

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROVIDENCE ANIMAL RESCUE LEAGUE, INC.	D Employer identification number 05-0262712
	Please use IRS label or print or type See Specific Instructions Number and street (or P O box if mail is not delivered to street address) Room/suite 34 ELBOW STREET	E Telephone number (401) 421-1399
	City or town, state or country, and ZIP + 4 PROVIDENCE, RI 02903	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ N/A

G Website: ▶ N/A

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

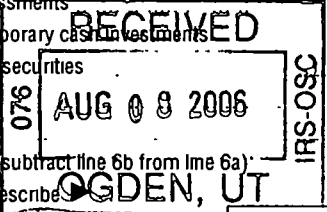
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,685,621.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	177,353.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 177,353. noncash \$)	1d		177,353.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		174,079.	
	3 Membership dues and assessments	3		19,944.	
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5		141,306.	
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	1,123,162.	8a			
	b Less cost or other basis and sales expenses	8b	711,850.		
	c Gain or (loss) (attach schedule)	8c	411,312.		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1	411,312.		
9 a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	39,166.			
	b Less direct expenses other than fundraising expenses	9b	17,581.		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2	21,585.	
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11		10,611.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		956,190.		
Expenses	13 Program services (from line 44, column (B))	13		696,369.	
	14 Management and general (from line 44, column (C))	14		133,444.	
	15 Fundraising (from line 44, column (D))	15		42,752.	
	16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17		872,565.		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		83,625.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,987,599.	
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	<374,453.>	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		4,696,771.	



SCANNED AUG 24 2006

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

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 \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	70,229.	42,137.	28,092.	0.
26	Other salaries and wages	346,232.	307,188.	32,834.	6,210.
27	Pension plan contributions				
28	Other employee benefits	27,172.	24,565.	1,248.	1,359.
29	Payroll taxes	35,555.	29,824.	5,201.	530.
30	Professional fundraising fees				
31	Accounting fees	5,500.		5,500.	
32	Legal fees				
33	Supplies	69,434.	64,802.		4,632.
34	Telephone	4,515.	3,641.	648.	226.
35	Postage and shipping	7,414.	4,744.		2,670.
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	20,396.	13,009.		7,387.
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	75,086.	65,325.	6,007.	3,754.
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e					
f					
g	SEE STATEMENT 4	211,032.	141,134.	53,914.	15,984.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	872,565.	696,369.	133,444.	42,752.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others)
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.)	
a OPERATION OF AN ANIMAL SHELTER WHICH RECEIVED 1,824 ANIMALS INTO ITS CARE OF WHICH 1,296 WERE ADOPTED.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	526,998.
b EDUCATIONAL CLASSES ARE GIVEN TO SCHOOL CHILDREN & THE GENERAL PUBLIC.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	91,555.
c SPAY/NEUTER PROGRAM OFFERS SPAY/NEUTER SERVICES TO THE GENERAL PUBLIC AND THROUGH THE ORGANIZATION'S TRAVELING SPAY/NEUTER VAN. APPROXIMATELY 800 ANIMALS WERE SERVICED.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	77,816.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	696,369.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

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	51,611.	45	44,832.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	11,455.		
	b Less: allowance for doubtful accounts		47c	11,455.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	2,676.	52	2,149.
	53 Prepaid expenses and deferred charges	15,642.	53	10,037.
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,399,200.	54	4,138,628.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other SEE STATEMENT 7	217,477.	56	226,021.	
57 a Land, buildings, and equipment: basis	1,078,698.			
b Less: accumulated depreciation	737,708.	57c	340,990.	
58 Other assets (describe ▶)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	5,050,060.	59	4,774,112.	
Liabilities	60 Accounts payable and accrued expenses	51,008.	60	65,888.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ CHARITABLE ANNUITY)	11,453.	65	11,453.
66 Total liabilities. Add lines 60 through 65)	62,461.	66	77,341.	
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	4,704,408.	67	4,421,378.
	68 Temporarily restricted	65,714.	68	49,372.
	69 Permanently restricted	217,477.	69	226,021.
	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, column (B) must equal line 21)	4,987,599.	73	4,696,771.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,050,060.	74	4,774,112.

Part VI Other Information (continued)

82 a 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?
82 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.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 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. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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
86 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
87 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, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2005
91 a The books are in care of
91 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?
91 c At any time during the calendar year, did the organization maintain an office outside of the United States?
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

Table with columns Yes and No for questions 91b and 91c.

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ANIMAL TRANSFER FEES					99,933.
b PROGRAM INCOME					47,268.
c EDUCATIONAL FEES					4,018.
d ANIMAL WELFARE					22,860.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					19,944.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	141,306.	
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					
100 Gain or (loss) from sales of assets other than inventory			18	411,312.	
101 Net income or (loss) from special events					21,585.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a PERPETUAL TRUST INCOME			14	3,525.	
b MISC INCOME					7,086.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		556,143.	222,694.
105 Total (add line 104, columns (B), (D), and (E))					778,837.

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 the instructions.)

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)
93B	FEES FOR SPAYING AND NEUTERING CATS AND DOGS
93A	FEES FOR ADOPTING CATS AND DOGS
93C	REVENUE USED FOR WELFARE OF ANIMALS RESIDING AT THE SHELTER
93D	EDUCATING THE COMMUNITY ABOUT SAFE AND HUMANE ANIMAL TREATMENT

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Signature of officer: *Jan L M'Groarty* Date: *8/4/06* Type or print name and title: *Jan L M'Groarty, Executive Director*

Preparer's signature: *[Signature]* Date: *8-4-06* Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **MULLEN, SCORPIO & CERILLI**
222 RICHMOND ST., SUITE 401
PROVIDENCE, RI 02903

EIN: _____ Phone no: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2005

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

PROVIDENCE ANIMAL RESCUE LEAGUE, INC.

Employer identification number

05 0262712

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions 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
MARY ALICE MARTUCCI	DIR. ADMINISTRATION 40.00	45,355.	4,721.	
JANE DEMING	DIR. OPERATIONS 40.00	51,192.	4,721.	
Total number of other employees paid over \$50,000	▶ 0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions 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	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

Part III Statements About Activities (See page 2 of the instructions)

	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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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 substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
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?	SEE STATEMENT 11	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?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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)
- 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(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 page 6 of the instructions)

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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	344,642.	658,082.	705,024.	452,940.	2,160,688.
16 Membership fees received			146,260.	136,084.	282,344.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	223,271.		247,906.	122,716.	593,893.
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	143,184.	117,294.			260,478.
19 Net income from unrelated business activities not included in line 18	254,053.				254,053.
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	965,150.	775,376.	1,099,190.	711,740.	3,551,456.
24 Line 23 minus line 17	741,879.	775,376.	851,284.	589,024.	2,957,563.
25 Enter 1% of line 23	9,652.	7,754.	10,992.	7,117.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 59,151.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,957,563.
d Add. Amounts from column (e) for lines 18 260,478. 19 254,053. 22					26d 514,531.
e Public support (line 26c minus line 26d total)					26e 2,443,032.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 82.6029%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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 11b, as well as individuals.) Do not file this list with your return. 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: N/A					
(2004) (2003) (2002) (2001)					
c Add. Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to.		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS- SEE ATTACHED SCHEDULE	1,111,693.	711,850.	0.	399,843.
LONG TERM CAPITAL GAINS	11,469.	0.	0.	11,469.
TO FORM 990, PART I, LINE 8	1,123,162.	711,850.	0.	411,312.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
RESCUE RIDE	16,556.		16,556.	10,089.	6,467.
PET WALK	22,610.		22,610.	7,492.	15,118.
TO FM 990, PART I, LINE 9	39,166.		39,166.	17,581.	21,585.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENT	<374,453.>
TOTAL TO FORM 990, PART I, LINE 20	<374,453.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PUBLIC AWARENESS	4,626.	2,291.		2,335.
OFFICE EXPENSE	17,015.	14,966.	767.	1,282.
PROFESSIONAL FEES	24,941.	18,106.		6,835.
VETERINARIAN FEES	35,657.	35,657.		
UTILITIES	35,202.	24,913.	8,355.	1,934.
MAINTENANCE & REPAIRS	24,529.	21,586.	1,717.	1,226.

INSURANCE	21,505.	18,925.	1,505.	1,075.
DUES, SUBSCRIPTIONS & FEES	2,828.	1,931.	85.	812.
COMPUTER MAINTENANCE	3,486.		3,486.	
INVESTMENT EXPENSE	24,721.		24,721.	
BANK & MISCELLANEOUS CHARGES	10,270.	847.	8,938.	485.
PAYROLL SERVICE	4,340.		4,340.	
AUTO EXPENSE	1,912.	1,912.		
TOTAL TO FM 990, LN 43	211,032.	141,134.	53,914.	15,984.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

THE LEAGUE'S PURPOSE IS TO OPERATE A SHELTER FOR HOMELESS ANIMALS AND TO UNDERTAKE OTHER CHARITABLE OR BENEVOLENT ACTIVITIES FOR THE WELFARE OF ANIM.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
	FMV			4,138,628.	4,138,628.
TO FORM 990, LINE 54, COL B				4,138,628.	4,138,628.

FORM 990 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	VALUATION METHOD	AMOUNT
	MARKET VALUE	226,021.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		226,021.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 8

DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES NETTED WITH INCOME	17,581.
TOTAL TO FORM 990, PART IV-A	17,581.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES NETTED WITH INCOME	17,581.
TOTAL TO FORM 990, PART IV-B	17,581.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIBUT	PLAN EXPENSE ACCOUNT
JEAN L. MCGROARTY 212 SANDY LANE, APT 1501 WARWICK, RI 02889	EXECUTIVE DIRECTOR 40.00	70,229.	0.	0.
JOSEPH RAELE, JR. 30 KENNEDY PLAZA, SUITE 400 PROVIDENCE, RI 02903	PRESIDENT 5.00	0.	0.	0.
CHRISTOPHER IZZO P.O. BOX 8343 CRANSTON, RI 02920	BOARD MEMBER 5.00	0.	0.	0.
KENNA PALMER 130 GROTTO AVENUE PROVIDENCE, RI 02906	TREASURER 5.00	0.	0.	0.
WILLIAM VIALI 133 PROSPECT STREET PROVIDENCE, RI 02906	ASSISTANT TREASURER 5.00	0.	0.	0.

AMY BERETTA 25 EAGLE LANE E. GRENNWICH, RI 02818	SECRETARY 5.00	0.	0.	0.
KARIN MORSE 25 TABER AVENUE PROVIDENCE, RI 02906	ASSISTANT SECRETARY 5.00	0.	0.	0.
DAVID MIELE 189 CANAL STREET PROVIDENCE, RI 02903	BOARD MEMBER 5.00	0.	0.	0.
COLIN ROBINSON P.O. BOX 144 TIVERTON, RI 02878	BOARD MEMBER 5.00	0.	0.	0.
DENISE SHAPIRO 40 ELMGROVE AVENUE PROVIDENCE, RI 02906	BOARD MEMBER 5.00	0.	0.	0.
CRAIG TRODSON 331 NORTH BROADWAY EAST PROVIDENCE, RI 02916	BOARD MEMBER 5.00	0.	0.	0.
STEVE TREIDMAN 12 SHELDON STREET PROVIDENCE, RI 02906	BOARD MEMBER 5.00	0.	0.	0.
DR. JAMES HARPER III BOX G BIOMED, BROWN UNIVERSITY PROVIDENCE, RI 02912	BOARD MEMBER 5.00	0.	0.	0.
ROBIN MAIN, ESQ ONE FINANCIAL PLAZA, SUITE 1800 PROVIDENCE, RI 02903	EXECUTIVE VICE PRESIDENT 5.00	0.	0.	0.
JOANNE MASELLI P.O. BOX 281 PROVIDENCE, RI 02901	BOARD MEMBER 5.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

70,229.

0.

0.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 11

A MEMBER OF THE BOARD OF TRUSTEES IS AN EMPLOYEE OF THE COMPANY THAT PROVIDENCE ANIMAL RESCUE LEAGUE, INC. UTILIZES FOR CERTAIN PRINTING NEEDS. FOR THE YEAR ENDING DECEMBER 31, 2005, THE TOTAL DOLLAR VALUE OF PRINTING COSTS PAID TO THIS COMPANY WAS \$18,119. AT DECEMBER 31, 2005, \$9,174 WAS OWED TO THIS COMPANY AND HAS BEEN INCLUDED IN ACCOUNTS PAYABLE.

Tax Group Summary 1/01/05 - 12/31/05

FYE: 12/31/2005

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
BUILDING	236,608.00	0 00	0 00	236,608 00	155,928 16	4,733 00	0 00	160,661 16
BUILDING IMPROVE	455,777 00	6,922.00	2,212 00	460,487 00	283,953 98	28,205 58	2,212 00	309,947 56
EQUIPMENT	188,366 35	50,587 96	66,769 00	172,185 31	141,176 91	14,184.44	66,769 00	88,592 35
FURNITURE & FIXTL	4,187 00	0 00	0 00	4,187 00	2,366 40	837 40	0 00	3,203.80
LAND	15,000 00	0 00	0 00	15,000 00	0 00	0 00	0 00	0.00
MUSEUM PROJECT	61,418 00	0 00	0 00	61,418.00	46,064 80	6,141 80	0 00	52,206.60
VEHICLE	128,811 00	0 00	0 00	128,811 00	102,113 00	20,984.00	0 00	123,097.00
Grand Total	<u>1,090,167.35</u>	<u>57,509 96</u>	<u>68,981.00</u>	<u>1,078,696 31</u>	<u>731,603 25</u>	<u>75,086 22</u>	<u>68,981 00</u>	<u>737,708.47</u>

Providence Animal Rescue League, Inc.
Realized Gains on Investments
2005

<u>Face Value</u>			<u>Date</u>	<u>Gross</u>	<u>Realized</u>
<u># of Shares</u>	<u>Security</u>	<u>Cost</u>	<u>Sold</u>	<u>Proceeds</u>	<u>Gain (Loss)</u>
500	Amer Inter Grp	33,550.00	4/26/2005	25,692.31	(7,857.69)
500	Viacom	19,915.00	4/26/2005	17,530.51	(2,384.49)
1,000	Analog Devices	40,400.00	4/26/2005	33,762.08	(6,637.92)
1,500	Bank of America	36,403.50	4/26/2005	65,835.24	29,431.74
300	Costco	12,384.00	5/4/2005	12,111.24	(272.76)
700	Exxon Mobil Corp	270.60	5/4/2005	39,575.09	39,304.49
1,000	General Electric	1,235.67	5/4/2005	35,701.00	34,465.33
300	Goldman Sachs	25,897.63	5/4/2005	31,517.43	5,619.80
2,000	Hewlett Packard	40,451.82	5/4/2005	40,618.29	166.47
500	Pfizer	12,710.46	5/4/2005	13,470.68	760.22
60,000	US Treas Due 5/15/05	60,271.88	5/4/2005	60,000.00	(271.88)
50,000	HP Bond Due 6/15/05	49,833.00	6/15/2005	50,000.00	167.00
11	Colombia Fund	35,801.22	6/20/2005	35,093.78	(707.44)
500	Noble Corp	21,945.00	9/7/2005	35,468.51	13,523.51
50,000	BoAmerica Bond	48,118.00	9/7/2005	50,961.00	2,843.00
500	Exxon Mobil Corp	193.28	9/7/2005	30,943.70	30,750.42
600	JP Morgan Chase	10,164.33	9/7/2005	20,519.14	10,354.81
361	Medco Hlth Solut	2,006.06	9/7/2005	17,742.40	15,736.34
50,000	Pfizer Bond	49,992.50	9/7/2005	48,938.00	(1,054.50)
900	Royal Dutch Shell	42,356.50	9/7/2005	59,973.49	17,616.99
500	Wal-Mart	5,272.50	9/7/2005	22,489.05	17,216.55
900	Wyeth	2,383.23	9/7/2005	41,244.55	38,861.32
1,500	May Dept Store	0.02	9/9/2005	26,625.00	26,624.98
300	BP PLC	11,250.29	9/13/2005	20,729.13	9,478.84
500	Exxon Mobil Corp	193.28	9/13/2005	30,616.31	30,423.03
400	Fedex Corp	35,698.00	9/13/2005	32,288.64	(3,409.36)
1,000	General Electric	1,235.68	9/13/2005	33,748.58	32,512.90
400	JP Morgan Chase	6,305.27	9/13/2005	13,835.42	7,530.15
0	Federated Dept Store	8.74	9/19/2005	16.55	7.81
200	Alcoa Inc	5,721.50	9/28/2005	4,891.79	(829.71)
625	Dominion Res	31,008.64	9/28/2005	52,485.30	21,476.66
300	Exxon Mobil Corp	115.97	9/28/2005	19,130.20	19,014.23
75	JP Morgan Chase	1,166.66	9/28/2005	2,558.89	1,392.23
500	Sempra Energy	18,120.00	9/28/2005	22,669.05	4,549.05
125	3M Co	2,995.99	9/28/2005	9,092.11	6,096.12
125	Walgreen	1,035.63	9/28/2005	5,334.77	4,299.14
15	Colombia Fund Disc Value	3,747.22	12/1/2005	5,710.41	1,963.19
16	Colombia Fund Intl Stock	1,113.21	12/1/2005	1,633.50	520.29
24	Colombia Fund Mid Cap	722.70	12/1/2005	1,139.59	416.89
40,000	Ford MTR Corp	39,855.20	12/15/2005	40,000.00	144.80
	TOTAL	711,850.18		1,111,692.73	399,842.55
	Long Term Capital gain distributions				11,469.00
			TOTAL REALIZED GAINS		411,311.55

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization PROVIDENCE ANIMAL RESCUE LEAGUE, INC.	Employer identification number 05-0262712
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 34 ELBOW STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PROVIDENCE, RI 02903	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ MISSY MARTUCCI
 Telephone No. ▶ (401) 421-1399 FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until AUGUST 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year 2005 or
 - ▶ tax year beginning _____, and ending _____
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.