		EX	TENDED TO MA	AY 1	L7, 20	21						
Form 990-T	[Exempt Orga	nization Bus	ine	ss Inc	come T	ax R	ęturn	Ļ	OMB N	lo 1545-0047	
	(and proxy tax under section 6033(e))									2040		
	For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020										019	
Department of the Treasury Internal Revenue Service	▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).									Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if	Name of organization (Check how if name changed and see instructions)									mployer identification number		
address changed										ictions)	м, зөө	
B Exempt under section	Print ANIMAL WELFARE INSTITUTE									13-5655952		
X 501(c(3)	Number, street, and room or suite no. If a P.O. box, see instructions.									ated busine nstructions	ess activity code 3)	
408(e) 220(e)	Type 900 PENNSYLVANIA AVE S.E.											
408A530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20003											
C Book value of all assets at end of year		F Group exemption number (See instructions.)										
<u> </u>	G Check organization type ► X 501(c) corporation 501(c) trust 401(a)								trust		Other trust	
H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trades or businesses.												
trade or business here If only one, complete Parts I-V. If more than one,												
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or												
business, then complete		i-v. poration a subsidiary in an a	offiliated group or a parer	at cubo	idiarii oontr	ollad group?			Υe		□ No	
		tifying number of the paren		11-5005	idiary coriu	oliea group?				» <u>Г</u>		
J The books are in care of		CATHY LISS	it corporation.			Teleph	one numb	per > 2	02-	337-	2332	
		de or Business Inc	ome		(A)	Income	1) Expenses			(C) Net	
1a Gross receipts or sale	s							× 5 12 ×	** ***	7. 3 K. 18.		
b Less returns and allow	·							<u> </u>	-	33,791,89 32, 577	· · · · · · · · · · · · · · · · · · ·	
2 Cost of goods sold (S							<u></u>		,	10		
 Gross profit. Subtract 	line 2 f	rom line 1c		3			C	SECI	=17		\Box	
4a Capital gain net income (attach Schedule D)						/		1 tot ()			<u>, </u>	
		Part II, line 17) (attach Form	1 4797)	4b			<u> </u>	∩⊑Ր 9	. 2 7	 	SO	
c Capital loss deduction		h		4c 5		/_	181	UEU 2	82	120 -	<u> </u>	
	5 Income (loss) from a partnership or an S corporation (attach statement)						100	ÖĞDİ	ZNI	1.17	<u> 교</u>	
6 Rent income (Schedu 7 Unrelated debt-financ	•	ma (Schadula E)		7			L		ΞIV,	<u> </u>		
8 Interest, annuities, roy	8		/									
			/									
 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 												
11 Advertising income (Schedule J)												
12 Other income (See instructions; attach schedule)							÷ (٠, `			
13 Total. Combine lines 3 through 12						0.						
Part H Deductions	ns No	ot Taken Elsewher be directly connected wi	e (See instructions for	or limita	ations on o	deductions)						
- \\		rectors, and trustees (Sche							14			
15 Salaries and wages	10010, 0		, duito 1.1,						15			
16 Repairs and mainten						16						
17 Bad debts						17						
18 Interest (attach sche						18						
19 Taxes and licenses									19			
20 Depreciation (attach			20			***						
21 Less depreciation cla			21a			21b						
22 Depletion						22						
23 Contributions to deferred compensation plans									23			
24 Employee benefit programs 25 Excess exempt expenses (Schedule I)								25				
25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J)								26	, _			
27 Other deductions (attach schedule)								27				
								28	1.1	0:		
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13										-	0.	
<i>7</i> .		loss arising in tax years be										
(see instructions)	;				•		ı		30		0.	
31 Unrelated business taxable income. Subtract line 30 from line 29 31									31		0.	
923701 01-27-20 LHA FO	r Pape	rwork Reduction Act Notice	e, see instructions.							Form	990-T (2019	

	90-T (2019) ANIMAL WELFARE INSTITUTE	13-5655952 Pago 2
Par	t Will Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	3/2 0.
33	Amounts paid for disallowed fringes	38
34	Charitable contributions (see instructions for limitation rules)	34 0:
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	
	enter the smaller of zero or line 37	39 0.
Par	t IV Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	
	Tax rate schedule or Schedule D (Form 1041)	41
42	Proxy tax. See instructions.	42
43	Alternative minimum tax (trusts only)	43
44	Tax on Noncompliant Facility Income. See instructions	44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
Par	t XI Tax and Payments	
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	
b	,	
C	General business credit. Attach Form 3800	
ŧ	Total credits. Add lines 46a through 46d	48e
47	Subtract line 46e from line 45	47 0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach echedule)	48
49	Total tax, Add lines 47 and 48 (see instructions)	49 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
	a Payments: A 2018 overpayment credited to 2019	[
ì	b 2019 estimated tax payments	
	c Tax deposited with Form 8868	,
	d Foreign organizations: Tax paid or withheld at source (see instructions)	'
	e Backup withholding (see instructions)	 '
,	f Credit for small employer health insurance premiums (attach Form 8941)	
•	g Other credits, adjustments, and payments: Form 2439	
	Form 4136 Other 7otal ▶ (511g)	52 1,640.
52	Total payments. Add lines 51a through 51g	52 1,640.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	54
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	
55 56	Enter the amount of line 55 you want. Credited to 2020 estimated tax	55 1,640. 1,640.
100	tiviti Statements Regarding Certain Activities and Other Information (see instructions)	1 30 1 1 2 3 0 3 10 %
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
٠,	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	7
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	· c
	here >	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	x
	If "Yes," see instructions for other forms the organization may have to file.	· · · ·
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
	Under penaliss of pergury, I declare that I have brommined this return, including accompanying echedules and statements, and to the best of my knowled cannot, add complete Declaration of preparer to the transaction of subject preparer has any knowledge	ige and belief, it is true,
Sigr	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ay the IRS discuss (this return with
Her	e diffuel Jacob President	e preparer shown below(see
	Signature of officer Date Title Ins	structions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check i	PTIN
Pai		
	eparer RICHARD TERRANO 12/15/2020	P00101716
	Only Firm's name ► MARKS PANETH LLP Firm's EIN ►	11-3518842
- *	4 MANHATTANVILLE RUAD	044\504 0000
<u></u>		914)524-9000
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