

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> Doris Day Animal League		<b>D Employer identification number</b> 95-4117651
		Number and street (or P.O. box if mail is not delivered to street address) 227 Massachusetts Avenue, NE		Room/suite 100
		City or town, state or country, and ZIP + 4 Washington, DC 20002		<b>E Telephone number</b> (202) 546-1761

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

**H and I are not applicable to section 527 organizations.**

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

**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_

**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: \_\_\_\_\_

**G Website:** www.ddal.org

**J Organization type** (check only one)  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,757,300.**

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
<b>a</b>	Direct public support	<b>1a</b>	2,522,366.	
<b>b</b>	Indirect public support	<b>1b</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ 2,522,366. noncash \$ _____)	<b>1d</b>		2,522,366.
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		3,917.
<b>5</b>	Dividends and interest from securities	<b>5</b>		5,441.
<b>6 a</b>	Gross rents	<b>6a</b>		
<b>b</b>	Less: rental expenses	<b>6b</b>		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b>	Other investment income (describe _____)	<b>7</b>		
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	109,394.	<b>8a</b>
<b>b</b>	Less: cost or other basis and sales expenses		109,451.	<b>8b</b>
<b>c</b>	Gain or (loss) (attach schedule)		<57.>	<b>8c</b>
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))		Stmt 1	<b>8d</b> <57.>
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	75.	
<b>b</b>	Less: cost of goods sold	<b>10b</b>	Statement 3	
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	Stmt 2	75.
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		116,107.
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		2,647,849.
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		2,260,718.
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		309,635.
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		410,825.
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>		2,981,178.
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<333,329.>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		799,045.
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	See Statement 4	40,201.
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		505,917.

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) ..... (cash \$ <b>142,385.</b> noncash \$ )	22 142,385.	142,385.	Statement 7	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc. ....	25 95,250.	76,200.	14,288.	4,762.
26	Other salaries and wages .....	26 482,400.	316,457.	146,777.	19,166.
27	Pension plan contributions .....	27			
28	Other employee benefits .....	28			
29	Payroll taxes .....	29 33,141.	22,501.	9,269.	1,371.
30	Professional fundraising fees .....	30			
31	Accounting fees .....	31 22,407.	4,925.	17,372.	110.
32	Legal fees .....	32 11,031.	35.	10,996.	
33	Supplies .....	33 19,525.	13,104.	5,525.	896.
34	Telephone .....	34 19,753.	17,073.	2,212.	468.
35	Postage and shipping .....	35 512,200.	401,538.	15,716.	94,946.
36	Occupancy .....	36 80,702.	56,608.	19,310.	4,784.
37	Equipment rental and maintenance .....	37 4,852.	3,510.	1,126.	216.
38	Printing and publications .....	38 826,850.	651,234.	11,454.	164,162.
39	Travel .....	39 77,205.	71,610.	5,572.	23.
40	Conferences, conventions, and meetings .....	40 21,499.	6,747.	14,752.	
41	Interest .....	41			
42	Depreciation, depletion, etc. (attach schedule) ...	42 9,936.		9,936.	
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	See Statement 5	43e 622,042.	476,791.	25,330.	119,921.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 2,981,178.	2,260,718.	309,635.	410,825.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 1,793,810. ; (ii) the amount allocated to Program services \$ 1,333,709. ;  
 (iii) the amount allocated to Management and general \$ 178,203. ; and (iv) the amount allocated to Fundraising \$ 281,898.

**Part III Statement of Program Service 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	Public Advocacy - Seek federal, state and local legislation to promote humane care and treatment of animals.  (Grants and allocations \$ 10,500.)	424,420.
b	See Statement 6  (Grants and allocations \$ 131,885.)	1,836,298.
c	  (Grants and allocations \$ )	
d	  (Grants and allocations \$ )	
e	Other program services (attach schedule) (Grants and allocations \$ )	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,260,718.

**Part IV Balance Sheets**

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 .....	29,124.	45	48,787.
	46	Savings and temporary cash investments .....	756,063.	46	112,291.
	47 a	Accounts receivable .....	47a		
	b	Less: allowance for doubtful accounts .....	47b	47c	
	48 a	Pledges receivable .....	48a		
	b	Less: allowance for doubtful accounts .....	48b	48c	
	49	Grants receivable .....		49	
	50	Receivables from officers, directors, trustees, and key employees .....		50	
	51 a	Other notes and loans receivable .....	51a		
	b	Less: allowance for doubtful accounts .....	51b	51c	
	52	Inventories for sale or use .....	2,758.	52	2,758.
	53	Prepaid expenses and deferred charges .....		53	
	54	Investments - securities .....		54	
	55 a	Investments - land, buildings, and equipment: basis .....	55a		
b	Less: accumulated depreciation .....	55b	55c		
56	Investments - other .....	See Statement 8	116,613.	56	402,545.
57 a	Land, buildings, and equipment: basis .....	57a	111,591.		
b	Less: accumulated depreciation .....	57b	97,035.	57c	14,556.
58	Other assets (describe ▶ See Statement 10 ) .....		76,197.	58	48,406.
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....		1,005,247.	59	629,343.
Liabilities	60	Accounts payable and accrued expenses .....	186,654.	60	115,370.
	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 ▶ See Statement 11 ) .....		19,548.	65
66	<b>Total liabilities</b> (add lines 60 through 65) .....		206,202.	66	123,426.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted .....	752,194.	67	458,709.
	68	Temporarily restricted .....	46,851.	68	47,208.
	69	Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds .....		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72	Retained earnings, endowment, accumulated income, or other funds .....		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....		799,045.	73	505,917.
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....		1,005,247.	74	629,343.

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements	a	2,688,050.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 40,201.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	40,201.
c	Line a minus line b	c	2,647,849.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,647,849.

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

a	Total expenses and losses per audited financial statements	a	2,981,178.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	2,981,178.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,981,178.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)**

(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	(E) Expense account and other allowances
Doris Day P.O. Box 5427 Carmel, CA 93921	President 1 hr/week	0.	0.	0.
Terence P. Melcher (Deceased 11/04) P.O. Box 5427 Carmel, CA 93921	Vice President 1 hr/week	0.	0.	0.
Holly Hazard 227 Mass. Ave NE, Suite 100 Washington, DC 20002	Executive Director 40 hr/week	95,250.	5,525.	0.
Edgar Haber PO Box 5427 Carmel, CA 93921-5427	Director 1 hr/week	0.	0.	0.
Jim Loeb PO Box 5427 Carmel, CA 93921-5427	Director 1 hr/week	0.	0.	0.
Terese Melcher P.O. Box 5427 Carmel, CA 93921-5427	Director 1 hr/week	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80 b If "Yes," enter the name of the organization Doris Day Animal Foundation and check whether it is [X] exempt or [ ] nonexempt.
81 a Enter direct or indirect political expenditures. See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed See Attached
90 b Number of employees employed in the pay period that includes March 12, 2004
91 The books are in care of Doris Day Animal League Telephone no. (202) 546-1761

Located at 227 Mass Ave., NE, Suite 100 Washington DC ZIP + 4 20002

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

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
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	3,917.	
96 Dividends and interest from securities .....			14	5,441.	
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 .....					<57.>
101 Net income or (loss) from special events .....					
102 Gross profit or (loss) from sales of inventory .....					75.
103 Other revenue:					
a <u>List rental revenues</u> .....			15	52,634.	
b <u>Credit card affinity</u> .....			15	21,300.	
c <u>UK Reimbursement</u> .....				42,173.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		125,465.	18.
105 Total (add line 104, columns (B), (D), and (E)) .....					125,483.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of 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).
102	Revenue generated from sale of merchandise used to disseminate exempt function information.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of 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 page 34 of 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 (a) or (b), file Form 990 and Form 4720 (see instructions).

I, Holly Hazard, accompanying schedules and statements, and to the best of my knowledge and belief, it is true, all information of which preparer has any knowledge.

Date 1/7/05 Type or print name and title Holly Hazard - Executive Director

Preparer's SSN or PTIN \_\_\_\_\_

2004 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	Furniture & Fixtures											
71988	Office Furniture	060188SL		7.00	16	2,823.			2,823.	2,823.		0.
81989	Office Furniture	080189SL		7.00	16	683.			683.	683.		0.
91993	Office Furniture	040193SL		7.00	16	2,829.			2,829.	2,829.		0.
101994	Office Furniture	090194SL		7.00	16	490.			490.	490.		0.
14	Furniture	090195SL		7.00	16	450.			450.	443.		0.
151996	Office Furniture	080196SL		7.00	16	2,363.			2,363.	2,336.		0.
	* 990 Page 2 Total Furniture & Fixtures					9,638.		0.	9,638.	9,604.		0.
	Machinery & Equipment											
11987	Copier	110187SL		5.00	16	690.			690.	690.		0.
21988	Computer/Fax	060188SL		5.00	16	5,646.			5,646.	5,646.		0.
1989	Computer	110189SL		5.00	16	2,371.			2,371.	2,371.		0.
3	Equipment											
41991	Fax	110191SL		5.00	16	905.			905.	905.		0.
51993	Computer	010193SL		5.00	16	4,123.			4,123.	4,123.		0.
61994	Computer/Fax	090194SL		5.00	16	12,628.			12,628.	12,628.		0.
11	Computers	010195SL		5.00	16	9,500.			9,500.	9,500.		0.
12	Computer	080195SL		5.00	16	1,750.			1,750.	1,750.		0.
13	Computer	020195SL		5.00	16	1,945.			1,945.	1,945.		0.

2004 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
16	Computers/Equipment	080196SL	5.00	16	4,822.				4,822.	4,737.		0.
17	1998 Computer	071598SL	5.00	16	2,198.				2,198.	2,198.		0.
18	1998 Printer	102698SL	5.00	16	669.				669.	669.		0.
19	Power Mac G3 MT	042799SL	5.00	16	3,393.				3,393.	3,168.		225.
20	Power Mac G3 DT	042799SL	5.00	16	2,440.				2,440.	2,277.		163.
21	Power Mac 7100 DT - Used	042799SL	5.00	16	821.				821.	765.		56.
22	CPQ 1275 notebook computer	082199SL	5.00	16	1,748.				1,748.	1,517.		231.
23	phone system	072000SL	5.00	16	7,690.				7,690.	5,255.		1,538.
24	Computer	011500SL	5.00	16	940.				940.	752.		188.
25	Powerbook	090700SL	5.00	16	1,625.				1,625.	1,083.		325.
26	G3 Powerbook	081500SL	5.00	16	2,055.				2,055.	1,404.		411.
27	HP printer	032000SL	5.00	16	1,992.				1,992.	1,493.		398.
28	Mac equipment	030700SL	5.00	16	13,443.				13,443.	10,308.		2,689.
	* 990 Page 2 Total Machinery & Equipment				83,394.		0.		83,394.	75,184.	0.	6,224.
	Other											
29	postage Meter	080801SL	5.00	16	1,184.				1,184.	573.		237.
30	10 Dell Workstations/1 Server	070303SL	5.00	16	17,375.				17,375.	1,738.		3,475.
	* 990 Page 2 Total Other				18,559.		0.		18,559.	2,311.	0.	3,712.



2004 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	* Grand Total 990 Page 2 Depr					111,591.		0.	111,591.	87,099.	0.	9,936.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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**Form 990**                      **Gain (Loss) From Publicly Traded Securities**                      **Statement 1**

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<u>Description</u>	<u>Gross Sales Price</u>	<u>Cost or Other Basis</u>	<u>Expense of Sale</u>	<u>Net Gain or (Loss)</u>
US Treasury Notes	50,000.	50,660.	0.	<660.>
US Treasury Notes	50,014.	50,660.	0.	<646.>
Liberty Media Int'l	905.	272.	0.	633.
Bank of America	8,475.	7,859.	0.	616.
To Form 990, Part I, line 8	109,394.	109,451.	0.	<57.>

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Form 990	Income and Cost of Goods Sold Included on Part I, Line 10	Statement 2
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Income

1. Gross receipts . . . . .	75	
2. Returns and allowances . . . . .		
3. Line 1 less line 2 . . . . .		75
<hr/>		
4. Cost of goods sold (line 13) . . . . .		
5. Gross profit (line 3 less line 4) . . . . .		75
<hr/> <hr/>		

Cost of Goods Sold

6. Inventory at beginning of year . . . . .	2,758	
7. Merchandise purchased . . . . .	1,462	
8. Cost of labor . . . . .		
9. Materials and supplies . . . . .		
10. Other costs . . . . .	<1,462>	
11. Add lines 6 through 10 . . . . .		2,758
<hr/>		
12. Inventory at end of year . . . . .	2,758	
13. Cost of goods sold (line 11 less line 12). . . . .		
<hr/> <hr/>		

Form 990	Cost of Goods Sold - Other Costs	Statement	3
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Description	Amount
Less: Amounts shown as functional expenses	<1,462.>
Total included on Form 990, Part I, line 10b	<1,462.>

Form 990	Other Changes in Net Assets or Fund Balances	Statement	4
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Description	Amount
Unrealized Gains on Investment Accounts	40,201.
Total to Form 990, Part I, line 20	40,201.

Form 990	Other Expenses	Statement	5
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Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Agency Fees	128,307.	96,608.	0.	31,699.
Caging	128,025.	96,219.	0.	31,806.
Data Processing	32,479.	20,630.	3,605.	8,244.
Public Affairs	64,135.	64,135.	0.	0.
List Rental	60,273.	51,959.	0.	8,314.
Miscellaneous	25,450.	9,337.	1,717.	14,396.
Production	88,877.	77,843.	1,453.	9,581.
Program				
Administration	45,451.	25,070.	13,648.	6,733.
Housefile Exchange				
Costs	9,877.	7,704.	0.	2,173.
Office Temps	1,381.	350.	1,031.	0.
Bank Charges	28,111.	19,994.	1,382.	6,735.
Insurance	5,570.	2,836.	2,494.	240.
Educational				
Merchandise	1,462.	1,462.	0.	0.
European expenses	2,644.	2,644.	0.	0.
Total to Fm 990, ln 43	622,042.	476,791.	25,330.	119,921.

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**Form 990**                      **Statement of Program Service Accomplishments**                      **Statement**      **6**


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**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.

	<u>Grants</u>	<u>Expenses</u>
To Form 990, Part III, line b	131,885.	1,836,298.

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**Form 990**                      **Cash Grants and Allocations**                      **Statement**      **7**


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<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>	<u>Donee's Relationship</u>	<u>Amount</u>
General Grant	Humane Society of the US	2100 L Street, NW, Washington, DC 20037	None	1,000.
General Grant	Grey2K	P.O. Box 442117, Somerville, MA 02144	None	5,000.
General Grant	Vote Yes 100	P.O. Box 202003, Denver, CO 80220	None	2,500.
General Grant	GeesePeace	6405 Lakeview Drive, Falls Church, VA 22041	None	14,645.
General Grant	Summit for the Animals	708 Bookman Point, Peachtree City, GA 30269	None	990.
General Grant	Return to Freedom	P.O. Box 926, Lompoc, CA 93438	None	5,000.
General Grant	Horses in Need	P.O. Box 824, Solvang, CA 93462	None	5,000.
General Grant	Washington Humane Society	7319 Georgia Avenue, NW, Washington, DC	None	1,950.
General Grant	Doris Day Animal Foundation	227 Massachusetts Avenue, NE, Suite 100, Washington,	Affiliated Group	100,000.

General Grant	Various	Assorted Grants under \$500	None	6,300.
Total Included on Form 990, Part II, line 22				<u>142,385.</u>

Form 990	Other Investments	Statement	8
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Description	Valuation Method	Amount
Securities	Market Value	402,545.
Total to Form 990, Part IV, line 56, Column B		<u>402,545.</u>

Form 990	Depreciation of Assets Not Held for Investment	Statement	9
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
1987 Copier	690.	690.	0.
1988 Computer/Fax	5,646.	5,646.	0.
1989 Computer Equipment	2,371.	2,371.	0.
1991 Fax	905.	905.	0.
1993 Computer	4,123.	4,123.	0.
1994 Computer/Fax	12,628.	12,628.	0.
1988 Office Furniture	2,823.	2,823.	0.
1989 Office Furniture	683.	683.	0.
1993 Office Furniture	2,829.	2,829.	0.
1994 Office Furniture	490.	490.	0.
Computers	9,500.	9,500.	0.
Computer	1,750.	1,750.	0.
Computer	1,945.	1,945.	0.
Furniture	450.	443.	7.
1996 Office Furniture	2,363.	2,336.	27.
1996 Computers/Equipment	4,822.	4,737.	85.
1998 Computer	2,198.	2,198.	0.
1998 Printer	669.	669.	0.
Power Mac G3 MT	3,393.	3,393.	0.
Power Mac G3 DT	2,440.	2,440.	0.
Power Mac 7100 DT - Used	821.	821.	0.
CPQ 1275 notebook computer	1,748.	1,748.	0.
Phone system	7,690.	6,793.	897.
Computer	940.	940.	0.
Powerbook	1,625.	1,408.	217.
G3 Powerbook	2,055.	1,815.	240.

HP printer	1,992.	1,891.	101.
Mac equipment	13,443.	12,997.	446.
Postage Meter	1,184.	810.	374.
10 Dell Workstations/1 Server	17,375.	5,213.	12,162.
<b>Total to Form 990, Part IV, ln 57</b>	<b>111,591.</b>	<b>97,035.</b>	<b>14,556.</b>

<b>Form 990</b>	<b>Other Assets</b>	<b>Statement 10</b>
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Description	Amount
Deposits	4,900.
Note Receivable	42,750.
Prepaid Costs	756.
<b>Total to Form 990, Part IV, line 58, Column B</b>	<b>48,406.</b>

<b>Form 990</b>	<b>Other Liabilities</b>	<b>Statement 11</b>
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Description	Amount
Trust Funds Payable	0.
Capital Lease Payable	8,056.
<b>Total to Form 990, Part IV, line 65, Column B</b>	<b>8,056.</b>

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

▶ File a separate application for each return.

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>Doris Day Animal League</b>	Employer identification number <b>95-4117651</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>227 Massachusetts Avenue, NE, No. 100</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Washington, DC 20002</b>	

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

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

- The books are in the care of ▶ 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 Form 990-T corporation) extension of time until August 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶  calendar year 2004 or
  - ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ N/A

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