

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: DORIS DAY ANIMAL FOUNDATION. D Employer identification number: 95-3197011. E Telephone number: (877)527-0227. G Gross receipts \$: 10,129,027. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.DDAF.ORG. K Form of organization: Corporation. L Year of formation: 1977. M State of legal domicile: CA.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

Part II Signature Block

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.

Sign Here: Signature of officer PETER BASHARA, CFO. Date. Preparer: SHAWN MELOTZ, CPA. Preparer's signature. Date. Check if self-employed. PTIN P00405125. Firm's name MELOTZ GROUP LLC. Firm's EIN 88-3942233. Firm's address 9375 BURT STREET, SUITE 103 OMAHA, NE 68114. Phone no. 402-252-5200.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: THE DORIS DAY ANIMAL FOUNDATION (DDAF) HAS THE STRAIGHTFORWARD MISSION OF HELPING ANIMALS AND THOSE WHO LOVE THEM. DDAF PROVIDES FUNDING TO OTHER 501(C)(3) ENTITIES FOR ANIMAL WELFARE PROGRAMS, SPAYING AND NEUTERING, AND ANIMAL RESCUE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$ 60,000.) (Revenue \$) PUBLIC AND HUMANE SERVICES. ORGANIZATION IDENTIFYING LOST ANIMALS. GROOMING, FEEDING, SPAYING AND NEUTERING, SHELTER, AND VETERINARY SERVICES.

4b (Code:) (Expenses \$ 683,915. including grants of \$ 401,000.) (Revenue \$ 278,552.) GRANTS TO ORGANIZATIONS PROVIDING FUNDS TO BENEFIT OTHER NON-PROFIT ORGANIZATIONS IN THE AREAS OF ANIMAL WELFARE, HUMAN ASSISTANCE FOR ANIMAL CARE AND FEEDING, WHOSE GUARDIANS NEED FINANCIAL ASSISTANCE; PET ADOPTION PROGRAMS; AND ANIMAL RESCUE ORGANIZATIONS.

4c (Code:) (Expenses \$ including grants of \$ 184,245.) (Revenue \$) SPONSORSHIPS TO ORGANIZATIONS SHOWCASING WAYS FOR ANIMALS TO LIVE A BETTER LIFE AND HOW HUMANS CAN CREATE A MORE COMPASSIONATE ENVIRONMENT FOR THEIR ANIMALS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 683,915.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		<input checked="" type="checkbox"/>
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d 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? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
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 "Yes," complete Schedule G, Part I.</i> See instructions		<input checked="" type="checkbox"/>
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 "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, foreign accounts, and various IRS forms.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows 1-9 covering governing body details.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows 10a-16b covering organizational policies.

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
TOMOKO HORIE - (310) 508-1485
8033 SUNSET BLVD, SUITE 845, LOS ANGELES, CA 90046

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
 • List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and 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.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER C. BASHARA, DVM, CFO DIRECTOR/CFO	3.00	X		X				0.	0.	0.
(2) T. ROBERT BASHARA, DVM, CEO DIRECTOR/CEO	15.00	X		X				0.	0.	0.
(3) SUSANA ZEPEDA CAGAN DIRECTOR	1.00	X						0.	0.	0.
(4) ROGER T. BROWN, DVM DIRECTOR	1.00	X						0.	0.	0.
(5) LEA PRICE DIRECTOR	15.00	X		X				0.	0.	0.
(6) JIM PIERSON DIRECTOR	5.00	X						0.	0.	0.
(7) EDDIE MULLER DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal and total rows.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section 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. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a row with 'NONE' in column A.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,274,983.			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		1,274,983.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		246,712.	246,712.		
	4 Income from investment of tax-exempt bond proceeds		43,452.	43,452.		
	5 Royalties					
	6 a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	8,558,753.		
			(ii) Other			
	b Less: cost or other basis and sales expenses	7b	8,573,738.			
	c Gain or (loss)	7c	-14,985.			
d Net gain or (loss)		-14,985.	-14,985.			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a	5,127.				
b Less: cost of goods sold	10b	1,754.				
c Net income or (loss) from sales of inventory		3,373.	3,373.			
Miscellaneous Revenue	Business Code					
	11 a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,553,535.	278,552.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	645,245.	645,245.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	7,743.		7,743.	
c Accounting	4,900.		4,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	288.			288.
f Investment management fees	36,139.		36,139.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	108,280.	38,670.	63,250.	6,360.
12 Advertising and promotion	3,134.		3,134.	
13 Office expenses	5,560.		5,560.	
14 Information technology	1,340.		1,005.	335.
15 Royalties				
16 Occupancy				
17 Travel	11,104.		11,104.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,503.		3,503.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	7,259.		7,259.	
b MISCELLANEOUS EXPENSES	5,028.		5,028.	
c BANK CHARGES	2,085.		2,085.	
d UTILITIES	367.		367.	
e All other expenses	220.		220.	
25 Total functional expenses. Add lines 1 through 24e	842,195.	683,915.	151,297.	6,983.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	523,174.	1	488,169.
	2	Savings and temporary cash investments	667,416.	2	194,335.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	5,159.	8	3,202.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation	10b	10c	
	11	Investments - publicly traded securities	7,241,394.	11	9,210,571.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	17,024.	15	2,163.
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,454,167.	16	9,898,440.	
Liabilities	17	Accounts payable and accrued expenses	0.	17	941.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	777.	25	714.
	26	Total liabilities. Add lines 17 through 25	777.	26	1,655.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	8,453,390.	27	9,896,785.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	8,453,390.	32	9,896,785.	
33	Total liabilities and net assets/fund balances	8,454,167.	33	9,898,440.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,553,535.
2	Total expenses (must equal Part IX, column (A), line 25)	2	842,195.
3	Revenue less expenses. Subtract line 2 from line 1	3	711,340.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,453,390.
5	Net unrealized gains (losses) on investments	5	734,651.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-2,596.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,896,785.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 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 on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

DORIS DAY ANIMAL FOUNDATION

Employer identification number

95-3197011

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1744880.	509,972.	1579028.	1381640.	1274983.	6490503.
2 Tax revenues levied for the 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	1744880.	509,972.	1579028.	1381640.	1274983.	6490503.
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)						
6 Public support. Subtract line 5 from line 4.						6490503.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1744880.	509,972.	1579028.	1381640.	1274983.	6490503.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	167,686.	206,652.	314,701.	49,108.	275,179.	1013326.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	31,210.	7,866.	27,838.	16,519.	3,373.	86,806.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						7590635.
12 Gross receipts from related activities, etc. (see instructions)					12	131,064.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	85.51	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	86.16	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - b A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

DORIS DAY ANIMAL FOUNDATION

95-3197011

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization DORIS DAY ANIMAL FOUNDATION	Employer identification number 95-3197011
------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BONNIE LEE ASHBY ONE NORTH JEFFERSON ST. LOUIS, MO 63103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF ELIZABETH ANN CORYNEN C/O LAW OFFICE OF NANCY A. GIBBONS 2540 CAMINO DIABLO, SUITE 200 WALNUT CREEK, CA 94597-3944	\$ 6,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GREATER MILWAUKEE FOUNDATION 101 W. PLEASANT ST., SUITE 210 MILWAUKEE, WI 53212	\$ 9,377.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LUDACKA WEALTH PARTNERS 9300 UNDERWOOD AVENUE, SUITE 500 OMAHA, NE 68114	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ESTATE OF GLORIA JEA 206 MITCHELL BLVD WEATHERFORD, TX 76087	\$ 14,379.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CATHERINE LOU LATHAM DONOR FUND 8910 PURDUE RD., SUITE 555 INDIANAPOLIS, IN 46268	\$ 14,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DORIS DAY ANIMAL FOUNDATION

95-3197011

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SHEILA HOOPLE, C/O ART HOOPLE 10085 ALLISON ST. WESTMINSTER, CO 80021	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DAWN M. VAN TRYFLE ESTATE 4707 EXECUTIVE DRIVE SAN DIEGO, CA 92121	\$ 23,627.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ESTATE OF KAREN F. SEVERINO 3600 CARDENAS PLACE N.E. ALBUQUERQUE, NM 87110-1314	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SHERRY DEVEAUX P.O. BOX 776 PALO ALTO, CA 94302	\$ 25,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MELVIN D. MOND FUND, C/O THE COMMUNITY FDN FOR GREATER ATLANTA 50 HURT PLAZA SE, SUITE 449 ATLANTA, GA 30303	\$ 25,665.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	TERRENCE & NINA DANIELSON TRUST, C/O CLARKSON & ASSOCIATES, LLC 162 N. 400 EAST, SUITE A-204 ST. GEORGE, UT 84770	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DORIS DAY ANIMAL FOUNDATION

95-3197011

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ROBIN CRUIKSHANK, C/O MARMALADE DEVELOPMENTS NEWBURY, BERKSHIRE RG19 8EW UNITED KINGDOM, UNITED KINGDOM	\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	ESTHER HELLUND TRUST, C/O BEVERLY CHRISTENSEN 698 FREEDOM LANE BOULDER CITY, NV 89005	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	ESTATE OF GERTRUDE GRIFFORD, C/O VAN LINDT & TAYLOR, ESQS. 271 NORTH AVENUE, SUITE 801 NEW ORCHELLE, NY 10801	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	ELIZABETH W. BERTRAND ESTATE 1609 SE DEWEY AVENUE BARTLESVILLE, OK 74003	\$ 283,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	DORIS DAY & TERRY MELCHER FOUNDATION 9375 BURT STREET, SUITE 103 OMAHA, NE 68114	\$ 307,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DORIS DAY ANIMAL FOUNDATION

95-3197011

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

DORIS DAY ANIMAL FOUNDATION

95-3197011

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

DORIS DAY ANIMAL FOUNDATION

Employer identification number

95-3197011

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two Yes/No questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, Number of conservation easements included on line 2c acquired after July 25, 2006, and other monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a) If organization elected not to report, provide footnote text; 1b) If organization elected to report, provide revenue and assets; 2) If organization received or held works of art, provide revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange program, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with columns Yes, No and rows 3a(i) Unrelated organizations?, 3a(ii) Related organizations?, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARD PAYABLE	643.
(3) SALES TAX PAYABLE	71.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

DORIS DAY ANIMAL FOUNDATION

Employer identification number
95-3197011

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALMOST HOME DOG RESCUE OF OHIO 4672 ABERDEEN AVE DUBLIN, OH 43016	20-0431201		5,000.	0.			VETERINARY CARE FOR SENIOR MEDICAL EXPENSES.
ANIMAL LIVES MATTER ALWAYS 1845 DOWNS STREET OCEANSIDE, CA 92054	83-3528282		15,000.	0.			VETERINARY CARE & FOOD/SUPPLIES TO ASSIST WITH RECENT HOARDING SITUATION.
BIG BEND PETS P.O. BOX 1861 ALPINE, TX 79831	84-4099242		5,000.	0.			ASSIST WITH SPAY/NEUTER COSTS.
BLIND SPOT ANIMAL SANCTUARY 307 BACON RD ROUEMONT, NC 27572	81-4370042		5,000.	0.			VETERINARY CARE, FOOD, BEDDING, AND TREATS FOR FARM RESCUES.
CIRCLE TAIL, INC. 8834 CAREY LANE PLEASANT PLAIN, OH 45162	31-1516490		10,000.	0.			FOR SERVICE DOG TRAINING.
COACHELLA VALLEY HORSE RESCUE P.O. BOX 809 INDIO, CA 92202	80-0536952		7,500.	0.			FOR SENIOR HORSE INTAKE RESCUE VETERINARY CARE.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **35.**

3 Enter total number of other organizations listed in the line 1 table **1.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN DOG RESCUE P.O. BOX 90035 PASADENA, CA 91109	46-1958507		20,000.	0.			ASSIST WITH FOOD, VETERINARY CARE, AND SUPPLIES FOR DOGS.
DRAFT GRATITUDE 148 ASHUELOT STREET WINCHESTER, NH 03470	47-2346625		7,500.	0.			FOR VETERINARY CARE, FARRIER, FEED, AND SUPPLEMENTS FOR SENIOR EQUINE.
FEEDING PETS OF THE HOMELESS (DBA PETS FOR THE HOMELESS) - 116 EAST 7TH STREET - CARSON CITY, NV 89701	26-3010540		20,000.	0.			SUPPORT PROGRAMS: PET FOOD, EMERGENCY VET CARE, WELLNESS CLINICS, VETERANS' PET SUPPORT.
FELINE URBAN RESCUE AND REHAB, INC. - P.O. BOX 144 - STEWARTSVILLE, NJ 08886	04-3753676		5,000.	0.			SENIOR VETERINARY CARE.
THE GREATER NEW HAVEN CAT PROJECT, INC. - P.O. BOX 1432 - NEW HAVEN, CT 06506	06-1463271		8,000.	0.			TNR AND FOOD FOR FERALS AND ASSIST WITH LOW-COST ASSISTANCE PROGRAM.
HAWAII ANIMAL RESCUE FOUNDATION P.O. BOX 515 PUUNENE, HI 96784	45-2081227		20,000.	0.			DISASTER RELIEF FROM MAUI FIRE. VETERINARY CARE, FOOD, SUPPLIES, TRANSPORTATION AND/OR
HOO HAVEN 10823 CLEVELAND RD DURAND, IL 61024	36-4335772		7,500.	0.			FOR WILDLIFE IN-HOUSE VETERINARY PROGRAM.
ILLINOIS EQUINE HUMANE CENTER 47W635 BEITH ROAD MAPLE PARK, IL 60151	26-3120493		10,000.	0.			FOR PURCHASE OF HAY AND FEED FOR EQUINE ANIMALS.
IOWA PARROT RESCUE, INC. 2479 GOLDEN AVENUE LETTIS, IA 52754	20-2980643		15,000.	0.			ASSISTANCE WITH FOOD AND VETERINARY EXPENSES OF BIRDS.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BOULEVARD, P.O. BOX AMES, IA 50010-2230	42-1143702		15,000.	0.			CROW CREEK VETERINARY SERVICE PROJECT.
LAWS'N PAWS P.O. BOX 962302 EL PASO, TX 79996	81-5166423		7,500.	0.			VETERINARY CARE, FOOD, SUPPLIES, AND SHELTER COSTS.
MARINE MAMMAL CARE CENTER OF LOS ANGELES - 555 W. 5TH STREET, 35TH FLOOR - LOS ANGELES, CA 90013	47-5249182		25,000.	0.			FOOD AND MEDICAL SUPPLIES FOR MARINE WILDLIFE RESCUE AND REHABILITATION.
MARINE MAMMAL CARE CENTER OF LOS ANGELES - 555 W. 5TH STREET, 35TH FLOOR - LOS ANGELES, CA 90013	47-5249182		25,000.	0.			FOOD AND MEDICAL SUPPLIES FOR MARINE WILDLIFE RESCUE AND REHABILITATION.
MEALS ON WHEELS OF THE MONTEREY PENINSULA, INC. - 700 JEWEL AVE - PACIFIC GROVE, CA 93950	94-21157521		5,000.	0.			TO ASSIST WITH THE DRIVERS' GAS FUND.
MY PITBULL IS FAMILY P.O. BOX 26262 MINNEAPOLIS, MN 55426	47-2264053		10,000.	0.			NORTH MINNEAPOLIS PET EXPENSE PROGRAM.
NEBRASKA HUMANE SOCIETY 8929 FORT STREET OMAHA, NE 68134	47-0378997		20,000.	0.			FOR DUFFY DAY LIVESAVING PROGRAM.
OPERATION BLANKETS OF LOVE 16911 SAN FERNANDO MISSION, PMB 187 GRANADA HILLS, CA 91344	80-0238786		15,000.	0.			EMERGENCY FOOD AND SHELTER SUPPLIES FOR RESCUE GROUPS AND SHELTERS.
OPERATION WARRIOR SHIELD 59 E. 2ND STREET BROOKLYN, NY 11218	81-1268470		60,000.	0.			FOOD AND CARE FOR SERVICE DOGS FOR VETERANS AND FIRST RESPONDERS.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC MARINE MAMMAL CENTER 20612 LAGUNA CANYON ROAD LAGUNA BEACH, CA 92651	95-3680896		20,000.	0.			FOOD, VETERINARY CARE, SUPPLIES FOR RESCUED MARINE LIFE, PARTICULARLY IN VIEW OF THE CURRENT
PAWS PATROL, INC. P.O. BOX 1642 GREEN VALLEY, AZ 85622	20-5537148		15,000.	0.			CRITICAL VETERINARY CARE AND FOOD/SUPPLIES.
PEOPLE HELPING PAWS DOG RESCUE P.O. BOX 6701 JEFFERSON, MO 65102	45-3118539		7,500.	0.			FOR FOOD AND MEDICAL CARE FOR FOSTER DOGS.
PETS UNITING PEOPLE P.O. BOX 49 TREMONT CITY, OH 45372	41-2208375		5,000.	0.			SPAY/NEUTER EXPENSES. FOR HAY, FEED, MEDICATIONS, AND VETERINARY CARE FOR SANCTUARY RESIDENTS.
PRESERVATION RANCH EQUINE & SANCTUARY - 6700 JOHNSON CANYON ROAD - KANAB, VT 84741	45-4862233		7,500.	0.			ASSIST WITH VETERINARY EXPENSES FOR RESCUED CATS. EMERGENCY FUNDING FOR ASSISTING ANIMALS FROM THE MAUI FIRES OF AUGUST 2023.
PURRFECT MATCH CAT ADOPTIONS 4847 NAVY ROAD, UNIT 1284 MILLINGTON, TN 38083	41-2076215		5,000.	0.			FOR FOOD, NUTRITION, VETERINARY CARE, AND MEDICAL SUPPLIES FOR GERIATRIC CHIMPANZEES.
SAVE MAUI CATS, INC. P.O. BOX 571 LAHALNA, HI 96767	83-1221198		5,000.	0.			FOR SIRYS - STUDENT INITIATIVE FOR RESERVATION VET SERVICES.
SAVE THE CHIMPS P.O. BOX 12220 FORT PIERCE, FL 34979	65-0789748		20,000.	0.			
UNIVERSITY OF MINNESOTA FOUNDATION 1365 GORTNER AVENUE, RM 440 ST. PAUL, MN 55108	41-1931343		10,000.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA HORSE NETWORK P.O. BOX 973 ELKVIEW, WV 25071	47-2241488		7,500.	0.			FOR SENIOR HORSE CARE AND FOSPICE EXPENSES.
WINGS AND REINS EQUINE REFUGE P.O. BOX 593 DEVINE, TX 78016	45-3033936		8,000.	0.			WINTER HAY, FEED, AND MEDICAL SUPPLIES AND VETERINARY CARE.
WYLIE ANIMAL FOUNDATION P.O. BOX 5364 INCLINE VILLAGE, NV 89450	88-0426684		7,500.	0.			FOR SPAY/NEUTER AND PET CARE ASSISTANCE FOR LOW INCOME PET OWNERS.
AGROFILMS, LTD. 157 OWL POND ROAD BREWSTER, MA 02631	52-2053578		184,245.	0.			SPONSORSHIP FOR DOCUMENTARY ON PIEDMONT FARM ANIMAL REFUGE.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

FEEDING PETS OF THE HOMELESS (DBA PETS FOR THE HOMELESS)

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT PROGRAMS: PET FOOD, EMERGENCY VET CARE, WELLNESS CLINICS, VETERANS' PET SUPPORT, CRATES FOR PETS IN HOMELESS SHELTERS.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII ANIMAL RESCUE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DISASTER RELIEF FROM MAUI FIRE.

Part IV Supplemental Information

VETERINARY CARE, FOOD, SUPPLIES, TRANSPORTATION AND/OR STAFF REQUIREMENTS FOR RESCUED ANIMALS.

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC MARINE MAMMAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD, VETERINARY CARE, SUPPLIES FOR RESCUED MARINE LIFE, PARTICULARLY IN VIEW OF THE CURRENT TOXIC ALGAE CRISIS.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **DORIS DAY ANIMAL FOUNDATION** Employer identification number **95-3197011**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Total \$ _____

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TRILOGY INTERACTIVE	DAUGHTER OF CFO	8,480.	WEBSITE MGM		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TRILOGY INTERACTIVE

(D) DESCRIPTION OF TRANSACTION: WEBSITE MGMT

PART IV LINE 28B:

IN 2023, THE FOUNDATION CONDUCTED BUSINESS WITH TRILOGY INTERACTIVE.

TRILOGY WAS PAID \$8,480.00 TO MANAGE AND MAINTAIN THE FOUNDATION'S WEBSITE. ONE OF THE OWNERS OF TRILOGY IS THE DAUGHTER OF T. ROBERT BASHARA AND IS THE SISTER OF PETER BASHARA. BOTH PARTIES ARE DIRECTORS AND OFFICERS OF THE FOUNDATION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

DORIS DAY ANIMAL FOUNDATION

Employer identification number

95-3197011

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LOVE THEM. DDAF PROVIDES FUNDING TO OTHER 501(C)(3) ENTITIES FOR ANIMAL
WELFARE PROGRAMS, SPAYING AND NEUTERING, AND ANIMAL RESCUE.

FORM 990, PART VI, SECTION A, LINE 2:

RELATED PARTY INFORMATION BETWEEN OFFICERS/DIRECTORS:

T. ROBERT BASHARA AND PETER BASHARA ARE FAMILY MEMBERS. T. ROBERT BASHARA
WAS THE PERSONAL MANAGER FOR DORIS DAY.

FORM 990, PART VI, SECTION B, LINE 11B:

FOUNDATIONS PROCESS TO REVIEW FORM 990:

THE FORM 990 IS REVIEWED BY THE CFO, CEO AND THE PRESIDENT OF THE BOARD OF
DIRECTORS. COPIES OF THE FORM 990 ARE RPROVIDED TO ALL BOARD MEMBERS AND
OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION: INFORMATION RELATED TO THE
FOUNDATION IS AVILABLE UPON REQUEST AND ON WWW.DDAF.ORG.

PART VII, SECTION A, LINE 3:

PRESIDENT AND FOUNDER OF DORIS DAY ANIMAL FOUNDATION, DORIS DAY, PASSED
AWAY ON MAY 13, 2019.

Name of the organization

DORIS DAY ANIMAL FOUNDATION

Employer identification number

95-3197011

FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES 38,670.

MANAGEMENT AND GENERAL EXPENSES 63,250.

FUNDRAISING EXPENSES 6,360.

TOTAL EXPENSES 108,280.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 108,280.

Multiple horizontal lines for additional entries.

California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name California corporation number

DORIS DAY ANIMAL FOUNDATION

0831375

Additional information. See instructions.

FEIN

95-3197011

Street address (suite or room)

9375 BURT STREET, SUITE 103

PMB no.

City

OMAHA

State

NE

ZIP code

68114

Foreign country name

Foreign province/state/county

Foreign postal code

- A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return?
E Check accounting method
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption?

- I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with columns for Receipts and Revenues, Expenses, and Payments. Rows include Gross sales, Total gross receipts, Total costs, Total gross income, Total expenses, Total payments, and Balance due.

Sign Here section with fields for Signature of officer, Title (CFO), Date, Telephone, Preparer's signature, Firm's name (MELOTZ GROUP LLC), and address (9375 BURT STREET, SUITE 103, OMAHA, NE 68114).

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	5,127	00	
	2	Interest	2	22,148	00	
	3	Dividends	3	224,564	00	
	4	Gross rents	4		00	
	5	Gross royalties	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 3	6	8,558,753	00	
	7	Other income SEE STATEMENT 4	7	43,452	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	8,854,044	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 5	9	645,245	00	
	10	Disbursements to or for members	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 6	11	0	00	
	12	Other salaries and wages	12		00	
	Expenses and Disbursements	13	Interest	13		00
		14	Taxes	14		00
		15	Rents	15		00
		16	Depreciation and depletion (See instructions)	16		00
		17	Other expenses and disbursements SEE STATEMENT 7	17	196,950	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	842,195	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,190,590		682,504
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories		5,159		3,202
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments STMT 8		7,241,394		9,210,571
10	a Depreciable assets				
	b Less accumulated depreciation				
11	Land				
12	Other assets STMT 9		17,024		2,163
13	Total assets		8,454,167		9,898,440
Liabilities and net worth					
14	Accounts payable				941
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 10		777		714
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		8,453,390		9,896,785
22	Total liabilities and net worth		8,454,167		9,898,440

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.				
1	Net income per books	711,340	7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule		10	Net income per return.
5	Expenses recorded on books this year not deducted in this return. Attach schedule			Subtract line 9 from line 6
6	Total. Add line 1 through line 5	711,340		711,340

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BONNIE LEE ASHBY	ONE NORTH JEFFERSON ST. LOUIS, MO 63103		5,000.
ESTATE OF ELIZABETH ANN CORYNEN C/O LAW OFFICE OF NANCY A. GIBBONS	2540 CAMINO DIABLO, SUITE 200 WALNUT CREEK, CA 94597-3944		6,667.
GREATER MILWAUKEE FOUNDATION	101 W. PLEASANT ST., SUITE 210 MILWAUKEE, WI 53212		9,377.
LUDACKA WEALTH PARTNERS	9300 UNDERWOOD AVENUE, SUITE 500 OMAHA, NE 68114		10,000.
ESTATE OF GLORIA JEA	206 MITCHELL BLVD WEATHERFORD, TX 76087		14,379.
CATHERINE LOU LATHAM DONOR FUND	8910 PURDUE RD., SUITE 555 INDIANAPOLIS, IN 46268		14,976.
SHEILA HOOPLE, C/O ART HOOPLE	10085 ALLISON ST. WESTMINSTER, CO 80021		15,000.
DAWN M. VAN TRYFLE ESTATE	4707 EXECUTIVE DRIVE SAN DIEGO, CA 92121		23,627.
ESTATE OF KAREN F. SEVERINO	3600 CARDENAS PLACE N.E. ALBUQUERQUE, NM 87110-1314		25,000.
SHERRY DEVEAUX	P.O. BOX 776 PALO ALTO, CA 94302		25,101.
MELVIN D. MOND FUND, C/O THE COMMUNITY FDN FOR GREATER ATLANTA	50 HURT PLAZA SE, SUITE 449 ATLANTA, GA 30303		25,665.
TERRENCE & NINA DANIELSON TRUST, C/O CLARKSON & ASSOCIATES, LLC	162 N. 400 EAST, SUITE A-204 ST. GEORGE, UT 84770		50,000.
ROBIN CRUIKSHANK, C/O MARMALADE DEVELOPMENTS	NEWBURY, BERKSHIRE RG19 8EW, UNITED KINGDOM, UNITED KINGDOM		62,500.
ESTHER HELLUND TRUST, C/O BEVERLY CHRISTENSEN	698 FREEDOM LANE BOULDER CITY, NV 89005		75,000.

DORIS DAY ANIMAL FOUNDATION

95-3197011

ESTATE OF GERTRUDE GRIFFORD, C/O VAN LINDT & TAYLOR, ESQS.	271 NORTH AVENUE, SUITE 801 NEW ORCHELLE, NY 10801	250,000.
ELIZABETH W. BERTRAND ESTATE	1609 SE DEWEY AVENUE BARTLESVILLE, OK 74003	283,207.
DORIS DAY & TERRY MELCHER FOUNDATION	9375 BURT STREET, SUITE 103 OMAHA, NE 68114	307,000.
TOTAL INCLUDED ON LINE 3		<u>1,202,499.</u>

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		
2. MERCHANDISE PURCHASED.	1,754	
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.		
6. ADD LINES 1 THROUGH 5		1,754
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		1,754

CA 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	3
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
VARIOUS EQUITIES	01/01/23	12/31/23	PURCHASED

NAME OF BUYER	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
PERSHING, LLC	4,300,064.	0.	0.	4,144,181.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
VARIOUS EQUITIES	03/29/16	12/31/23	PURCHASED

NAME OF BUYER	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
PERSHING, LLC	4,273,674.	0.	0.	4,414,572.

TOTAL TO FORM 199, PAGE 2, LN 6	8,573,738.	0.	0.	8,558,753.
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CA 199	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
INCOME FROM INVESTMENT OF TAX-EXEMPT BOND PROCEEDS	43,452.
TOTAL TO FORM 199, PART II, LINE 7	43,452.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 5
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ACTIVITY CLASSIFICATION: HELPING ANIMALS AND THOSE WHO LOVE THEM.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SEE ATTACHED SCHEDULE I, FORM 990	8033 SUNSET BOULEVARD, SUITE 845 - LOS ANGELES, CA 90046	NONE	461,000.

TOTAL FOR THIS ACTIVITY 461,000.

ACTIVITY CLASSIFICATION: COMPLETION EXPENSES FOR FOREVER HOME DOCUMENTARY.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ARGOFILMS, LTD.	8033 SUNSET BOULEVARD, SUITE 845 - LOS ANGELES, CA 90046	NONE	184,245.

TOTAL FOR THIS ACTIVITY 184,245.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9	645,245.
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CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
PETER C. BASHARA, DVM, CFO 9375 BURT STREET, SUITE 103 OMAHA, NE 68114	DIRECTOR/CFO 3.00	0.
T. ROBERT BASHARA, DVM, CEO 9375 BURT STREET, SUITE 103 OMAHA, NE 68114	DIRECTOR/CEO 15.00	0.
SUSANA ZEPEDA CAGAN 9375 BURT STREET, SUITE 103 OMAHA, NE 68114	DIRECTOR 1.00	0.
ROGER T. BROWN, DVM 9375 BURT STREET, SUITE 103 OMAHA, NE 68114	DIRECTOR 1.00	0.
LEA PRICE 9375 BURT STREET, SUITE 103 OMAHA, NE 68114	DIRECTOR 15.00	0.
JIM PIERSON 9375 BURT STREET, SUITE 103 OMAHA, NE 68114	DIRECTOR 5.00	0.
EDDIE MULLER 9375 BURT STREET, SUITE 103 OMAHA, NE 68114	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199 OTHER EXPENSES STATEMENT 7

DESCRIPTION	AMOUNT
DUES & SUBSCRIPTIONS	7,259.
MISCELLANEOUS EXPENSES	5,028.
BANK CHARGES	2,085.
UTILITIES	367.
LEGAL FEES	7,743.
ACCOUNTING FEES	4,900.
PROFESSIONAL FUNDRAISING FEES	288.
INVESTMENT MANAGEMENT FEES	36,139.
OTHER PROFESSIONAL FEES	108,280.

ADVERTISING AND PROMOTION	3,134.
OFFICE EXPENSES	5,560.
INFORMATION TECHNOLOGY	1,340.
TRAVEL	11,104.
INSURANCE	3,503.
ALL OTHER EXPENSES	220.
TOTAL TO FORM 199, PART II, LINE 17	196,950.

CA 199	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
EQUITY FUNDS	2,242,038.	2,686,211.	
INTERNATIONAL FUNDS	770,279.	1,420,182.	
REAL ESTATE SECURITIES	67,766.	94,765.	
COMMODITY FUNDS	232,098.	179,106.	
FIXED INCOME FUNDS	3,929,213.	4,830,307.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	7,241,394.	9,210,571.	

CA 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
SHOPIFY SALES IN TRANSIT	442.	364.	
PREPAID WEBSITE SERVICES	16,582.	1,799.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	17,024.	2,163.	

CA 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CREDIT CARD PAYABLE	648.	643.	
SALES TAX PAYABLE	129.	71.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	777.	714.	

CA 199	FUND BALANCES	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NET ASSETS WITHOUT DONOR RESTRICTIONS	8,453,390.	9,896,785.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	8,453,390.	9,896,785.	

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>DORIS DAY ANIMAL FOUNDATION</u> Name of Organization</p> <p>List all DBAs and names the organization uses or has used</p> <p><u>9375 BURT STREET, SUITE 103</u> Address (Number and Street)</p> <p><u>OMAHA, NE 68114</u> City or Town, State, and ZIP Code</p> <p><u>(877) 527-0227</u> _____ Telephone Number E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number <u>33010</u></p> <p>Corporation or Organization No. _____</p> <p>Federal Employer ID No. <u>95-3197011</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2023 ending 12/31/2023) list:

Total Revenue (including noncash contributions) \$ <u>1,553,535</u>	Noncash Contributions \$ <u>0</u>	Total Assets \$ <u>9,898,440</u>
Program Expenses \$ <u>683,915</u>	Total Expenses \$ <u>842,195</u>	

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<p><u>PETER BASHARA</u> Signature of Authorized Agent Printed Name</p>	<p><u>CFO</u> Title Date</p>
---------------------------------------------------------------------------------	---------------------------------------

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. DORIS DAY ANIMAL FOUNDATION	Taxpayer identification number (TIN) 95-3197011
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. 9375 BURT STREET, SUITE 103	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OMAHA, NE 68114	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **TOMOKO HORIE**
8033 SUNSET BLVD, SUITE 845 - LOS ANGELES, CA 90046

Telephone No. **(310) 508-1485** 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Product: **Exempt Extension**
 Name: **Doris Day Animal Foundation**
 FEIN: *******7011**
 Bank Info:
 Fiscal Year Begin Date: **1/1/2023**
 IRS Message:

Category:
 Plan Number:
 Fiscal Year End Date: **12/31/2023**

IRS Center: **Ogden**
 e-Postmark: **5/15/2024 8:46 AM**
 Notification:
 eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
05/14/2024	23X:DORIS_DAY_AN:V1	Upload Started				
05/14/2024	23X:DORIS_DAY_AN:V1	Ready to Release by Customer				
05/15/2024	23X:DORIS_DAY_AN:V1	Upload Started				
05/15/2024	23X:DORIS_DAY_AN:V1	Released for Transmission - Validation in Progress			System	
05/15/2024	23X:DORIS_DAY_AN:V1	Ready to transmit - Validation Complete				
05/15/2024	23X:DORIS_DAY_AN:V1	Transmitted to FD	47326420241360359e82			
05/15/2024	23X:DORIS_DAY_AN:V1	Accepted by FD on 5/15/2024				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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Product: **Exempt**
Name: **Doris Day Animal Foundation**
FEIN: *******7011**
Bank Info:
Fiscal Year Begin Date: **1/1/2023**
IRS Message:

Category:
Plan Number:
Fiscal Year End Date: **12/31/2023**

IRS Center: **Ogden**
e-Postmark: **11/1/2024 9:25 AM**
Notification:
eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
10/30/2024	23X:DORIS_DAY_AN:V1	Upload Started				
10/30/2024	23X:DORIS_DAY_AN:V1	Ready to Release by Customer				
11/01/2024	23X:DORIS_DAY_AN:V1	Released for Transmission - Validation in Progress			Admin9375	
11/01/2024	23X:DORIS_DAY_AN:V1	Ready to transmit - Validation Complete				
11/01/2024	23X:DORIS_DAY_AN:V1	Transmitted to CA	47326420243060322n02			
11/01/2024	23X:DORIS_DAY_AN:V1	Transmitted to FD	4732642024306032ae64			
11/01/2024	23X:DORIS_DAY_AN:V1	Accepted by FD on 11/1/2024				
11/01/2024	23X:DORIS_DAY_AN:V1	Accepted by CA - on 11/1/2024				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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