Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: DORIS DAY ANIMAL LEAGUE

Number and street (or P.O. box if mail is not delivered to street address): 227 MASSACHUSETTS AVE, NE — Room/suite

City or town, state or country, and ZIP + 4: WASHINGTON, DC 20002

D Employer identification number: 95-4117651

E Telephone number: 202-546-1761

F Accounting method ☐ Cash ☒ Accrual ☐ 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).**

G Website: ▶WWW.DDAL.COM

J Organization type (check only one) ▶ ☒ 501(c) (4) ◀ (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 ▶ 3,426,012.

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

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	3,250,873.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ 3,250,873. noncash $)		1e	3,250,873.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	70.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	44,246.
	5	Dividends and interest from securities		5	5,427.
	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: ; (B) Other:	8a		
	b	Less: cost or other basis and sales expenses — (A): ; (B):	8b		
	c	Gain or (loss) (attach schedule) — (A): 17,479. ; (B):	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d	17,479.
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c	
	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	107,917.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	3,426,012.
Expenses	13	Program services (from line 44, column (B))		13	2,734,215.
	14	Management and general (from line 44, column (C))		14	68,100.
	15	Fundraising (from line 44, column (D))		15	217,297.
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses.** Add lines 16 and 44, column (A)		17	3,019,612.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	406,400.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	1,157,375.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1		20	<1,337.>
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	1,562,438.

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723001 12-27-07 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2007)

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
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 1,023,810. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	1,023,810.	1,023,810.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c 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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	131,174.	113,486.	4,221.	13,467.
27 Pension plan contributions not included on lines 25a, b, and c	27	9,181.	7,944.	295.	942.
28 Employee benefits not included on lines 25a - 27	28	21,365.	18,484.	687.	2,194.
29 Payroll taxes	29				
30 Professional fundraising fees	30	133,314.			133,314.
31 Accounting fees	31	3,974.	3,438.	128.	408.
32 Legal fees	32	7,202.	6,231.	232.	739.
33 Supplies	33	2,244.	1,942.	72.	230.
34 Telephone	34	1,038.	898.	33.	107.
35 Postage and shipping	35	2,671.	2,311.	86.	274.
36 Occupancy	36	5,506.	4,764.	177.	565.
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	16,531.	14,302.	532.	1,697.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	9,540.	8,254.	307.	979.
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 2	43g	1,652,062.	1,528,351.	61,330.	62,381.
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,019,612.	2,734,215.	68,100.	217,297.

Joint Costs. Check ▶ [X] if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ [X] Yes ☐ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ 1,581,963. ; **(ii)** the amount allocated to Program services $ 1,295,311. ; **(iii)** the amount allocated to Management and general $ 47,459. ; and **(iv)** the amount allocated to Fundraising $ 239,193.

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? ▶ PROMOTE THE PROTECTION OF ANIMAL RIGHTS.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	SEE STATEMENT 4 (Grants and allocations $ 770,091.) If this amount includes foreign grants, check here ▶ ☐	770,091.
b	SEE STATEMENT 5 (Grants and allocations $ 253,719.) If this amount includes foreign grants, check here ▶ ☐	1,964,124.
c	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	2,734,215.

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			1,564.	45	
	46	Savings and temporary cash investments			1,269,069.	46	2,007,718.
	47 a	Accounts receivable	47a	63,652.			
	b	Less allowance for doubtful accounts	47b		14,477.	47c	63,652.
	48 a	Pledges receivable	48a	82,865.			
	b	Less allowance for doubtful accounts	48b	4,143.	499,747.	48c	78,722.
	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	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			39,816.	53	
	54 a	Investments - publicly-traded securities STMT 8 ▶ ☐ Cost [X] FMV			447,408.	54a	416,252.
	b	Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
	55 a	Investments - land, buildings, and equipment basis	55a				
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment basis	57a	115,805.			
	b	Less accumulated depreciation STMT 6	57b	114,858.	8,064.	57c	947.
	58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 7)			5,535.	58	2,279.
	59	**Total assets** (must equal line 74) Add lines 45 through 58			2,285,680.	59	2,569,570.
Liabilities	60	Accounts payable and accrued expenses			3,651.	60	5,205.
	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 ▶ DUE TO AFFILIATE)			1,124,654.	65	1,001,927.
	66	**Total liabilities.** Add lines 60 through 65			1,128,305.	66	1,007,132.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** [X] and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			1,157,375.	67	1,562,438.
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			1,157,375.	73	1,562,438.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			2,285,680.	74	2,569,570.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	3,424,675.
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1	<1,337.>		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	<1,337.>
c	Subtract line **b** from line **a**			c	3,426,012.
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	3,426,012.

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

a	Total expenses and losses per audited financial statements			a	3,019,612.
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	0.
c	Subtract line **b** from line **a**			c	3,019,612.
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	3,019,612.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 4			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" SEE STATEMENT 11	75c	X	
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 10 and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

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?	82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions? N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	85a	X	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		X
	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	88a		X
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 ▶	88b		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
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	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
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?	89g		X

90 a List the states with which a copy of this return is filed ▶ SEE STATEMENT 12

b Number of employees employed in the pay period that includes March 12, 2007 | 90b | 0

91 a The books are in care of ▶ DORIS DAY ANIMAL LEAGUE Telephone no. ▶ 202-546-1761

Located at ▶ 227 MASSACHUSETTS AVE,NE,STE 100, WASHINGTON, DC ZIP + 4 ▶ 20002

			Yes	No
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)?	91b		X
	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts			

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? If "Yes," enter the name of the foreign country ▶ N/A	91c		X

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 (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a SUBSCRIPTIONS/BOOK SALES					70.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	44,246.	
96 Dividends and interest from securities			14	5,427.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a OTHER INCOME			01	6,863.	
b LIST RENTAL			15	85,988.	
c ROYALTIES			15	15,066.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		157,590.	70.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 157,660.

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	REVENUE FROM SALE OF ACTION KIT THAT CONTAINS A VARIETY OF TOOLS THAT PROMOTE SPAY DAY USA EVENT.

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

	Yes	No
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.		

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

	Yes	No
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.		

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

	Yes	No
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?		

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 — Date 11/11/08

G. Thomas Waite, III CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 11/6/08	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	RSM MCGLADREY, INC. 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205	EIN	Phone no 703-336-6400

Form **990** (2007)

723164/12-27-07

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	<1,337.>
TOTAL TO FORM 990, PART I, LINE 20	<1,337.>

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULANT & CONTRACTED SERVICES	50,253.	43,531.	1,604.	5,118.
INSURANCE AND BONDS	<750.>	<649.>	<24.>	<77.>
REAL ESTATE & PROPERTY TAXES	3,284.	2,840.	106.	338.
MAILING COSTS	1,537,494.	1,439,936.	55,089.	42,469.
INVESTMENT & PROC. FEES	27,484.	13,021.	3,451.	11,012.
EDUCATION MATERIAL, PUBLICATIONS AND CAMPAIGNS	34,297.	29,672.	1,104.	3,521.
TOTAL TO FM 990, LN 43	1,652,062.	1,528,351.	61,330.	62,381.

DORIS DAY ANIMAL LEAGUE 95-4117651

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GRANT AMERICAN ANTI-VIVISECTION SOCIETY 801 OLD YORK ROAD, SUITE 204 JENINTOWN PA 19046	500.
GRANT DORIS DAY ANIMAL FOUNDATION 227 MASSACHUSETTS, AVE NE, SUITE 277 WASHINGTON DC 20002	250,000.
GRANT HUMANE SOCIETY LEGISLATIVE FUND 519 C STREET NE, WASHINGTON DC 20002	770,091.
GRANT DEKALB COUNTY SPCA 550 18TH STREET, PO BOX 680653, FORT PAYNE AL 35967	719.
GRANT SPAY/ USA 2261 BROADRIDGE AVE, STRATFORD CT 06614-3801	2,500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	1,023,810.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

PUBLIC ADVOCACY: SEEK FEDERAL, STATE AND LOCAL LEGISLATION TO PROMOTE HUMANE CARE AND TREATMENT OF ANIMALS, INCLUDING THE CHARITABLE REMAINDER PET TRUST ACT AND THE HUMAN AND PET FOOD SAFETY ACT ON THE FEDERAL LEVEL. LOBBIED ON THE STATE LEVEL IN NEW JERSEY FOR ALTERNATIVES TO ANIMAL TESTING AND IN ARIZONA TO REQUIRE THE USE OF A BITTERING AGENT IN COOLANT AND ANTIFREEZE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	770,091.	770,091.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

PUBLIC EDUCATION; EDUCATING THE PUBLIC REGARDING MEDICAL RESEARCH AND TESTING PROJECTS THAT USE ANIMALS AND THE BENEFITS TO THE LOCAL COMMUNITIES THAT RESULT FROM PROPER CARE, MEDICAL TREATMENT AND PROMOTION OF ANIMALS. THIS INCLUDED SPEAKING AND PRESENTING AT CONFERENCES TO PROMOTE THE USE OF ALTERNATIVES TO ANIMAL TESTING AS WELL AS CONFERENCES AIMED AT SHOWING THE LINK BETWEEN ANIMAL ABUSE AND DOMESTIC VIOLENCE. IN ADDITION, DDAL ALSO MAILED OUT A QUARTERLY NEWSLETTER TO 60,000 OF ITS MEMBERS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	253,719.	1,964,124.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	115,805.	114,858.	947.
TOTAL TO FORM 990, PART IV, LN 57	115,805.	114,858.	947.

FORM 990	OTHER ASSETS	STATEMENT 7

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS	4,120.	
ACCRUED INTEREST RECEIVABLE	1,415.	2,279.
TOTAL TO FORM 990, PART IV, LINE 58	5,535.	2,279.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
SECURITIES	FMV			416,252.	416,252.
TO FORM 990, LINE 54A, COL B				416,252.	416,252.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANITA W. COUPE, ESQ 227 MASSACHUSETTS AVE, NE. SUITE 100 WASHINGTON, DC 20002	PRESIDENT/DIRECTOR 1.00	0.	0.	0.
HOLLY HAZARD 227 MASSACHUSETTS AVE, NE. SUITE 100 WASHINGTON, DC 20002	EXECUTIVE DIRECTOR 1.00	0.	0.	0.
WAYNE PACELLE 227 MASSACHUSETTS AVE, NE. SUITE 100 WASHINGTON, DC 20002	EXECUTIVE VP 1.00	0.	0.	0.
JANET D. FRAKE 227 MASSACHUSETTS AVE, NE. SUITE 100 WASHINGTON, DC 20002	SECRETARY 1.00	0.	0.	0.
G. THOMAS WAITE, III 227 MASSACHUSETTS AVE, NE. SUITE 100 WASHINGTON, DC 20002	CFO 1.00	0.	0.	0.
MARY K. BERGE 227 MASSACHUSETTS AVE, NE. SUITE 100 WASHINGTON, DC 20002	ASSISTANT TO THE CFO 1.00	0.	0.	0.

DAVID O. WIEBERS, MD 227 MASSACHUSETTS AVE, NE. SUITE 100 WASHINGTON, DC 20002	DIRECTOR 1.00	0.	0.	0.
JAMES B. LOEB 227 MASSACHUSETTS AVE, NE. SUITE 100 WASHINGTON, DC 20002	DIRECTOR 1.00	0.	0.	0.
MARIAN G. PROBST 227 MASSACHUSETTS AVE, NE. SUITE 100 WASHINGTON, DC 20002	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 10
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
THE HUMANE SOCIETY OF THE UNITED STATES	X	
THE FUND FOR ANIMALS	X	
THE HUMANE SOCIETY OF LEGISLATIVE FUND	X	

FORM 990 PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS STATEMENT 11

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
WAYNE PACELLE	215,308.	19,445.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
HUMANE SOCIETY OF THE UNITED STATES	53-0225390

RELATIONSHIP BETWEEN ORGANIZATIONS

CONTROLLED BY HSUS

COMPENSATION DESCRIPTION

COMPENSATION RECIEVED FOR PERFORMING DUTIES OF PRESIDENT AND CEO OF HUMANE SOCIETY OF THE UNITED STATES.

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
JANET D. FRAKE	89,493.	10,738.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
HUMANE SOCIETY OF THE UNITED STATES	53-0225390

RELATIONSHIP BETWEEN ORGANIZATIONS

CONTROLLED BY HSUS

COMPENSATION DESCRIPTION

COMPENSATION RECIEVED FOR PERFORMING DUTIES OF SECRETARY OF HUMANE SOCIETY OF THE UNITED STATES.

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
G. THOMAS WAITE, III	180,616.	23,510.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
HUMANE SOCIETY OF THE UNITED STATES	53-0225390

RELATIONSHIP BETWEEN ORGANIZATIONS

CONTROLLED BY HSUS

COMPENSATION DESCRIPTION

COMPENSATION RECIEVED FOR PERFORMING DUTIES OF TREASURER AND CFO OF HUMANE SOCIETY OF THE UNITED STATES.

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MARY K. BERGE	125,369.	23,821.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
HUMANE SOCIETY OF THE UNITED STATES	53-0225390

RELATIONSHIP BETWEEN ORGANIZATIONS

CONTROLLED BY HSUS

COMPENSATION DESCRIPTION

COMPENSATION RECIEVED FOR PERFORMING DUTIES OF ASSISTANT TREASURER OF HUMANE SOCIETY OF THE UNITED STATES.

FORM 990	LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90	STATEMENT 12

STATES

AL,AK,AZ,AR,CA,CO,CT,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NJ,NY,NC,ND,OH
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

Form **8868** (Rev April 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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).

A corporation 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 a corporation 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* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
	DORIS DAY ANIMAL LEAGUE	95-4117651
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 227 MASSACHUSETTS AVE, NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002	

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ DORIS DAY ANIMAL LEAGUE

  Telephone No ▶ 202-546-1761 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 corporation required to file Form 990-T) extension of time until AUGUST 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [X] calendar year 2007 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	3a	$
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.	3b	$
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.	3c	$ 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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization DORIS DAY ANIMAL LEAGUE	Employer identification number 95-4117651
	Number, street, and room or suite no. If a P.O. box, see instructions. 227 MASSACHUSETTS AVE, NE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20002	

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ DORIS DAY ANIMAL LEAGUE
  Telephone No. ▶ 202-546-1761 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 is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2008

5 For calendar year 2007 , or other tax year beginning ______________, and ending ______________.

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

7 State in detail why you need the extension
ADDITIONAL ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION AND FILE AN AND COMPLETE RETURN

8a	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.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a 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.	8c	$ N/A

Signature and Verification

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

Signature ▶ [signature] Title ▶ Accountant Date ▶ 8/11/08

723832
04-16-08