADDITIONS | COST 12-31-96 | A/D 12-31-95 | 1996 DEPREC | A/D 12-31-96 |
|-----------|--------|--------|------------------|-----------|------------------|-----------------|----------------|-----------------|
| Jul-93 | | | 39,000.00 | | 39,000.00 | | | |
| Jul-93 | 39 YRS | SL | 158,578.75 | | 158,578.75 | 9,937.24 | 4,066.12 | 14,023.36 |
| 1-17-94 | 7 YRS | SL | 2,051.27 | | 2,051.27 | 440.56 | 293.04 | 733.60 |
| 2-25-94 | 7 YRS | SL | 800.00 | | 800.00 | 171.43 | 114.29 | 285.72 |
| 3-8-94 | 7 YRS | SL | 589.75 | | 589.75 | 126.38 | 84.25 | 210.63 |
| 10/10/95 | 15 YRS | SL | 507.57 | | 507.57 | 16.92 | 33.84 | 50.76 |
| 9-27-95 | 7 YRS | SL | 442.00 | | 442.00 | 31.57 | 63.14 | 94.71 |
| 11/20/95 | 7 YRS | SL | 470.00 | | 470.00 | 33.57 | 67.14 | 100.71 |
| 5/13/1996 | 7 YRS | SL | - | 200.00 | 200.00 | - | 14.29 | 14.29 |
| 8/8/1996 | 7 YRS | SL | - | 1,771.16 | 1,771.16 | - | 12.65 | 12.65 |
| 7/24/95 | 7 YRS | SL | 325.00 | | 325.00 | 23.21 | 23.21 | 46.42 |
| 8/8/1996 | 7 YRS | SL | - | 418.98 | 418.98 | - | 29.93 | 29.93 |
| 2/6/1996 | 7 YRS | SL | - | 1,600.00 | 1,600.00 | - | 114.29 | 114.29 |
| | | | 5,185.59 | 2,396.14 | 7,581.73 | 843.64 | 850.07 | 1,693.71 |
| | | | 202,764.34 | 2,396.14 | 205,160.48 | 10,800.88 | 4,916.19 | 15,717.07 |
| | | | T/B | [A] | T/B | T/B | [B] | T/B |

| COST | A/D |
|------------|-----------|
| \$ 202,764 | \$ 10,801 |
| 2,396 | |
| \$ 205,160 | \$ 4,916 |

[A] [B]

YEAR END RECONCILIATION:
 BEG BAL PER AUDITED FS 12/31/95
 CURRENT YR ADDITIONS
 CURRENT YR DEPREC
 END BAL 12/31/96

CHECK 1 F 5527

CAPITAL GAIN OR LOSS - SECURITIES

Name Danbury Animal Welfare Society, Inc.

Address _____

Social Security Number _____

Year ending Dec. 31

1996

| Kind of Security and Description | Date Acquired | Date Sold | Gross Sales Price | Cost or Other Basis | SHORT TERM | | LONG TERM | |
|----------------------------------|---------------|-----------|-------------------|---------------------|------------|------|-----------|------|
| | | | | | GAIN | LOSS | GAIN | LOSS |
| 100 SH British Gas | var | 10-23-96 | 293.9 | 4350 | | | | 1411 |
| 300 SH Capstead Mtg. Co. | var | 10-23-96 | 4474 | 4327 | | | 147 | |
| 7 SH Host Marriott Corp | var | 10-23-96 | 83 | - | | | 83 | |
| 200 SH Long Island Lighting | var | 10-23-96 | 3565 | 4687 | | | | 1122 |
| Price Co. Bond | var | 10-23-96 | 10673 | 9857 | | | 823 | |
| 100 SH Telefonos De Mexico | var | 10-23-96 | 3050 | 4420 | | | | 1370 |
| 7 SH Marriott Inc. | var | 10-23-96 | 374 | - | | | 374 | |
| 1 SH Host Marriott | var | 10-25-96 | 9 | - | | | 9 | |
| Host Marriott | var | 1-16-96 | 1 | - | | | 1 | |
| | | | | 25168 | 27634 | | 1437 | 3903 |
| TOTALS | | | | | | | | |
| Subtract Smaller from Larger | | | | | | | | |
| Gains or Losses remaining | | | | | | | | 2466 |

DANBURY ANIMAL WELFARE SOCIETY, INC.**LIST OF OFFICERS****LIST OF OFFICERS:**

| <u>HOME ADDRESS</u> | <u>BUSINESS ADDRESS</u> | <u>TITLE</u> |
|--|---|-------------------------|
| ELLEN R. FARRAR 26 HIGH RISE ROAD DANBURY, CT 06811 | 147 GRASSY PLAIN ST BETHEL, CT 06801 | PRESIDENT |
| DENISE DRYFOOS 15 CHARCOAL RIDGE DR DANBURY, CT 06811 | 147 GRASSY PLAIN ST BETHEL, CT 06801 | VICE PRESIDENT |
| ELIZABETH A. RABBETT 55 MILL PLAIN RD #33-14 DANBURY, CT 06811 | 147 GRASSY PLAIN ST BETHEL, CT 06801 | TREASURER |
| GAYLE CLARK 23 MABEL AVE. DANBURY, CT 06811 | 147 GRASSY PLAIN ST BETHEL, CT 06801 | RECORDING SECRETARY |
| CATHY FALES 192 HIGH RIDGE AVE. RIDGEFIELD, CT 06877 | 147 GRASSY PLAIN ST BETHEL, CT 06801 | CORRESPONDING SECRETARY |

Form **2758**

(Rev. May 1995)

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

| | |
|--|---|
| Name DANBURY ANIMAL WELFARE SOCIETY, INC. | Employer identification number 06-0945388 |
| Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) PO BOX 971 | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. DANBURY, CT 06813-0971 081597 | |

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

- 1 I request an extension of time until 8/15, 1997, to file (check only one):
- | | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D) | <input type="checkbox"/> Form 990-T (401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box:

2a For calendar year 1996, or other tax year beginning _____ and ending _____

b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ► Elizabeth Rabbett Title ► TREASURER Date ► 04/30/97

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
- We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: EXTENSION OF TIME TO FILE CAN ONLY BE ALLOWED IN 30-DAY INCREMENTS. PLEASE FILE YOUR RETURN OR AN ADDITIONAL EXTENSION BY THE APPROVED DATE STAMPED.

EXTENSION APPROVED

AUG 15 1997

DEBORAH G. DECKER, Director

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

| | |
|----------------------|--|
| Please Type or Print | Name |
| | Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |

For Paperwork Reduction Act Notice, see back of form.

Form 2758 (Rev. 5-95)

Form **2758**

(Rev. May 1995)

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name

DANBURY ANIMAL WELFARE SOCIETY, INC.

Employer identification number

06-0945388

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

PO BOX 971

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

DANBURY, CT 06813-0971

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1 I request an extension of time until 11/15, 1997, to file (check only one):

- | | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D) | <input type="checkbox"/> Form 990-T (401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box.

2a For calendar year 1996, or other tax year beginning _____ and ending _____

b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME.

- 5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature

Elizabeth Rabbett

Title

TREASURER

Date

5/12/97
04/30/97

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant--To Be Completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
- We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: _____

Director

By: _____

EXTENSION APPROVED
Date 5/17/97

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print

Name

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

DEBORAH S. DECKER, DIRECTOR
GOLDEN SERVICE CENTER

For Paperwork Reduction Act Notice, see back of form.

Form 2758 (Rev. 5-95)