

**Return of Organization Exempt from Income Tax**

**2001**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2001 calendar year, or tax year beginning **2001**, and ending **20**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See specific instructions.

**THE WASHINGTON COUNTY HUMANE SOCIETY INC**  
3650 HIGHWAY 60  
SLINGER, WI 53086

**D** Employer Identification Number: **23-7009054**

**E** Telephone number: **262-677-4388**

**F** Accounting method:  Cash  Accrual  
 Other (specify):

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

**H** and **I** are not applicable to Section 527 organizations

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

**H (b)** If yes, enter number of affiliates: **3**

**H (c)** Are all affiliates included?  Yes  No (If no, attach a list. See instructions.)

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

**I** Enter 4-digit group GEN: **2001**

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

**G** Web site: **N/A**

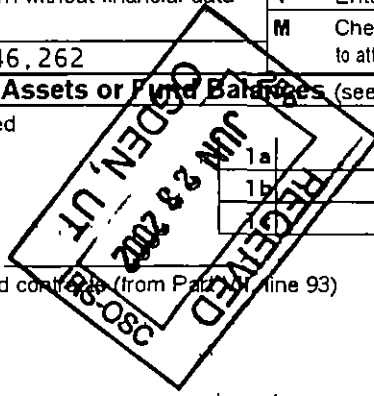
**J** Organization type (check only one):  501(c) **3** (insert no.)  4947(a)(1) or  527

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

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **446,262**

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support	1a	159,241			
	b	Indirect public support	1b				
	c	Government contributions (grants)					
	d	Total (add lines 1a through 1c) (cash \$ <b>159,241</b> noncash \$ )	1d	159,241			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	135,167			
	3	Membership dues and assessments	3	20,326			
	4	Interest on savings and temporary cash investments	4	2,711			
	5	Dividends and interest from securities	5				
	6a	Gross rents	6a				
	b	Less rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe )	7					
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		(B) Other		
			8b				
			8c				
		d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule)	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	119,793		
		b	Less direct expenses other than fundraising expenses	9b			
		c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	119,793		
10a	Gross sales of inventory, less returns and allowances		10a				
		b	Less cost of goods sold	10b			
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	9,024				
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	446,262				
EXPENSES	13	Program services (from line 44, column (B))	13	281,780			
	14	Management and general (from line 44, column (C))	14	72,300			
	15	Fundraising (from line 44, column (D))	15	23,094			
	16	Payments to affiliates (attach schedule)	16				
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17	377,174			
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	69,088				
NET ASSETS	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	769,297			
	20	Other changes in net assets or fund balances (attach explanation)	20				
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	838,385			



SCANNED JUN 05 '02

G14,15 21

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	36,427		36,427	
26	Other salaries and wages	136,945	130,029	6,916	
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	13,576	10,182	3,394	
30	Professional fundraising fees				
31	Accounting fees	4,664		4,664	
32	Legal fees				
33	Supplies	8,066	6,049	2,017	
34	Telephone	8,370	8,370		
35	Postage and shipping	1,920	1,920		
36	Occupancy	36,326	27,244	9,082	
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	3,769	3,769		
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	26,499	26,499		
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	100,612	67,718	9,800	23,094
b					
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	377,174	281,780	72,300	23,094

Joint Costs Check  if you are following SOP 98 2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a RESCUE AND SUSTAIN STRAY OR UNWANTED ANIMALS, NUMBER OF ANIMALS CARED FOR IS 2,738 TO EDUCATE CHILDREN AND THE GENERAL PUBLIC ON THE PREVENTION OF CRUELTY TO ANIMALS (Grants and allocations \$ _____)	281,780
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), program services)	281,780

**Part IV** Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
ASSETS	45 Cash – non interest bearing	24,415	45	42,472
	46 Savings and temporary cash investments	31,664	46	43,441
	47 a Accounts receivable	47 a 485		
	b Less allowance for doubtful accounts	47 b	1,000	47 c 485
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b		48 c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments – land, buildings, & equipment basis	55 a 925,556		
	b Less accumulated depreciation (attach schedule) STATEMENT 4	55 b 232,779	714,536	55 c 692,777
	56 Investments – other (attach schedule)	SEE STMT 5	2,430	56 62,402
	57 a Land, buildings, and equipment basis	57 a		
	b Less accumulated depreciation (attach schedule)	57 b		57 c
58 Other assets (describe ▶ _____)			58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		774,045	59 841,577	
LIABILITIES	60 Accounts payable and accrued expenses	4,549	60	3,192
	61 Grants payable		61	
	62 Deferred revenue	199	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ _____)		65	
66 <b>Total liabilities</b> (add lines 60 through 65)		4,748	66 3,192	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	741,469	67	771,632
	68 Temporarily restricted		68	
	69 Permanently restricted	27,828	69	66,753
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	769,297	73	838,385
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	774,045	74	841,577

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

BAA



**Part VI Other Information** (See specific instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If 'Yes,' enter the name of the organization <u>N/A</u>		X
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		N/A
85h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations Enter Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>WISCONSIN</u>		
90b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	11
91	The books are in care of <u>MARNIE BROWN</u> Telephone number <u>262-677-4388</u> Located at <u>3650 HWY 60, SLINGER, WI</u> ZIP + 4 <u>53086</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A

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

Note. Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a ADOPTION FEES					44,030
b STRAY ANIMAL CONTRACT					54,550
c STRAY FEES AND HANDLI					36,587
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					20,326
95 Interest on savings & temporary cash invmnts			14	2,711	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					96,699
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISCELLANEOUS					9,024
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,711	261,216
105 Total (add line 104, columns (B), (D), and (E))					263,927

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93 A	FEES PAID TO ADOPT
93 B	FEES PAID BY GOVERNMENT FOR CARE OF ANIMALS
93 C	FEES COLLECTED FOR CARE AND HANDLING OF UNWANTED ANIMALS

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

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

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

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

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

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.

Date 6-18-02

EXECUTIVE DIRECTOR

**Schedule A**  
(Form 990 or 990-EZ)

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

**2001**

Department of the Treasury  
Internal Revenue Service

Supplementary Information - (see separate instructions)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization

THE WASHINGTON COUNTY HUMANE SOCIETY INC

Employer Identification Number

23-7009054

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III** Statements About Activities (See instructions)

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ <u>N/A</u></p> <p><b>(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</b></p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.</p>		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		X
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X
<p><b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.</p>		

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶**
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12**  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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV A)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	112,655	93,817	151,288	266,009	623,769
<b>16</b> Membership fees received	30,811	18,510	17,468	11,965	78,754
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,141	297	2,778	5,864	10,080
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	144,607	112,624	171,534	283,838	712,603
<b>24</b> Line 23 minus line 17	144,607	112,624	171,534	283,838	712,603
<b>25</b> Enter 1% of line 23	1,446	1,126	1,715	2,838	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 14,252
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b> 141,006
<b>c</b> Total support for Section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 712,603
<b>d</b> Add: Amounts from column (e) for lines	<b>18</b> 10,080	<b>19</b>	<b>26b</b> 141,006		
	<b>22</b>			<b>26d</b> 151,086	
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 561,517
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 78.80 %
<b>27 Organizations described on line 12:</b> N/A					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
<b>c</b> Add: Amounts from column (e) for lines	<b>15</b> _____	<b>16</b> _____			
	<b>17</b> _____	<b>20</b> _____	<b>21</b> _____		
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27c</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b> _____
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					<b>27e</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b> _____ %
					<b>27h</b> _____ %

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions)  
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if No, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of Organization

THE WASHINGTON COUNTY HUMANE SOCIETY INC

Employer Identification Number

23-7009054

Organization type (check one)

Filers of

Form 990 or 990-EZ

Section

- 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 box(es) for both the general rule and a special rule – see instructions )

**General Rule –**

- For organizations filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules –**

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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 Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ or 990-PF)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

THE WASHINGTON COUNTY HUMANE SOCIETY INC

23-7009054

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 25,627	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2	----- ----- -----	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
3	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
4	----- ----- -----	\$ 5,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

CLIENT 237009

THE WASHINGTON COUNTY HUMANE SOCIETY INC

23-7009054

6/12/02

08 25AM

SCHEDULE A, PART IV-A, LINE 26B  
EXCESS CONTRIBUTORS

CONTRIBUTOR	2000	1999	1998	1997	TOTAL
	\$ 50,000	\$ 0	\$ 0	\$ 0	\$ 50,000
	0	34,368	0	0	34,368
	0	0	0	75,746	75,746
	0	0	0	37,900	37,900
				TOTAL	\$ 198,014
				LINE 26A X 4 (# OF CONTRIBUTORS)	-57,008
				EXCESS CONTRIBUTIONS	\$ 141,006

CLIENT 237009

THE WASHINGTON COUNTY HUMANE SOCIETY INC

23-7009054

6/13/02

10 03AM

**STATEMENT 1  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS**

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
MISCELLANEOUS	62,170	0	62,170	0	62,170
FESTIVAL OF TREES	22,287	0	22,287	0	22,287
DOG TRAINING	18,270	0	18,270	0	18,270
CHRISTMAS APPEAL	17,066	0	17,066	0	17,066
TOTALS	<u>\$ 119,793</u>	<u>\$ 0</u>	<u>\$ 119,793</u>	<u>\$ 0</u>	<u>\$ 119,793</u>

**STATEMENT 2  
FORM 990, PART II, LINE 43  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	565	565		
ANIMAL CARE	30,906	30,906		
DUES & SUBSCRIPTIONS	847		847	
EMPLOYEE TRAINING	1,287		1,287	
FUNDRAISING EXPENSES	23,094			23,094
INSURANCE	30,663	22,997	7,666	
NEWSLETTER	13,250	13,250		
TOTAL	<u>\$ 100,612</u>	<u>\$ 67,718</u>	<u>\$ 9,800</u>	<u>\$ 23,094</u>

**STATEMENT 3  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

RESCUE AND CARE OF STRAY OR UNWANTED ANIMALS

**STATEMENT 4  
FORM 990, PART IV, LINE 55B  
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 56,038	\$ 29,065	\$ 26,973
BUILDINGS	861,918	203,714	658,204
LAND	7,600		7,600
TOTAL	<u>\$ 925,556</u>	<u>\$ 232,779</u>	<u>\$ 692,777</u>

## THE WASHINGTON COUNTY HUMANE SOCIETY INC

23-7009054

STATEMENT 5  
FORM 990, PART IV, LINE 56  
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
ENDOWMENT FUND - FIRST UNION	MARKET VALUE	\$ 62,402
	TOTAL	<u>\$ 62,402</u>

STATEMENT 6  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
AL CURTIS 2246 PARADISE DRIVE WEST BEND, WI 53095	PRESIDENT 2	\$ 0	\$ 0	\$ 0
LAURA BOUGIE, DVM 5116 WICKERT DRIVE WEST BEND, WI 53095	VICE PRESIDENT 2	0	0	0
RICK FOX 9203 SUNNY RIDGE LANE CEDARBURG, WI 53012	TREASURER 2	0	0	0
JEAN ROGERS 4626 SOUTH SHORE AVE SLINGER, WI 53086	SECRETARY 2	0	0	0
MARNIE BROWN 1802 STONEBRIDGE ROAD WEST BEND, WI 53095	EXECUTIVE DIREC 40+	36,427	0	0
	TOTAL	<u>\$ 36,427</u>	<u>\$ 0</u>	<u>\$ 0</u>

## WCHS BOARD OF DIRECTORS

### President

Al Curtus  
2246 Paradise Drive  
West Bend, WI 53095  
262-338-6688 (H)  
262-335-7416 (W)

### Treasurer

Rick Fox  
9203 Sunny Ridge Lane  
Cedarburg, WI 53012  
262-387-1238 (H)

Paul Kolosso  
4320 Cedar Creek Road  
Slinger, WI 53086  
262-644-8363 (H)  
262-255-2750 (W)  
(FAX)

Carol Radmann-Meurer  
W8459 Spring Valley Drive  
Glenbeulah, WI 53023  
920-526-3936 (H)  
414-940-0835 (CELL)  
(W)

Julie Dedrick  
5704 Paradise Ridge  
West Bend, WI 53095  
262-338-3511 (H)  
(W)  
(CELL)

Barbara Heiligenstein  
856 Paradise Drive  
West Bend, WI 53095  
262-675-2210 (H)

Linda Buntrock  
740 Green Bay Road  
Cedarburg, WI 53012  
262-335-7358 (W)  
(H)  
(CELL)

### Vice president

Laura Bougie, DVM  
5116 Wickert Drive  
West Bend, WI 53095  
262-644-8722 (H)  
262-677-3222 (W)  
262-677-1161 (FAX)

### Secretary

Jean Rogers  
4626 S Shore Avenue  
Slinger, WI 53086  
262-644-6332 (H)  
262-335-5215 (W)  
262-335-5251 (FAX)

Donna Koehn  
1555 Sherman Road  
Jackson, WI 53037  
262-677-7676 (H)  
(W)  
(CELL)

Annette DuBois  
3271 Highway P  
Jackson, WI 53037  
262-677-3227 (W)  
262-677-3480 (FAX)  
(H)

Cyndi Bergs  
W201 N16648 Hemlock Street, #3  
Jackson, WI 53037  
262-677-3408 (H)  
262-335-6619 x18 (W)  
(CELL)

Dawn Herdt  
1720 S Indiana Ave  
West Bend, WI 53095  
262-338-0185 (H)  
262-335-1525 (W)  
(CELL)

Mark Brunner  
995 Fairfield Lane  
West Bend, WI 53090  
262-675-6989 (H)  
262-335-1994 (W)  
(FAX)

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

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  ▶
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form) ▶
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time**— Only submit original (no copies needed) ▶   
**Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only** ▶   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b>	Name of Exempt Organization <b>WASHINGTON COUNTY HUMANE SOCIETY INC</b>	Employer identification number <b>23 : 7009054</b>
File by the due date for filing your return. See instructions.	Number, street and room or suite no. If a P O box see instructions <b>3650 HWY 60</b>	
	City, town or post office, state and ZIP code. For a foreign address, see instructions <b>SLINGER, WI 53086</b>	

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

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

- If the organization does **not** have an office or place of business in the United States, check this box  ▶
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  ▶. If it is for part of the group, check this box  ▶ and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **AUGUST 15**, 20**02** to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 20**01** or  
 ▶  tax year beginning ..... , 20.. , and ending ..... , 20..

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

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

### Signature and Verification

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

Signature ▶  CPA Title ▶ \_\_\_\_\_ Date ▶ 5-6-02

For Paperwork Reduction Act Notice, see Instruction

**MILKUS & LOFY, S.C.**  
**P.O. BOX 716**  
**WEST BEND, WI 53095**

Form **8868** (12 2000)