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# 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

Open to Public Inspection

A	2	2009 ca <u>lendary</u>	, , ,	-01-2009 and ending 12-31-200	9				
		pplicable <b>Please</b>	C Name of organization Doris Day Animal Foundation				entification number		
	Iress ch	label or		95-319701 E Telephone nu					
	ne char	type. S	r			•			
	ıal retur	Instruc	Number and street (or P O box if mail is not delivered to street address) Room/suite						
Ter	minated	d tions.	8033 Sunset Blvd No 996			G Gloss receipts	<del></del>		
☐ Am	ended r	return	City or town, state or country Los Angeles, CA 90046	, and ZIP + 4	<b>-</b>	1			
☐ App	lication	n pending	Los Aligeles, CA 90046						
		F	Name and address of principal	officer	<b>H(a)</b> Is th	■ is a group returr	n for		
			obert Bashara 3 Sunset Blvd Suite 996			ates?	┌ Yes ┌ No		
			Angeles, CA 90046		H(h) Area	II affiliates includ	ed?		
							(see instructions)		
<b>I</b> Ta	x-exem	npt status 🔽 50	1(c) ( 3 ) ◀ (insert no )	(a)(1) or 527	1	up exemption nu			
J W	ebsit e	www.ddafo	rg		]				
<b>K</b> Forr	n of org	ganızatıon 🔽 Corp	oration Trust Association C	Other 🕨	L Year of fo	ormation 1977 M	State of legal domicile CA		
Pa	rt I	Summary	the organization's mission or						
Governance		WWW DDAF OF THEM DDAF P WITH SPECIFI DOGS, HELPIN	RG, HAS THE SIMPLE AND ST ROVIDES FUNDING TO OTH C LOW-OVERHEAD PROGRA	AND THE PEOPLE WHO LOVE T TRAIGHTFORWARD MISSION O HER 501(C)(3) NONPROFIT ORG AMS, INCLUDING ANIMAL RESG R ANIMALS, ASSISTING WITH G	F HELPING A GANIZATION CUE, LIFETIN	ANIMALS AND <sup>-</sup> IS FOR ANIMAL 1E CARE FOR S	THOSE WHO LOVE - WELFARE WORK EARCH AND RESCUE		
	2	Chack this box	- If the organization discou	ntinued its operations or disposed	of more than	35% of its not s	accets.		
Activities &			,	oody (Part VI, line 1a)			6		
乭							6		
ACT	<ul> <li>4 Number of independent voting members of the governing body (Part VI, line 1b)</li> <li>5 Total number of employees (Part V, line 2a)</li> <li>6 Total number of volunteers (estimate if necessary)</li> </ul>					. 5			
-						6			
			,	Part VIII, column (C), line 12		<b>7</b> a			
	ь	Net unrelated b	usiness taxable income from	Form 990-T, line 34		71			
					Pric	or Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h	n)		513,349	419,448		
n e	9	Program servi	ce revenue (Part VIII, line 2ç	3)			0		
Rayente	10	Investment ın	come (Part VIII, column (A),	lines 3, 4, and 7d )		30,712	33,919		
≥ 10 11									
	11		e (Part VIII, column (A), lines				0		
	11 12	Total revenue	—add lines 8 through 11 (mus	st equal Part VIII, column (A), lin	e	544,061	0		
_		Total revenue	—add lines 8 through 11 (mus	st equal Part VIII, column (A), lın	e	544,061 165,725	453,367		
	12	Total revenue 12) Grants and sır	—add lines 8 through 11 (mus	st equal Part VIII, column (A), lin	e	544,061 165,725	0		
	12	Total revenue 12) Grants and sır Benefits paid t	—add lines 8 through 11 (mus 	olumn (A), lines 1-3)		165,725	0 453,367 396,295 0		
	12 13 14 15	Total revenue 12)	—add lines 8 through 11 (mus initial amounts paid (Part IX, co to or for members (Part IX, co r compensation, employee bei	olumn (A), lines 1-3)			0 453,367 396,295 0		
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Expenses	12 13 14 15 16a b	Total revenue 12)	—add lines 8 through 11 (mus milar amounts paid (Part IX, co to or for members (Part IX, co r compensation, employee bei undraising fees (Part IX, colur expenses (Part IX, column (D), line	olumn (A), lines 1-3)  lumn (A), line 4)  nefits (Part IX, column (A), lines!  mn (A), line 11e)  25) •7,130		36,000	0 453,367 396,295 0 0		
Брепзез	12 13 14 15 16a b	Total revenue  12)  Grants and sir  Benefits paid t  Salaries, other  10)  Professional for  Total fundraising  Other expense	—add lines 8 through 11 (mus milar amounts paid (Part IX, co to or for members (Part IX, co r compensation, employee beau undraising fees (Part IX, colum expenses (Part IX, column (D), line es (Part IX, column (A), lines	olumn (A), lines 1-3)  lumn (A), lines 4)  nefits (Part IX, column (A), lines!  mn (A), line 11e)  25)  7,130  11a-11d, 11f-24f)		36,000 43,343	0 453,367 396,295 0 0 0		
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#### Part III Statement of Program Service Accomplishments

1 5	3riefly	describe	the	organization	's	missio	٥.
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DDAF'S MISSION IS TO "HELP ANIMALS AND THE PEOPLE WHO LOVE THEM," The Doris Day Animal Foundation, www ddaf org, has the simple and straightforward mission of helping animals and those who love them DDAF provides funding to other 501(c)(3) nonprofit organizations for animal welfare work with specific low-overhead programs, including animal rescue, lifetime care for search and rescue dogs, helping people care for their animals, assisting with care for horses, paying for spay/neuters and other animal-related needs

<u></u>	Total program service expenses►\$	425,62	4		
	(Expenses \$	including grants of	f\$	) (Revenue \$	)
4d	Other program services (Describe i	n Schedule O )			
4c	(Code ) (Expenses \$	3	including grants of \$	) (Revenue \$	)
	ANIMALS, CARING AND FEEDING OF ANIMAL				
4b	(Code ) (Expenses \$ GRANT GIVING ORGANIZATION PROVIDING I	· ·	including grants of \$	396,295) (Revenue \$	)
				,,	
4a	(Code ) (Expenses \$ PUBLIC AND HUMANE SERVICES ORGANIZAT	•	including grants of \$ ANIMALS, GROOMING, FEED	) (Revenue \$ DING. SPAYING/NEUTERING. SHELT	) ER AND VETERINARY SERVICES
	Section 501(c)(3) and 501(c)(4) org allocations to others, the total expen	anizations and sections and sections and revenue, if a	on 4947(a)(1) trusts a any, for each program	are required to report the am service reported	
4	Describe the exempt purpose achieve		ne organization's three	largest program services by	/ expenses
-	services?				☐ Yes   No
3	Did the organization cease conductin		nt changes in how it co	nducts, any program	
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services				│ Yes
2	Did the organization undertake any si	ignificant program se	rvices during the year	which were not listed on	

art IV Checklist of Required Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11		Νο
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part <i>IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

Form 990 (2009)				
Part V	Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No	

			Yes	NO
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
2a	gaming (gambling) winnings to prize winners?		163	
b	return	2b		
3a	Instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
L	return?	3a 3b		N o
о 4а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Greec receipts uncluded on Form 990 Part VIII, line 13, for public use of club.	-		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

6167 BRISTOL PARKWAY STE 140

CULVER CITY, CA 90230

(310) 670-7411

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Re	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11		No
43-	December 1997 to 1997	42-	V	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νo
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		Νo
Ь	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
_	organization's exempt status with respect to such arrangements?	16b		
	Let the States with which a copy of this Form 200 is required to be filed.			
17 18	List the States with which a copy of this Form 990 is required to be filed <u>CA</u> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ie orga	nızatıor	n 🕨
	PHILANTHROPIC ADMINISTRATION INC			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did	not compen	sate any	y curi	rent	or fo	rmer	ffice	er, director, trustee	or key employee	T
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Robert T Bashara CFO	5 00	х		х				0	0	C
Doris Day President	5 00	Х						0	0	С
anne fogel director	50	Х						0	0	С
bill glynn director	50	х						0	0	C
judy ruby director	50	х						0	0	C
Jan Vanderbilt director	0 00	х						0	0	C
Linda Dozoretz Executive Director	6 30			х				0	0	C

Forn	n 990 (2009)			Page <b>8</b>		
1b	Total	0		0		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization •0					
			Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J for such individual</i>	3		Νο		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person					
S	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization					
	(A) Name and business address  (B) Description of services		(C Comper			
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0					
		F	orm <b>99</b> 0	2009		

Form 9								Page <b>9</b>
Part	V1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
##	1a	Federated cam	paigns 1a	24				
줎	Ь	Membership du	ıes <b>1b</b>					
#. #	c		ents 1c					
돌를	d	Related organiz	zations 1d					
Sir Sir	e	_	·					
흊	"		ot included above					
###	g		ibutions included in					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f	▶	419,448			
				Business Code				
Program Serwce Revenue	2a							
	b							
40 A	C							
33	d							
Ē	e f	All other progra						
Ę .	"		am service revenue					
	g		s 2a-2f					
	3		ome (including dividendar ar amounts)		33,919			33,919
	4		stment of tax-exempt bond	F	·			
	5	Royalties .		▶				
			(ı) Real	(11) Personal				
	6a b	Gross Rents Less rental						
		expenses Rental income						
	c	or (loss)						
	d	Net rental inco	me or (loss)  (i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	(1) 000 000	(ii) o siio.				
	ь	Less cost or other basis and sales expenses						
	C .	Gain or (loss)		<u> </u>				
	d 8a		rom fundraising					
Other Revenue		events (not inc \$ of contributions						
<u>-</u>	١.		a					
돌	b c		penses <b>b</b> (loss) from fundraising					
-	9a	Gross income f	rom gaming activities					
	b c		penses <b>b</b> (loss) from gaming acti					
	10a	Gross sales of returns and allo	ınventory, less					
	b c	=	oods sold <b>b</b> (loss) from sales of inve	entory ►				
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	C	Λ II ο+h = = =						
	d e	All other reven  Total. Add lines	ue s 11a-11d					
	12		See Instructions .	▶ .				25.5.5
	1			I	453,367	0	0	33,919

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	ll other organizations must complete column (A) but are not required to c	omplete columi	ns (B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	396,295	396,295		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	36,000	20,300	12,100	3,60
b	Legal	13,417		13,417	
c	Accounting	2,742		2,742	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	19,500	8,500	11,000	
L2	Advertising and promotion				
L3	Office expenses	4,454		3,099	1,35
L4	Information technology	4,349		2,174	2,17
<b>.</b> 5	Royalties				
L6	Occupancy				
L <b>7</b>	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,364		1,364	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Veterinary & kennel exp	529	529		
ь	· · · · · ·				
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	478,650	425,624	45,896	7,130
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	17.0,030	123,024	13,330	,,130
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 25.690 65.343 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 1,632,086 2 1.566,005 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 8 Inventories for sale or use . . . . . . 9 Land, buildings, and equipment cost or other basis Complete Part 10a 10a VI of Schedule D 10b b Less accumulated depreciation . . . . 10c 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1,657,776 16 1,631,348 1.145 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 25 Other liabilities Complete Part X of Schedule D . . . . . 26 **Total liabilities.** Add lines 17 through 25 . . . . . 1,145 26 0 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 1,656,631 1.631.348 27 Unrestricted net assets . . . . 27 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . . 1,656,631 33 33 1,631,348 34 Total liabilities and net assets/fund balances . . . . . 1.657.776 1.631.348 34

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization Doris Day Animal Foundation

**Employer identification number** 

The	organi			e foundation because						su ucuons	
1	- F		•	on of churches, or as:	•		- '	-	·		
2	Ĺ.		•	ın <b>section 170(b)(1)</b>				, ( – , ( - , ( - , -			
3	Ė			perative hospital serv				170(b)(1)	(A)(iii).		
4	Γ	A medic	al research	organization operate ty, and state						)( <b>A)(iii).</b> Er	nter the
5	Γ	_	•	erated for the benefit	_	or universit	y owned or op	perated by a	governmenta	l unit descr	 ıbed ın
_	_			<b>A)(iv).</b> (Complete Pa				4=0(1)(4	.,,,,		
6	<u> </u>			local government or	_						
7	I	describ	ed in	t normally receives a  A)(vi) (Complete Pa		part or its s	support from a	a governme	ntal unit or fro	m the gene	гат ривпс
8	Г			described in <b>section</b>		.)(vi) (Com	plete Part II	)			
9	Ī			t normally receives					outions, memb	ership fees	, and gross
	·	-		ties related to its ex	•				*		=
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	ss taxable inc	ome (less s	section 511 ta	ax) from bus	inesses
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e <b>sect ion 5</b>	<b>09(a)(2).</b> (Co	mplete Par	t III )		
10	$\Gamma$	Anorga	nızatıon org	anızed and operated	exclusively	to test for p	ublic safety	See <b>section</b>	509(a)(4).		
11	Γ	one or r the box	nore publicl that describ	anized and operated y supported organiza bes the type of suppo	tions describ orting organiz	oed in section zation and c	on 509(a)(1) omplete lines	or section ! 11e throug	509(a)(2) See gh 11h	section 50	<b>9(a)(3).</b> Check
	_		Type I	<b>b</b> Type II			- Functionall				III - Other
e	ı	•	-	ox, I certify that the o on managers and othe	•		•		•	•	•
			509(a)(2)	on managers and other	er than one c	n more publ	nciy supporte	u organizat	ions described	ı III Sectioni	509(a)(1) 01
f				received a written det	termination f	rom the IRS	S that it is a T	уре I, Туре	lI or Type II	I supportin	g organizatio <u>n,</u>
		check t		006, has the organiz	ation accont	od any gift.	or contributio	n from any	of the		I
g			agast 17, 2 a persons?	ooo, nas the organiz	ation accept	ed any gnt	or contribution	on nom any	or the		
		(i) a pe	rson who dır	ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons des	crıbed ın (ıı)		Yes No
		and (III)	below, the	governing body of the	the support	ed organiza	tion?			11g(	i)
			•	r of a person describ	٠,,					<b>11g</b> (i	ii)
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) al	bove?			<b>11</b> g(i	ii)
h		Provide	the followin	g information about t	he supported	d organızatı	on(s)				
	(i) Namo suppo rganız	organizati e of (ii) (described orted EIN lines 1- 9 al zation or IRC sec		(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is th organiza col (i) org in the U	ie tion in ganized	(vii) A mount of support?
				instructions))	Yes	No	Yes	No	Yes	No	
Tota					I	1	1	1	1	I	I

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

# Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete	only	if voii	checked	the ho	ox on	line (	9 of Pa	art I
Complete	OIIII	II y O U	CHECKEU	uie bu	JA 011	11110	<i>-</i>	art I.

Se	ction A. Public Support			•			
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	410,926	574,576	1,137,653	513,349	419,448	3,055,95
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,657	19,234				28,89
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5	420,583	593,810	1,137,653	513,349	419,448	3,084,84
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	<b>Public Support</b> (Subtract line 7 c from line 6)						3,084,84
Se	ction B. Total Support						
	ndar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	( <b>f)</b> Total
Cale	ın)						
	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2005 420,583 1,326	( <b>b</b> ) 2006 593,810 692	(c) 2007 1,137,653 34,141	(d) 2008 513,349 30,712	(e) 2009 419,448 33,919	( <b>f</b> ) Total 3,084,84 100,79
Cale:	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	420,583 1,326	593,810	1,137,653 34,141	513,349 30,712	419,448 33,919	3,084,84 100,79
Caler 9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	420,583	593,810	1,137,653	513,349	419,448	3,084,84
Caler 9 10a b	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	420,583 1,326	593,810	1,137,653 34,141	513,349 30,712	419,448 33,919	3,084,84 100,79
Caler 9 10a b c 11 12	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 )	1,326 1,326 421,909	593,810 692 692 594,502	1,137,653 34,141 34,141	513,349 30,712 30,712 544,061	33,919 33,919 453,367	3,084,84 100,79 100,79 3,185,63
Caler 9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,	1,326 1,326 421,909	593,810 692 692 594,502	1,137,653 34,141 34,141	513,349 30,712 30,712 544,061	33,919 33,919 453,367	3,084,84 100,79 100,79 3,185,63
Caler 9 10a b c 11 12 13 14	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is f check this box and stop here	420,583  1,326  1,326  421,909  for the organization	593,810 692 692 594,502 on's first, second,	1,137,653  34,141  34,141  1,171,794  third, fourth, or fi	513,349 30,712 30,712 544,061	33,919 33,919 453,367	3,084,84 100,79 100,79 3,185,63
Caler 9 10a b c 11 12 13 14	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is f check this box and stop here	420,583  1,326  1,326  421,909  for the organization (inc. Support Performance) (line 8 column (fine.)	593,810  692  692  594,502  on's first, second,	1,137,653  34,141  34,141  1,171,794  third, fourth, or fi	513,349 30,712 30,712 544,061	33,919 33,919 453,367	3,084,84 100,79 100,79 3,185,63
Caler 9 10a  b  c 11  12  13 14  Se 15	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is f check this box and stop here  ction C. Computation of Publi	420,583  1,326  1,326  421,909  for the organization (inc. Support Performance) (line 8 column (fine.)	593,810  692  692  594,502  on's first, second,	1,137,653  34,141  34,141  1,171,794  third, fourth, or fi	513,349 30,712 30,712 544,061	419,448 33,919 33,919 453,367 501(c)(3) organ	3,084,84 100,79 100,79 3,185,63 Ization,
Caler 9 10a  b  c 11  12  13 14  Se 15 16  Se	In)  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11 and 12)  First Five Years If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public Support Percentage for 2009  Public support percentage from 200  ction D. Computation of Inve	420,583  1,326  1,326  421,909  for the organization (line 8 column (18 Schedule A, Pa	593,810  692  594,502  on's first, second,  ercentage  olivided by line art III, line 15  me Percentage	1,137,653  34,141  34,141  1,171,794  third, fourth, or fill	513,349 30,712 30,712 544,061 Ifth tax year as a	419,448 33,919 33,919 453,367 501(c)(3) organ	3,084,84 100,79 100,79 3,185,63 Ization,
Caler 9 10a  b  c 11  12  13 14  Se 15 16  Se	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is f check this box and stop here  Ction C. Computation of Puble Public Support Percentage from 200	420,583  1,326  1,326  421,909  for the organization (line 8 column (18 Schedule A, Pa	593,810  692  594,502  on's first, second,  ercentage  olivided by line art III, line 15  me Percentage	1,137,653  34,141  34,141  1,171,794  third, fourth, or fill	513,349 30,712 30,712 544,061 Ifth tax year as a	419,448 33,919 33,919 453,367 501(c)(3) organ	3,084,84 100,79 100,79 3,185,63 Ization,

organization

by 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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Schedule I (Form 990)

# **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

OMB No 1545-0047

DLN: 93493315021270

**Inspection** 

Department of the Treasury Internal Revenue Service

Name of the organization Doris Day Animal Foundation

Employer identification number

95-3197011

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Humane Society of the United States 700 Professional Drive Gaithersburg, MD 20879	530225390	501 (c)(3)	305,000				For the construction of the Doris Day Horse Rescue and Adoption Center-\$250,000To subsidize the cost of spays and neuters for Spay Day USA 2009
Nebraska Humane Society 8929 Fort Street Omaha, NE 68134	470825555	501 (c)(3)	42,555				For temporary boarding costs of rescued animals \$5355Toward helping special needs animals \$37,200
Pet Orphans of SO uthern California7720 GLoria Avenue Van Nuys, CA 91406	237267769	501 (c)(3)	10,000				For aid in helping pet owners to keep their pets during financial hardship
united coalition for animals 1230 W Eighth Street Cincinatti, OH 45203	300024366	501 (c)(3)	5,000				To subsidize the costs of spay/neuter surgeries for 250-500 dogs and cats owned by low income

Part III	Grants and Other Assistance to Individuals in the United State	Complete if the organization answered "	Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The foundation requires the grant recipient to prepare a report describing the use of the funds

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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As Filed Data -

DLN: 93493315021270

**Employer identification number** 

05-3107011

**SCHEDULE 0** 

Name of the organization Doris Day Animal Foundation

Form 990, Part VI,

Section C, line 19

Department of the Treasury Internal Revenue Service

(Form 990)

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

		33 3137011
ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		One board member was the business manager of another board member. The management company that provides the management services for the exempt organization also provides other services to another board member. The management company is considered to be an officer.
Form 990, Part VI, Section A, line 3		The duties of the executive director have been delegated to a management company
Form 990, Part VI, Section B, line 11		The form 990 is reviewed by the Executive Director (acting through the management company) and the President of the board of directors before it is filed

information related to the organization is available upon request

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009