

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)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

MOHROE CO HUMANE ASSOCIATION INC
P O BOX 1334
BLOOMINGTON, IN 47402-1334

D Employer Identification Number 35-6064277

E Telephone number

F Accounting method Cash Accrual
 Other (specify)

G Web site II/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 **209,053**

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 Yes No
H (c) Are all affiliates included? (If no, attach a list. See instructions.) Yes No
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4 digit group GEN
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-TF)

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

1 Contributions, gifts, grants, and similar amounts received				
a Direct public support	1a	178,726		
b Indirect public support	1b			
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ 178,726 non-cash \$)	1d		178,726	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4		6,465	
5 Dividends and interest from securities	5			
6a Gross rents	6a	18,900		
b Less rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		18,900	
7 Other investment income (describe)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b Less cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss) (combine lines 8a, columns (A) and (B))	8c			
8d				
9 Special events and activities (attach schedule)				
a Gross revenue (not including \$ of contributions reported on line 1a)	9a	4,962		
b Less direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		4,962	
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			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		209,053	
13 Program services (from line 44, column (B))	13		167,798	
14 Management and general (from line 44, column (C))	14		24,812	
15 Fundraising (from line 44, column (D))	15		82,145	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17		274,755	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-65,702	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		395,688	
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		329,986	

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) cash \$ 6,033 non cash \$	22 6,033	6,033		
23	Specific assistance to individuals (att sch)	23 13,958	13,958		
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26 57,064	33,614	12,324	11,126
27	Pension plan contributions	27			
28	Other employee benefits	28 6,511	3,636	1,511	1,364
29	Payroll taxes	29 23,812	13,692	5,301	4,819
30	Professional fundraising fees	30 52,400			52,400
31	Accounting fees	31 350		350	
32	Legal fees	32			
33	Supplies	33 5,036	2,632	394	2,010
34	Telephone	34 3,985	2,899	511	575
35	Postage and shipping	35 2,796	921	390	1,485
36	Occupancy	36 4,026	1,205	612	2,209
37	Equipment rental and maintenance	37			
38	Printing and publications	38 10,176	7,614	372	2,190
39	Travel	39 4,184	1,953		2,231
40	Conferences, conventions, and meetings	40 1,193	450	75	668
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	SEE ATTACHED	43a 83,231	79,191	2,972	1,068
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 274,755	167,798	24,812	82,145

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? SEE ATTACHED

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others.)

a		(Grants and allocations \$ _____)	
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)		0

Part IV Balance Sheets (See instructions)

		(A)		(B)
		Beginning of year		End of year
Note Where required, attached schedules and amounts within the description column should be for end of year amounts only				
ASSETS	45 Cash — non interest bearing	237,101.	45	98,663.
	46 Savings and temporary cash investments		46	72,736
	47a Accounts receivable		47a	
	b Less allowance for doubtful accounts		47b	47c
	48a Pledges receivable		48a	
	b Less allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)		51a	
	b Less allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule)		54	
	55a Investments — land buildings & equipment basis	<input type="checkbox"/> Cost <input type="checkbox"/> FMV 158,587	55a	
	b Less accumulated depreciation (attach schedule) Statement 2		55b	158,587
	56 Investments — other (attach schedule)		56	158,587
	57a Land, buildings, and equipment basis		57a	
	b Less accumulated depreciation (attach schedule)		57b	57c
	58 Other assets (describe ▶ _____)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	395,688.	59	329,986	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities (add lines 60 through 65)	0	66	0	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117. check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117. check here <input checked="" 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	395,688	72	329,986
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	395,688.	73	329,986
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	395,688	74	329,986

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
b	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?		X
b	If 'yes,' enter the name of the organization: <u>N/A</u> 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
b	Did the organization file Form 1120-POL for this year?	81b	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?	82a	X
b	If 'yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If 'yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations: a Were substantially all dues nondeductible by members?	85a	N/A
b	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.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the Section 6033(a) tax on the amount on line 85f?	85g	N/A
h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations: Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations: Enter: a Gross income from members or shareholders	87a	N/A
b	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 IV	88	X
89a	501(c)(3) organizations: Enter: Amount of tax imposed on the organization during the year under: Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) organizations: Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	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>None</u>		
b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	0
91	The books are in care of: <u>HELENE JONES</u> Telephone number: <u></u> Located at: <u>P O BOX 1334 BLOOMINGTON, IN</u> ZIP + 4: <u>47402-1334</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year: <u>92</u>		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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	6,465	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property			16	18,900	
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			12	4,962	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				30,327	
105 Total (add line 104, columns (B), (D), and (E))					30,327

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)

II/A	

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
II/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.

Please *Helene H. Jones* Date *July 15, 2002*

Suter

Date _____ Check # _____ Preparer's SSN or PTIN (see General Instruction W) _____

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

(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

Supplementary Information -- (see separate instructions)

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

Department of the Treasury
Internal Revenue Service

Name of the Organization

MONROE CO HUMANE ASSOCIATION INC

Employer Identification Number

35-6064277

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
1 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 ▶ \$ 11/A (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)		X
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.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributor, trustee, director, officer, creator, key employee, or member 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.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note 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.		

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)(iv)
- 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
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	142,344	183,249	85,582	85,995	497,170
16 Membership fees received					
17 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	1,297.	2,178	2,396	3,540	9,411
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rent, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	34,714	27,849	20,462	20,445	103,470
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	178,355	213,276	108,440.	109,980.	610,051
24 Line 23 minus line 17	177,058.	211,098	106,044	106,440	600,640
25 Enter 1% of line 23	1,784	2,133	1,084	1,100	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (a), line 24				26a 12,013
	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 gift 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:				26b 32,414
	c Total support for Section 509(a)(1) test. Enter line 24, column (a)				26c 600,640.
	d Add: Amounts from column (a) for lines 18 103,470 19 22	19 26b 32,414			26d 135,884
	e Public support (line 26c minus line 26d total)				26e 464,756
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 77.38%
27 Organizations described on line 12	N/A				
	a 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 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) _____				
	c Add: Amounts from column (a) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c _____
	d Add: Line 27a total _____ and line 27b total _____				27d _____
	e Public support (line 27c total minus line 27d total)				27e _____
	f Total support for section 509(a)(2) test. Enter amount from line 23, column (a)				27f _____
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g _____ %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h _____ %
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)

		II / 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) ----- -----		
34a	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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table —		
If the amount on line 40 is —		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is —		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter 0 if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter 0 if line 41 is more than line 38	44	
Caution If there is an amount on either line 43 or line 44, you must file Form 4720.		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(a))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Client 1

MONROE CO. HUMANE ASSOCIATION INC.

35-6064277

7/12/02

02 14PM

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
	4,962	0	4,962	0	4,962.
Totals	<u>\$ 4,962</u>	<u>\$ 0.</u>	<u>\$ 4,962</u>	<u>\$ 0</u>	<u>\$ 4,962.</u>

Statement 2
Form 990, Part IV, Line 55b
Investments - Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Buildings	\$ 158.587	\$ 0.	\$ 158.587
Total	<u>\$ 158.587</u>	<u>\$ 0.</u>	<u>\$ 158.587</u>

Statement 3
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
SEE ATTACHED	None	\$ 0	\$ 0.	\$ 0
	None	0.	0	0
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Part II Statement of Functional Expenses (cont)

	(A) Total	(B) Program Services	(C) Management and general	(D) Fundraising
43 (a) Building Maintenance & Improvements	1,838 79	1,838 79	0	0
(b) Booth & facility Rental	497 00	497 00	0	0
(c) Advertising	1,392 80	1,128 20	0	264 60
(d) Insurance	1,919 00	0	1,919 00	0
(e) Postal, Filing & Bank Fees	514 47	0	190 00	324 47
(f) Office Equip ,Furnishings, Supplies	1,002 00	555 63	446 37	0
(g) Books and Periodicals	961 00	961 00	0	0
(h) Memberships/Subscriptions	918 44	563 94	287 00	67 50
(i) Mailings Preparation	75 41	36 55	0	38 86
(j) Event Expense	659 28	420 64	0	238 64
(k) Animal Care	2,485 36	2,485 36	0	0
(l) Euthanasia Solution	1,944 45	1,944 45	0	0
(m) License Fees and Permits	45 00	45 00	0	0
(n) Resale Items	133 70		0	133 70
(o) Professional Fees -Architect	68,504 78	68,504 78	0	0
(p) Rabies Vaccinations	210 00	210 00	0 00	\$0 00
(q) Honoraria and Gifts	129 66	0 00	129 66	\$0 00
TOTALS	\$83,231 14	\$79,191 34	\$2,972 03	\$1,067 77

Monroe County Humane Association, Inc
EIN 35-6064277
Form 990-2001

Part II. Line 22:

A grant and allocations in the amount of \$6,033 00 was paid to

WildCare, Incorporated
5970 West State Road 48
Bloomington, IN 47404

in support of their wildlife rehabilitation program

WildCare, Inc is incorporated as a 501(c)(3) non-profit organization

Monroe County Humane Association, Inc
 EIN 35-6064277
 Form 990 - 2001

Part II, Line 23: The Monroe County Humane Association offers financial assistance to individuals who could not otherwise afford to have their pets spayed or neutered or provide other medical treatments. The individuals are not paid directly, instead, the veterinarians who provide the treatment are paid once the treatment is performed. Therefore, the veterinarians, themselves, are listed below as the donees.

Recipient	Class of Activity	Amount
Arlington Heights Veterinary Clinic 4515 Arlington Rd , Bloomington, IN 47401	Medical & Spay/Neuter	\$1,652 00
Bean Blossom Animal Clinic RR 3, Box 181, Nashville, IN 47448	Medical & Spay/Neuter	\$2,280 00
Bloomfield Veterinary Clinic R R 2, Box 143A, Bloomfield, IN 47424	Spay/Neuter	\$50 00
Bloomington Cat Hospital 400 E 3 rd Street, #5, Bloomington, IN 47401	Medical & Spay/Neuter	\$522 00
Bloomington Veterinary Hospital 115 N Smith Road, Bloomington, IN 47408	Medical & Spay/Neuter	\$1,832 00
Blue Sky Veterinary Clinic 2050 S Walnut, Bloomington, IN 47403	Spay/Neuter	\$373 00
Cat Care Centre 1815 S Walnut, Bloomington, IN 47401	Spay/Neuter	\$560 00
College Mall Veterinary Hospital 2907 Buick Cadillac Blvd , Blmngton, IN 47408	Medical & Spay/Neuter	\$1,404 00
Combs Veterinary Clinic 6349 W St Rd 45, Bloomington, IN 47403	Medical & Spay/Neuter	\$2,409 00
Ellettsville Veterinary Clinic 5495 W St Rd 46, Ellettsville, IN 47429	Medical & Spay/Neuter	\$1,710 00
Indianapolis Veterinary Specialists 8250 Bash Street, Indianapolis, IN 46250	Medical	\$50 00
Pet Housecalls, Art Woodruff, DVM Bloomington, IN (812)339-7989	Medical & Spay/Neuter	\$380 00
Town & Country Veterinary Clinic 3140 N Smith Pike, Bloomington, IN 47404	Medical & Spay/Neuter	\$286 00
Town & Country Veterinary Clinic 17 Fletcher Avenue, Spencer, IN 47460	Spay/Neuter	\$450 00
TOTAL		\$13,958 00

Part III. Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? To provide humane education programs promoting responsible pet care and respect for all animals

	Program	Expenses
a.	<p><i>Humane Education Program</i> Our Humane Education programs and shelter tours reach at least 5,000 young people and adults each year in Bloomington and Monroe County Our Newsletter <i>Paws for Kindness</i> was distributed to about 2,500 supporters and others in the community, and we were present at numerous community events A newsletter for 4th to 6th graders, <i>Dr Humane's Critter Mews</i>, was published twice in 2001 The cable television show, <i>Pets Without Partners</i>, in its 16th year, promotes the shelter pet adoption program, and includes many educational segments, reaching an estimated audience of more than 20,000 (1,203 pets were adopted in 2001)</p> <p style="text-align: right;">(Grants and allocations \$0 00)</p>	\$23,168 62
b.	<p><i>Volunteer Program</i> Our Volunteer Program Director recruits, oversees, and provides orientation of shelter and Humane Association volunteers In 2001, volunteers gave a total of 16,584 hours of service Of these, 10,480 hours were from Humane Association volunteers and Board members, and 6,104 hours were from Animal Shelter volunteers</p> <p style="text-align: right;">(Grants and allocations \$0 00)</p>	\$10,600 24
c.	<p><i>Medical Program</i> We provide financial assistance for spay/neuter and emergency medical care to qualified pet owners In 2001, the owners of 465 pets received assistance We also budget for the cost of housing animals in county cruelty cases</p> <p style="text-align: right;">(Grants and allocations \$0 00)</p>	\$15,860 40
d.	<p><i>Wildlife Program</i> We paid for a full-time Wildlife Rehabilitation Coordinator, dietary items, medications, caging and other supplies needed to care for and treat injured and orphaned wildlife through June, 2001 At that time, the Wildlife Rehabilitation portion of the Wildlife Program was turned over to WildCare, Inc , a non-profit group originally affiliated with the MCHA We supported WildCare, Inc with funding, and retained the Wildlife Education portion of the program The program acquired two education birds and gave numerous presentations to classrooms and groups throughout the year</p> <p style="text-align: right;">(Grants and allocations \$6,033 00)</p>	\$33,282 32
e.	<p><i>Shelter Program</i> We pay for certain supplies and equipment, including euthanasia solution, to provide a humane death by injection for surplus animals We run a continuing newspaper ad in the Lost and Found section, advising people to check with the shelter for a lost pet (499 lost pets were returned to their owners in 2001) We post more than 50 flyers at various locations throughout the county These are updated each week, with photographs of animals currently available for adoption</p>	\$5,761 34
f.	<p><i>Building Program</i> We pay for most of the cost of maintaining, repairing and improving the Shelter building We have begun a \$2,500,000 capital campaign to build a new shelter Program expenses primarily cover architect's and site preparation fees</p> <p style="text-align: right;">(Grants and allocations \$0 00)</p>	\$79,126 31
g.	Total of program service expenses	\$167,799 23

Part V: List of Officers, Directors, Trustees and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C)	(D)	(E)
Kathy Cochard 3230 Kensington Park Drive Bloomington, IN 47401	Director 2 8	0	0	0
Shirley Davies 2447 Rock Creek Drive, Bloomington, IN 47401	President 20 8	0	0	0
Lori Dekydtspotter 422 E University St , Bloomington, IN 47401	Secretary 23 1 (From 05/01)	0	0	0
James Green 2215 Fairmount Court, Bloomington, IN 47401	Director 1 8 (Resigned 07/01)	0	0	0
Elizabeth Hanson 4698 Happy Hollow Rd , Bloomington, IN 47408	Director 6 2	0	0	0
Carole Heslin 2100 Azalea Lane, Bloomington, IN 47401	Director 16 6	0	0	0
Maria Heslin 415 Laurelwood Court, Bloomington, IN 47401	Director 43 5 (Resigned 03/01)	0	0	0
Lisa Hosey 616 Grandview, Bloomington, IN 47408	Vice-President 3 0	0	0	0
Helene Jones 2207 Headley Road, Bloomington, IN 47408	Treasurer 28 8	0	0	0
Joe Lee P O Box 352, Bloomington, IN 47402	Director 4 0	0	0	0
Charles Pate 7416 W Walker Lane, Ellettsville, IN 47429	Director 4 3 (From 05/01)	0	0	0
Lauren Proll-Orem 7365 Old St Rd 37 N , Bloomington, IN 47408	Secretary 2 8 (Resigned 07/01)	0	0	0