

**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)

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 2006 calendar year, or tax year beginning and ending**

**B** Check if applicable:  Address change,  Name change,  Initial return,  Final return,  Amended return,  Application pending

**C Name of organization**  
PROVIDENCE ANIMAL RESCUE LEAGUE, INC.  
Number and street (or P O box if mail is not delivered to street address)  
34 ELBOW STREET  
City or town, state or country, and ZIP + 4  
PROVIDENCE, RI 02903

**D Employer identification number**  
05-0262712

**E Telephone number**  
(401) 421-1399

**F Accounting method**  Cash  Accrual  Other (Specify)

**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

**J Organization type** (check only one)  501(c) ( 3 ) (Insert no )  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12  1,636,518.

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

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

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Contributions to donor advised funds	1a			
<b>b</b>	Direct public support (not included on line 1a)	1b	305,337.		
<b>c</b>	Indirect public support (not included on line 1a)	1c			
<b>d</b>	Government contributions (grants) (not included on line 1a)	1d			
<b>e</b>	Total (add lines 1a through 1d) (cash \$ 305,337. noncash \$ )	1e		305,337.	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2		169,461.	
<b>3</b>	Membership dues and assessments	3		3,010.	
<b>4</b>	Interest on savings and temporary cash investments	4			
<b>5</b>	Dividends and interest from securities	5		145,583.	
<b>6 a</b>	Gross rents	6a			
<b>b</b>	Less: rental expenses	6b			
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	6c			
<b>7</b>	Other investment income (describe )	7			
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	964,607.	8a	
<b>b</b>	Less cost or other basis and sales expenses	(B) Other	888,899.	8b	
<b>c</b>	Gain or (loss) (attach schedule)		75,708.	8c	
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)		STMT 1	8d	75,708.
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	32,020.		
<b>b</b>	Less direct expenses other than fundraising expenses	9b	12,367.		
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a		SEE STATEMENT 2	9c	19,653.
<b>10 a</b>	Gross sales of inventory less returns and allowances	10a			
<b>b</b>	Less cost of goods sold	10b			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
<b>11</b>	Other revenue (from Part VII, line 103)	11		16,500.	
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		735,252.	
<b>13</b>	Program services (from line 44, column (B))	13		623,047.	
<b>14</b>	Management and general (from line 44, column (C))	14		152,765.	
<b>15</b>	Fundraising (from line 44, column (D))	15		98,928.	
<b>16</b>	Payments to affiliates (attach schedule)	16			
<b>17</b>	Total expenses. Add lines 16 and 44, column (A)	17		874,740.	
<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12	18		<139,488.>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,696,771.	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	404,628.	
<b>21</b>	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		4,961,911.	

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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

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 5</b>	72,988.	27,835.	36,495.	8,658.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	346,291.	279,028.	26,856.	40,407.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	41,666.	30,906.	6,339.	4,421.
<b>29</b> Payroll taxes	36,765.	26,738.	5,512.	4,515.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	5,500.		5,500.	
<b>32</b> Legal fees				
<b>33</b> Supplies	73,977.	67,275.		6,702.
<b>34</b> Telephone	4,425.	3,217.	664.	544.
<b>35</b> Postage and shipping	6,578.	3,444.	709.	2,425.
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications	13,517.	7,659.	1,804.	4,054.
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	64,883.	46,716.	10,381.	7,786.
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> _____				
<b>f</b> _____				
<b>g</b> <b>SEE STATEMENT 4</b>	208,150.	130,229.	58,505.	19,416.
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	874,740.	623,047.	152,765.	98,928.

**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 6	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.)	
<b>a OPERATION OF AN ANIMAL SHELTER WHICH RECEIVED 1,898 ANIMALS INTO ITS CARE OF WHICH 1,116 WERE ADOPTED.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	382,783.
<b>b EDUCATIONAL CLASSES ARE GIVEN TO SCHOOL CHILDREN &amp; THE GENERAL PUBLIC.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	90,284.
<b>c SPAY/NEUTER PROGRAM OFFERS SPAY/NEUTER SERVICES TO THE GENERAL PUBLIC AND THROUGH THE ORGANIZATION'S TRAVELING SPAY/NEUTER VAN. APPROXIMATELY 570 ANIMALS WERE SERVICED.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	149,980.
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	623,047.

Form 990 (2006)

**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	44,832.	45	2,192.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	63,404.		
	b Less: allowance for doubtful accounts		47c	63,404.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	2,149.	52	2,365.
	53 Prepaid expenses and deferred charges	10,037.	53	10,128.
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,236,367.	54a	4,477,731.
	b Investments - other securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	128,282.	54b	122,617.
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment: basis	1,076,392.			
b Less: accumulated depreciation	745,228.	57c	331,164.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> )		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	4,774,112.	59	5,009,601.	
Liabilities	60 Accounts payable and accrued expenses	65,888.	60	38,397.
	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 <input type="checkbox"/> CHARITABLE ANNUITY )	11,453.	65	9,293.
66 <b>Total liabilities.</b> Add lines 60 through 65	77,341.	66	47,690.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	4,421,378.	67	4,690,082.
	68 Temporarily restricted	49,372.	68	27,089.
	69 Permanently restricted	226,021.	69	244,740.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	4,696,771.	73	4,961,911.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	4,774,112.	74	5,009,601.	





Part VI Other Information (continued)

		Yes	No
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?	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 in Part III.)		
	82b		
83 a	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	
84 a	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?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	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		
	85c		
	N/A		
d	Section 162(e) lobbying and political expenditures		
	85d		
	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
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?		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a		
	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
	N/A		
88 a	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? If "Yes," complete Part IX		X
88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
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? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
89g			
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	18
91 a	The books are in care of <u>MISSY MARTUCCI</u> Telephone no <u>(401) 421-1399</u> Located at <u>34 ELBOW STREET, PROVIDENCE, RI</u> ZIP + 4 <u>02903</u>		
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 (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  X  
 If "Yes," enter the name of the foreign country ▶ N/A

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 N/A

**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					102,063.
b PROGRAM INCOME					18,298.
c SPAY AND NEUTER FEES					49,100.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					3,010.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	145,583.	
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	75,708.	
101 Net income or (loss) from special events					19,653.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISC INCOME					2,582.
b MISC FUNDRAISING INCOME					13,918.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		221,291.	208,624.
105 Total (add line 104, columns (B), (D), and (E))					429,915.

**Note:** Line 105 plus line 1e, 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)
93A	FEES FOR ADOPTING CATS AND DOGS
93B	EDUCATION AND COMMUNITY PROGRAM
93C	FEES FOR SPAYING AND NEUTERING CATS AND DOGS

**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).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

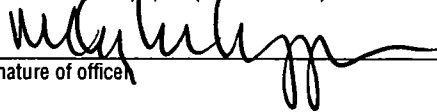
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

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.

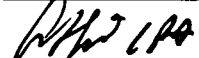
Please Sign Here

Signature of officer 

Date 19 June 2007

Type or print name and title

Paid Preparer's Use Only

Preparer's signature 

Date

6-17-07

Check if self-employed

Preparer's SSN or PTIN (See Gen. Inst. X)

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

**2006**

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 2 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	46,827.	5,880.	
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 13	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions )

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					►

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )



**Part V Private School Questionnaire** (See page 9 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 )		
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	
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	
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	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )	(a) Affiliated group totals	(b) To be completed for all electing organizations												
	N/A													
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b> Other exempt purpose expenditures	<b>39</b>													
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	<b>41</b>	
<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													
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>													

**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 50 on page 13 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions )

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
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0.

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



<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>
50,000	2.85% GE Electric	50,626.50	1/30/2006	50,000.00	(626.50)
50,000	2.75% US Bancorp	49,927.00	3/30/2006	50,000.00	73.00
60,000	6.875% US Treasury Notes	60,297.66	5/5/2006	60,021.09	(276.57)
24,067.953 shrs	Columbia Strategics Income	147,850.11	5/11/2006	141,519.56	(6,330.55)
17,171.402 shrs	Columbia Strategics Income	147,294.18	5/11/2006	144,239.78	(3,054.40)
600 shrs	Dell, Inc.	21,766.75	5/12/2006	15,053.59	(6,713.16)
1,000 shrs	Maxim Integrated Products	46,569.50	5/12/2006	34,149.04	(12,420.46)
60,000	2.375% US Treasury Notes	59,919.00	8/15/2006	60,000.00	81.00
60,000	6.5% US Treasury Notes	60,290.62	10/16/2006	60,000.00	(290.62)
1,516.851 shrs	Columbia Acorn Funds	37,757.75	11/29/2006	47,583.62	9,825.87
16,248 shrs	Columbia Acorn Funds	475.08	11/29/2006	509.70	34.62
1,280.477 shrs	Columbia Acorn International Funds	42,240.94	11/29/2006	52,858.10	10,617.16
18.863 shrs	Columbia Acorn International Funds	706.05	11/29/2006	778.66	72.61
3,451.321 shrs	Columbia Marsisco	40,704.14	11/29/2006	51,183.09	10,478.95
201.327 shrs	Columbia Marsisco	2,560.88	11/29/2006	2,985.68	424.80
1,510.835 shrs	Columbia Real Estate	38,234.54	11/29/2006	48,392.05	10,157.51
2,196.484 shrs	Columbia Small Cap	39,886.20	11/29/2006	46,038.30	6,152.10
1,000 shrs	TEVA Pharmaceutical	29,083.60	11/30/2006	32,698.99	3,615.39
607 shrs	JP Morgan Chase	5,144.57	11/30/2006	28,241.32	23,096.75
500 shrs	Wal-Mart	5,272.50	11/30/2006	23,299.28	18,026.78
27.185 shrs	Columbia Mid Cap Value Fund	307.33	4/3/2006	408.59	101.26
129.838 shrs	Columbia International Stock Fund	1,348.90	4/3/2006	2,398.11	1,049.21
2.615 shrs	Columbia Small Cap Value Fund	96.05	4/3/2006	134.55	38.50
20.223 shrs	Columbia Small Co Equity Fund	255.21	4/3/2006	428.12	172.91
28.308 shrs	Columbia Disciplined Value Fund	284.21	10/2/2006	453.49	169.28
		888,899		953,375	64,475

**Tax Group Summary 1/01/06 - 12/31/06**

FYE: 12/31/2006

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	160,661.16	4,732.16	0.00	165,393.32
BUILDING IMPROVE	460,487 00	43,889 60	57,071.00	447,305 60	309,947.56	31,426 57	57,071 00	284,303.13
EQUIPMENT	172,185.31	12,338 60	1,462.00	183,061 91	88,592.35	16,213 91	292 40	104,513.86
FURNITURE & FIXTU	4,187.00	0.00	0 00	4,187.00	3,203.80	655 40	0.00	3,859.20
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	52,206.60	6,141 80	0 00	58,348.40
VEHICLE	128,811.00	0.00	0.00	128,811 00	123,097.00	5,714.00	0.00	128,811.00
<b>Grand Total</b>	<u>1,078,696 31</u>	<u>56,228.20</u>	<u>58,533.00</u>	<u>1,076,391 51</u>	<u>737,708.47</u>	<u>64,883.84</u>	<u>57,363.40</u>	<u>745,228.91</u>

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 ONE	953,375.	888,899.	0.	64,476.
LONG TERM CAPTIAL GAIN	11,232.	0.	0.	11,232.
TO FORM 990, PART I, LINE 8	964,607.	888,899.	0.	75,708.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
PET WALK	32,020.		32,020.	12,367.	19,653.
TO FM 990, PART I, LINE 9	32,020.		32,020.	12,367.	19,653.

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT	404,628.
TOTAL TO FORM 990, PART I, LINE 20	404,628.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PUBLIC AWARENESS	5,260.	4,730.		530.
OFFICE EXPENSE	14,441.	10,503.	1,338.	2,600.
PROFESSIONAL FEES	28,327.	9,398.	10,801.	8,128.
VETERINARIAN FEES	27,837.	27,837.		
UTILITIES	34,826.	25,317.	5,227.	4,282.
MAINTENANCE & REPAIRS	31,367.	26,475.	3,542.	1,350.
INSURANCE	20,321.	14,446.	4,557.	1,318.
DUES, SUBSCRIPTIONS & FEES	7,002.	6,134.		868.

PROVIDENCE ANIMAL RESCUE LEAGUE, INC.

05-0262712

COMPUTER MAINTENANCE	3,550.	2,660.	550.	340.
INVESTMENT EXPENSE	26,329.		26,329.	
BANK & MISCELLANEOUS				
CHARGES	3,460.	670.	2,790.	
PAYROLL SERVICE	3,371.		3,371.	
AUTO EXPENSE	2,059.	2,059.		
TOTAL TO FM 990, LN 43	208,150.	130,229.	58,505.	19,416.



FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	FMV		437,147.		437,147.
COMMON STOCK	FMV	3,308,431.			3,308,431.
EMMA BORDEN TRUST	FMV			244,740.	244,740.
MUTUAL FUNDS	FMV			0.	
TO FORM 990, LINE 54A, COL B		3,308,431.	437,147.	244,740.	3,990,318.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT OBLIGATIONS	FMV	487,413.		487,413.
TOTAL TO FORM 990, LINE 54A, COL B		487,413.		487,413.

FORM 990 OTHER SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CASH AND MONEY MARKET	FMV	122,617.
TO FORM 990, LINE 54B, COL B		122,617.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT	
FUNDRAISING EXPENSES NETTED WITH INCOME	12,367.	
TOTAL TO FORM 990, PART IV-A		12,367.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	11
DESCRIPTION		AMOUNT	
FUNDRAISING EXPENSES NETTED WITH INCOME		12,367.	
TOTAL TO FORM 990, PART IV-B		12,367.	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	12
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JEAN L. MCGROARTY 212 SANDY LANE, APT 1501 WARWICK, RI 02889	EXECUTIVE DIRECTOR 40.00	45,777.	0.	0.
DENISE PANICHIS 34 ELBOW ST PROVIDENCE, RI 02903	EXECUTIVE DIRECTOR 40.00	27,211.	0.	0.
JOSEPH REALE, JR. 30 KENNEDY PLAZA, SUITE 400 PROVIDENCE, RI 02903	PRESIDENT 5.00	0.	0.	0.
ROBIN MAIN, ESQ ONE FINANCIAL PLAZA, SUITE 1800 PROVIDENCE, RI 02903	EXECUTIVE VICE PRESIDENT 5.00	0.	0.	0.
KEENA PALMER 130 GROTTO AVENUE PROVIDENCE, RI 02906	TREASURER 5.00	0.	0.	0.
WILLIAM VIALL 133 PROSPECT STREET PROVIDENCE, RI 02906	ASSISTANT TREASURER 5.00	0.	0.	0.
AMY BERETTA 25 EAGLE LANE E. GREENWICH, 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 TRODSO 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.
JOANNE MASELLI P.O. BOX 281 PROVIDENCE, RI 02901	BOARD MEMBER 5.00	0.	0.	0.
CHRISTOPHER IZZO P.O. BOX 8343 CRANSTON, RI 02920	BOARD MEMBER 5.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>72,988.</u>	<u>0.</u>	<u>0.</u>

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2C

STATEMENT 13

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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, 2006, THE TOTAL DOLLAR VALUE OF PRINTING COSTS PAID TO THIS COMPANY WAS \$14,648.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>PROVIDENCE ANIMAL RESCUE LEAGUE, INC.</b>	Employer identification number <b>05-0262712</b>
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. <b>34 ELBOW STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PROVIDENCE, RI 02903</b>	

**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 section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2006** 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

<b>3a</b> 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>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$ <span style="float: right;">N/A</span>

**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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 12-2006)