

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 2006, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: DORIS DAY ANIMAL LEAGUE. D Employer identification number: 95-4117651. E Telephone number: (202) 546-1761. F Accounting method: Cash, Accrual, Other (specify).

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

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? (If "No" attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

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

G Website WWW.DDAL.ORG

J Organization type (check only one) 501(c)(4) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 3,623,977.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, rents, investment income, sales of assets, special events, and inventory. Total revenue is 3,623,977 and total expenses is 3,638,986.

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Handwritten number 4 and signature

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 (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ <u>944,489</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	944,489.	944,489.	STMT 3	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	76,030.	63,104.	5,323.	7,603.
25b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
25c	Compensation and other distributions not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	355,834.	272,387.	34,167.	49,280.
27	Pension plan contributions not included on lines 25a, b, and c	31,395.	24,389.	2,871.	4,135.
28	Employee benefits not included on lines 25a - 27	33,776.	26,238.	3,089.	4,449.
29	Payroll taxes	34,066.	26,464.	3,115.	4,487.
30	Professional fundraising fees	142,920.			142,920.
31	Accounting fees	20,021.	15,553.	1,831.	2,637.
32	Legal fees	82,593.	64,162.	7,552.	10,879.
33	Supplies	23,491.	18,249.	2,148.	3,094.
34	Telephone	18,036.	14,011.	1,650.	2,375.
35	Postage and shipping	130,175.	101,126.	11,903.	17,146.
36	Occupancy	96,818.	75,213.	8,853.	12,752.
37	Equipment rental and maintenance				
38	Printing and publications	98,325.	76,383.	8,991.	12,951.
39	Travel	20,311.	15,779.	1,857.	2,675.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)	STMT 5			
43a	CONSULTANT AND CONTRACTED				
43b	SERVICES	197,519.	153,442.	18,061.	26,016.
43c	INSURANCE AND BONDS	5,738.	4,457.	525.	756.
43d	REAL ESTATE AND PROPERTY				
43e	TAXES	2,936.	2,280.	269.	387.
43f	MAILING COSTS	1,167,775.	1,018,206.	119,851.	29,718.
43g	INVESTMENT & PROC. FEES	156,738.	121,761.	14,332.	20,645.
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	3,638,986.	3,037,693.	246,388.	354,905.

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 \$ 1,626,465. (ii) the amount allocated to Program services \$ 1,089,731.
 (iii) the amount allocated to Management and general \$ 162,646. and (iv) the amount allocated to Fundraising \$ 374,087.

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 6 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 \$ 505,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	607,538.
b 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. (Grants and allocations \$ 439,489.) If this amount includes foreign grants, check here <input type="checkbox"/>	2,430,155.
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,037,693.

Form 990 (2006)

Part IV Balance Sheets (See the instructions)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
Assets	45 Cash - non-interest-bearing	66,171.	45	1,564.
	46 Savings and temporary cash investments	729,707.	46	1,269,069.
	47a Accounts receivable	47a 14,477.		
	b Less allowance for doubtful accounts	47b	NONE	47c 14,477.
	48a Pledges receivable	48a 499,747.		
	b Less allowance for doubtful accounts	48b	NONE	48c 499,747.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	2,758.	52	NONE
	53 Prepaid expenses and deferred charges	NONE	53	39,816.
	54a Investments - publicly-traded securities STMT 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	483,663.	54a	447,408.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments - other (attach schedule)		56	
57a Land, buildings, and equipment basis STMT 8	57a 114,668.			
b Less accumulated depreciation (attach schedule)	57b 106,604.	8,064.	57c 8,064.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 9)	41,957.	58	5,535.	
59 Total assets (must equal line 74) Add lines 45 through 58	1,332,320.	59	2,285,680.	
Liabilities	60 Accounts payable and accrued expenses	113,983.	60	3,651.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 10)	3,591.	65	1,124,654.
66 Total liabilities. Add lines 60 through 65	117,574.	66	1,128,305.	
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	1,200,483.	67	1,157,375.
	68 Temporarily restricted	14,263.	68	NONE
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,214,746.	73	1,157,375.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,332,320.	74	2,285,680.

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

a	Total revenue, gains, and other support per audited financial statements		a	3,581,615.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	-42,362.	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) -----	b4		
	Add lines b1 through b4	b	-42,362.	
c	Subtract line b from line a	c	3,623,977.	
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) -----	d2		
	Add lines d1 and d2	d		
e	Total revenue (Part I, line 12) Add lines c and d	e	3,623,977.	

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

a	Total expenses and losses per audited financial statements		a	3,638,986.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) -----	b4		
	Add lines b1 through b4	b		
c	Subtract line b from line a	c	3,638,986.	
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) -----	d2		
	Add lines d1 and d2	d		
e	Total expenses (Part I, line 17) Add lines c and d	e	3,638,986.	

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 11		70,506.	5,524.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	4		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)			X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization".	SEE STATEMENT 13	X	
If "Yes," attach a statement that includes the information described in the instructions			
d Does the organization have a written conflict of interest policy?		X	

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

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information (See the instructions)		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b If "Yes," enter the name of the organization ► <u>SEE STATEMENT 1</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct and indirect political expenditures (See line 81 instructions).	81a	NONE	
b Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	X	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		X
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	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		
89b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
89e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A
90a	List the states with which a copy of this return is filed SEE STATEMENT 14		
90b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	10	
91a	The books are in care of DORIS DAY ANIMAL LEAGUE Telephone no (202) 546-1761 Located at 227 MASSACHUSETTS AVENUE, NE, SUITE 100 WASHINGTON, DC ZIP + 4 20002		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
 If "Yes," enter the name of the foreign country
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion 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	11,930.	
96 Dividends and interest from securities			14	8,015.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	18,618.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b MISC. INCOME			01	15,437.	
c LIST RENTAL			15	59,592.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				113,592.	
105 Total (add line 104, columns (B), (D), and (E))					113,592.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

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

Yes	No
N/A	

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

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

Yes	No
N/A	

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

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

Yes	No
N/A	

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

Signature of officer: *Mary K. Berge* Date: 11/14/2007

Type or print name and title: Mary K. Berge, Asst to the CFO

Paid Preparer's Use Only

Preparer's signature: *Margaret Allen Braddock, CPA* Date: 11/13/07 Check if self-employed:

Firm's name (or yours if self-employed): GRANT THORNTON LLP EIN:

address, and ZIP + 4: 2010 CORPORATE RIDGE, SUITE 400 Phone no: 703-847-7500

MCLEAN, VA 22102

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

RELATED ORGANIZATIONS
FORM 990, PAGE 6, PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
THE HUMANE SOCIETY OF THE UNITED STATES	X	
THE HUMANE SOCIETY OF THE US WILDLIFE LAND TRUST	X	
THE HUMANE SOCIETY LEGISLATIVE FUND	X	
EARTHVOICE INTERNATIONAL	X	
THE NATIONAL ASSOCIATION FOR HUMANE AND ENVIRONMENTAL EDUCATION	X	
EARTHKIND USA	X	
THE CENTER FOR THE RESPECT OF LIFE AND ENVIRONMENT	X	
HUMANE SOCIETY INTERNATIONAL	X	
THE FUND FOR ANIMALS	X	
HUMANE SOCIETY OF HONG KONG LIMITED	(INT'L NFP CORP)	
THE HUMANE SOCIETY INTERNATIONAL UK	(INT'L NFP CORP)	
THE HUMANE SOCIETY INTERNATIONAL GERMANY	(INT'L NFP CORP)	
THE HUMANE SOCIETY INTERNATIONAL FRANCE	(INT'L NFP CORP)	
HUMANE SOCIETY INTERNATIONAL, INC. (AUSTRALIA)	(INT'L NFP CORP)	
GLOBAL ALLIANCE FOR HUMANE SUSTAINABLE DEVELOPMENT	(INT'L NFP CORP)	

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENT

42,362.

TOTAL

42,362.
=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
DORIS DAY ANIMAL FOUNDATION 8033 SUNSET BOULEVARD, SUITE 8453 LOS ANGELES, CA 90046	NONE 501(C)(3)	GIFT	350,000.
HUMANE SOCIETY LEGISLATIVE FUND 519 C STREET, NE WASHINGTON, DC 20002	NONE 501(C)(4)	GIFT	500,000.
GEESE PEACE 6405 LAKEVIEW DRIVE FALLS CHURCH, VA 22041	NONE 501(C)(3)	GIFT	67,000.
SUMMIT FOR THE ANIMALS 3500 BOSTON STREET, SUITE 325 BALTIMORE, MD 21224	NONE	GIFT	1,600.
LAUREN ORNELAS-SCHOLARSHIP FUND P.O. BOX 4398 DAVIS, CA 95617	NONE	GIFT	100.
GREYZK USA P.O. BOX 442117 SOMMERVILLE, MA 02144	NONE 501(C)(4)	GIFT	5,000.
HABITAT FOR HORSES - TX P.O. BOX 213 HITCHCOCK, TX 77563	NONE 501(C)(3)	GIFT	1,000.
HUMANE SOCIETY OF HURON VALLEY - HSHV 3100 CHERRY HILL ROAD ANN ARBOR, MI 48105	NONE 501(C)(3)	GIFT	2,500.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ALLIANCE FOR CONTRACEPTION IN CATS AND DOGS-ACC&D 14245 NW BELLE STREET PORTLAND, OR 97229	GIFT	14,289.
COALITION FOR CONSUMER INFORMATION ON COSMETICS P.O. BOX 56537 PHILADELPHIA, PA 19111	GIFT	3,000.
TOTAL CONTRIBUTIONS PAID		944,489.

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURNITURE & EQUIP.	VAR	114,668.	100.000			114,668.	106,604.	106,604.							NONE
Less Retired Assets															
Subtotals		114,668.				114,668.	106,604.	106,604.							
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS		114,668.				114,668.	106,604.	106,604.							NONE

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

PROMOTE THE PROTECTION OF ANIMAL RIGHTS

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
SECURITIES	447,408.	FMV
TOTALS	----- 447,408. =====	

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
FURNITURE & EQUIP. 1		114,668.			114,668.	106,604.	NONE		106,604.
TOTALS		114,668.			114,668.	106,604.			106,604.

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
FURNITURE & EQUIP. 1		106,604.	NONE		106,604.
TOTALS		106,604.			106,604.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEPOSITS	4,120.
ACCRUED INTEREST RECEIVABLE	1,415.
TOTALS	----- 5,535. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DUE TO AFFILIATE	1,124,654.
TOTALS	----- 1,124,654.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANITA W. COUPE, ESQ. 227 MASSACHUSETTS AVENUE, NE SUITE 100 WASHINGTON, DC 20002	PRESIDENT 1.00	NONE	NONE	NONE
HOLLY HAZARD 227 MASSACHUSETTS AVENUE, NE SUITE 100 WASHINGTON, DC 20002	EXECUTIVE DIRECTOR 40.00	70,506.	5,524.	NONE
WAYNE PACELLE 227 MASSACHUSETTS AVENUE, NE SUITE 100 WASHINGTON, DC 20002	EXECUTIVE VICE PRESIDENT 1.00	NONE	NONE	NONE
JANET D. FRAKE 227 MASSACHUSETTS AVENUE, NE SUITE 100 WASHINGTON, DC 20002	SECRETARY 1.00	NONE	NONE	NONE
G. THOMAS WAITE, III 227 MASSACHUSETTS AVENUE, NE SUITE 100 WASHINGTON, DC 20002	CFO 1.00	NONE	NONE	NONE
MARY K. BERGE	ASSISTANT TO THE CFO 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
227 MASSACHUSETTS AVENUE, NE SUITE 100 WASHINGTON, DC 20002				
DAVID O. WIEBERS, M.D. 227 MASSACHUSETTS AVENUE, NE SUITE 100 WASHINGTON, DC 20002	DIRECTOR 1.00	NONE	NONE	NONE
JAMES B. LOEB 227 MASSACHUSETTS AVENUE, NE SUITE 100 WASHINGTON, DC 20002	DIRECTOR 1.00	NONE	NONE	NONE
MARIAN G. PROBST 227 MASSACHUSETTS AVENUE, NE SUITE 100 WASHINGTON, DC 20002	DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS				
		70,506.	5,524.	NONE

DORIS DAY ANIMAL LEAGUE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WAYNE PACHELLE HUMANE SOCIETY OF THE UNITED STATES AFFILIATED ORGANIZATION	53-0225390	207,000.	26,966.	NONE
JANET D. FRAKE HUMANE SOCIETY OF THE UNITED STATES AFFILIATED ORGANIZATION	53-0225390	84,976.	14,873.	
G. THOMAS WAITE, III HUMANE SOCIETY OF THE UNITED STATES AFFILIATED ORGANIZATION	53-0225390	172,231.	35,425.	NONE
MARY K. BERGE HUMANE SOCIETY OF THE UNITED STATES AFFILIATED ORGANIZATION	53-0225390	118,500.	27,142.	NONE
GRAND TOTALS		582,707.	104,406.	NONE

FORM 990, PART VI, LINE 90A - STATES
=====

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

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
GAIN ON APPRECIATION IN FMV OF INVESTMENTS	VAR	VAR			18,618.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES					18,618.
Totals					18,618.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► 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)

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

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

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

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization DORIS DAY ANIMAL LEAGUE	Employer identification number 95-4117651
	Number, street, and room or suite no. If a P O box, see instructions 227 MASSACHUSETTS AVENUE, NE, SUITE 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002	

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

- | | | |
|--|--|------------------------------------|
| <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 section 501(c) corporation required to file Form 990-T) extension of time until 08/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2006 or
- tax year beginning _____, _____, and ending _____

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	N/A
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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

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

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Name of Exempt Organization: DORIS DAY ANIMAL LEAGUE
Employer identification number: 95-4117651
Address: 227 MASSACHUSETTS AVENUE, NE, SUITE 100, WASHINGTON, DC 20002

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

Form 990 (checked), Form 990-PF, Form 990-T, Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

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

The books are in the care of DORIS DAY ANIMAL LEAGUE
Telephone No. 202 546-1761
If the organization does not have an office or place of business in the United States, check this box

I request an additional 3-month extension of time until 11/15, 20 07
For calendar year 2006, or other tax year beginning 20 and ending 20
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension: ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

Table with 3 rows (8a, 8b, 8c) and 2 columns. 8a: tentative tax less any nonrefundable credits. 8b: refundable credits and estimated tax payments. 8c: Balance Due.

Signature and Verification

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

Signature: Margaret A. Bradshaw, Title: CPA/Agent, Date: 8/14/07

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
Other

Director: _____ By: _____ Date: _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: GRANT THORNTON LLP - Bradshaw
Address: 2010 CORPORATE RIDGE, SUITE 400, MCLEAN, VA 22102