

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

**1997**

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 1997 calendar year, OR tax year period beginning **1997**, and ending **19**

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

**C** Name of organization  
**Danbury Animal Welfare Society, Inc.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. BOX 971**

City or town, state or country, and ZIP+4  
**Danbury, CT 06813**

**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?  Yes  No If either box in H is checked "Yes," enter four-digit group exemption number (GEN) **100**

**(b)** If "Yes," enter the number of affiliates for which this return is filed: **100** Accounting method:  Cash  Accrual

**(c)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No Other (specify) **100**

**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 11.)

		1a		1b		1c		1d		
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:									
	<b>a</b> Direct public support		76120							
	<b>b</b> Indirect public support									
	<b>c</b> Government contributions (grants)				2500					
	<b>d</b> Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ _____ noncash \$ _____)							78620		
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)							50653		
	<b>3</b> Membership dues and assessments									
	<b>4</b> Interest on savings and temporary cash investments							74		
	<b>5</b> Dividends and interest from securities							4147		
	<b>6a</b> Gross rents		7083							
<b>b</b> Less: rental expenses				108						
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)							6975			
<b>7</b> Other investment income (describe <b>▶</b> )										
Revenue	<b>8a</b> Gross amount from sale of assets other than inventory See Attached Stmt.	(A) Securities		(B) Other						
	<b>b</b> Less: cost or other basis and sales expenses		39569							
	<b>c</b> Gain or (loss) (attach schedule)		38663							
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		906					906		
	<b>9</b> Special events and activities (attach schedule) <b>Statement # 2</b>									
Revenue	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)		9140							
	<b>b</b> Less: direct expenses other than fundraising expenses				3157					
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)							5883		
	<b>10a</b> Gross sales of inventory, less returns and allowances									
	<b>b</b> Less: cost of goods sold									
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)									
	<b>11</b> Other revenue (from Part VII, line 103)									
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)							147258		
	Expenses	<b>13</b> Program services (from line 44, column (B))							167374	
		<b>14</b> Management and general (from line 44, column (C))							2832	
<b>15</b> Fundraising (from line 44, column (D))								4911		
<b>16</b> Payments to affiliates (attach schedule)										
<b>17</b> Total expenses (add lines 16 and 44, column (A))								175117		
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)							(27859)		
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))							309215		
	<b>20</b> Other changes in net assets or fund balances (attach explanation) Stmt. # 3.							1149		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)							282505		

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**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 15.)

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	29671	29671		
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	4013	4013		
30	Professional fundraising fees				
31	Accounting fees	2200	550	1650	
32	Legal fees				
33	Supplies - office	321	45	276	
34	Telephone	2087	1764	323	
35	Postage and shipping	795		368	427
36	Occupancy - Utilities	12794	12794		
37	Equipment rental and maintenance				
38	Printing and publications	2740		77	2663
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	5133	5133		
43	Other expenses (itemize): a				
b	Fund raising expenses	1821			1821
c					
d	Statement	113542	113404	138	
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	175117	167374	2832	4911

**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 18.)

What is the organization's primary exempt purpose? **Provide shelter + new homes for stray animals**  
 All organizations must describe their exempt purpose achievements in a clear and concise manner. 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 Animal shelter Provide boarding, spaying, neutering, and veterinary services to dogs and cats who were stray or abandoned (Grants and allocations \$ _____)	137064
b Kennel Provide boarding services for the general public (Grants and allocations \$ _____)	29007
c Rabies Clinics Provide low cost clinics for providing animals with rabies shots (Grants and allocations \$ _____)	1303
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)	167374

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**Part IV Balance Sheets** (See Specific Instructions on page 18.)

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	9746	45	20425
	46 Savings and temporary cash investments	39272	46	11164
	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	212	53	
	54 Investments—securities (attach schedule)	70541	54	66288
	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 205478			
b Less: accumulated depreciation (attach schedule)	57b 20850	189444	57c	184628
58 Other assets (describe )		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	309215	59	282505	
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	309215	67	282505
	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)	309215	73	282505	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	309215	74	282505	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



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Part VI Other Information (See Specific Instructions on page 21.)

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	76		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.	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		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?	80a		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.	81a	-0-	
b	Did the organization file Form 1120-POL for this year?	81b		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?	82a		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.)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations.—a Were substantially all dues nondeductible by members? N/A	85a		
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.	85b		
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
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?	85h		
86	501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 12 N/A	86a		
b	Gross receipts, included on line 12, for public use of club facilities.	86b		
87	501(c)(12) organizations.—Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
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	88		X
89a	501(c)(3) organizations.—Enter: Amount of tax imposed during the year under: section 4911 -0- ; section 4912 -0- ; section 4955 -0-			
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	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Enter: Amount of tax in 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed Connecticut			
b	Number of employees employed in the pay period that includes March 12, 1997 (See instructions.)	90b		
91	The books are in care of Elizabeth Rabbett Telephone no. (203) 798-5816 Located at Bethel, CT ZIP + 4 06301			
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 92			

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**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 25.)

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		29275			
b Adoption Fees					17965
c Rabies Clinics					3413
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			14	74	
95 Interest on savings and temporary cash investments			19	4147	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	6975	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	906	
101 Net income or (loss) from special events			01	5883	
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))		29275		17985	21318
105 Total (add line 104, columns (B), (D), and (E))					63638

Note: (Line 105 plus line 1d, 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 26.)

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
93(c)	Fees charged for rabies shots administered at special clinics; the safety and health of animals is a central theme of the organization

**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 Instruction U, on page 10.)

Signature of officer: Elizabeth Rabbeth Date: 7/1/98 Type or print name and title: Elizabeth Rabbeth, Treas

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 7-8-98 Check if self-employed:  Preparer's SSN: 171 36 0976

Firm's name (or yours if self-employed) and address: CAROL R. ELDER, CPA EIN: 06 1122169

79 WEST STREET, DANBURY, CT ZIP + 4: 06810

**COPY**

**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

OMB No. 1545-0047

**1997**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information**  
See separate instructions.  
▶ 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		
Total number of others receiving over \$50,000 for professional services		

**Part III Statements About Activities**

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4 Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)		

**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  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.)

(a) Name(s) of supported organization(s)	(b) Line number from above

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



**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.

Calendar year (or fiscal year beginning in) ▶	(a) 1996	(b) 1995	(c) 1994	(d) 1993	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	63170	64468	81824	74505	283967
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose.	34970	31321	24027	33050	123268
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	34891	18389	9662	4304	66446
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22.	132131	114178	115513	111659	473481
24 Line 23 minus line 17.	97241	82857	91486	78609	350213
25 Enter 1% of line 23	1321	1142	1155	1117	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 7004
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1993 through 1996 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b 105414
					Statement # 4
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 350213
d Add: Amounts from column (e) for lines: 18 66446 19 _____					26d 169860
22 _____ 26b 103414					26e 180353
e Public support (line 26c minus line 26d total)					26f 51.5 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:	(1996) _____	(1995) _____	(1994) _____	(1993) _____	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(1996) _____	(1995) _____	(1994) _____	(1993) _____	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c _____
17 _____ 20 _____ 21 _____					27d _____
d Add: Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total)					27f \$ _____
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g _____ %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1993 through 1996, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions on page 4.)					
Statement # 5					

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		

**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.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	<b>The lobbying nontaxable amount is—</b>		
	Not over \$500,000 . . . . .		20% of the amount on line 40.
	Over \$500,000 but not over \$1,000,000 . . . . .		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000 . . . . .		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000 . . . . .		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000 . . . . .		\$1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must 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 60 on page 7.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
45	Lobbying nontaxable amount				
48	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying 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 7.)

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:	Yes	No	Amount
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)			

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

Schedule A (Form 990) 1997

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 3 columns: Question, Yes, No. Rows include: (i) Cash, (ii) Other assets, b Other transactions: (i) Sales of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services, c Sharing of facilities, d If the answer to any of the above is "Yes," complete the following schedule.

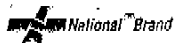
Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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.





45-503 Eye Ence  
45-303 2-Pack  
Made in USA

Danbury Animal Welfare Society, Inc.  
#06-0945388

Prepared By	Initials	Date
Approved By		

December 31, 1997

	1	2	3
Statement # 1 - other Expenses	(A)	(B)	(C)
Animal food & litter	10727	10727	
Veterinary expenses	76651	76651	
Insurance	3108	3108	
Repairs + Maintenance	5140	5140	
Program supplies	7383	7383	
Rabies Clinic Exp.	1303	1303	
Licenses, fees + pubs.	753	678	75
Misc. expense	313	250	63
Advertising	7930	7930	
Tax - U. S. I	234	234	
<b>Total</b>	<b>113542</b>	<b>113404</b>	<b>138</b>
<b>Statement # 2 - Fund raising activities:</b>			
Tag sales + Misc. sales			
Gross Receipts	6176		
Direct expenses	2808		
<b>Net</b>	<b>3368</b>		
Walkathon			
Gross Receipts	2864		
Direct expenses	349		
	<b>2515</b>		
<b>Statement # 3 - other changes in net assets</b>			
Unrealized gains on securities			



DANBURY ANIMAL WELFARE SOCIETY, INC.  
 FIXED ASSET AND DEPRECIATION SCHEDULE  
 YEAR ENDED DECEMBER 31, 1997

LAND	DATE ACQ	LIFE	METHOD	COST 12-31-96	ADDIT'NS	COST 12-31-97	A/D 12-31-96	DEPREC 1997	A/D 12-31-97
	Jul-93			39,000.00		39,000.00			
<b>BUILDING-SHELTER</b>	Jul-93	39 YRS	SL	158,578.75		158,578.75	14,023.36	4,066.12	18,089.48
<b>FURNITURE &amp; FIXTURES &amp; IMPROVMENTS</b>									
G & G Disamb-cabinets for apps	1-17-94	7 YRS	SL	2,051.27		2,051.27	733.60	293.04	1,026.64
M Bernhard-carpet & installation	2/25/94	7 YRS	SL	800.00		800.00	285.72	114.29	400.01
M Bernhard-carpet & installation	3/8/94	7 YRS	SL	589.75		589.75	210.63	84.25	294.88
<b>1995 ADDITIONS:</b>									
CAT RUN CONSTRUCTION:	10/10/95	15 YRS	SL	507.57		507.57	50.76	33.84	84.60
AIR CONDITIONING WORK	9/27/95	7 YRS	SL	442.00		442.00	94.71	63.14	157.85
ELECTRICAL LIGHTS/MOTION DETECT	11/20/95	7 YRS	SL	478.00		478.00	100.71	67.14	167.85
<b>1996 ADDITIONS:</b>									
MAGIC CHEF GAS STOVE FOR UPSTAIRS APT.	5/13/1996	7 YRS	SL	200.00		200.00	14.29	28.57	42.86
CAT ENCLOSURE-RINGS END	8/8/1996	7 YRS	SL	177.16		177.16	12.65	25.31	37.96
<b>1996 ADDITIONS:</b>									
4 DR LATERAL FILE CABINET-SHELTER UPSTAIRS	11/1/1997	7 YRS	SL		317.99	317.99		22.71	22.71
<b>PAWS A WHILE KENNEL:</b>									
SIGN FOR OUT FRONT - KARA SIGNS	7/24/95	7 YRS	SL	325.00		325.00	46.42	46.43	92.85
REPLACE WOODEN FENCE OF KENNEL	8/8/1996	7 YRS	SL	418.98		418.98	29.93	59.85	89.78
CHAIN LINK FENCE KENNEL YARD	2/6/1996	7 YRS	SL	1,600.00		1,600.00	114.29	238.57	342.86
				7,581.73	317.99	7,899.72	1,693.71	1,067.14	2,760.85
				205,160.48	317.99	205,478.47	15,717.07	5,133.26	20,850.33
				T/B		T/B	T/B		T/B

COST	A/D
\$ 205,161	\$ 15,717
318	
\$ 205,479	\$ 20,850

YEAR END RECONCILIATION:  
 BEG BAL PER AUDITED F/S 12/31/96  
 CURRENT YR ADDITIONS  
 CURRENT YR DEPREC  
 END BAL 12/31/97

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

<b><u>HOME ADDRESS.</u></b>	<b><u>BUSINESS ADDRESS</u></b>	<b><u>TITLE</u></b>
ELLEN R. FARRAR 28 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



4/15/98 10:01 AM

Form **2758**

(Rev. May 1995)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0148

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

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, 19 98, 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 8069                 | <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 1997, 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. THE ORGANIZATION IS SUBJECT TO AN AUDIT WHICH HAS NOT BEEN COMPLETED YET.**

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, 8069, 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 ▶ 05/10/98

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 a 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 APPROVED

Director

By: \_\_\_\_\_

AUG 17 1998 Date

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)