

Return of Organization Exempt from Income Tax

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2002 calendar year, or tax year beginning, 2002, and ending

- 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 (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

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.

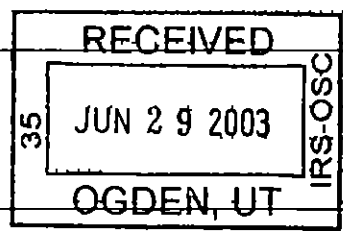
I Enter 4 digit GEN M Check if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 461,729

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

SCANNED JUL 03 2003

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes revenue from contributions, program services, and expenses.



Handwritten numbers: 913, 5

**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.	41,025		41,025	
26	Other salaries and wages	134,268.	131,470	2,798	
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	13,517	10,138	3,379	
30	Professional fundraising fees				
31	Accounting fees	4,405		4,405	
32	Legal fees				
33	Supplies	5,492	4,119	1,373	
34	Telephone	7,421	7,421		
35	Postage and shipping	2,379	2,379		
36	Occupancy	31,925	23,944	7,981	
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	3,414	3,414		
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	26,781	26,781		
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	103,167	69,538.	8,155	25,474
b					
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22-43) <b>Organizations completing columns (B) (D),</b> <b>carry these totals to lines 13-15</b>	373,794	279,204	69,116	25,474

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 <u>RESCUE AND SUSTAIN STRAY OR UNWANTED ANIMALS, NUMBER OF ANIMALS CARED FOR IS 2,513 TO EDUCATE CHILDREN AND THE GENERAL PUBLIC ON THE PREVENTION OF CRUELTY TO ANIMALS</u> (Grants and allocations \$ _____)	279,204
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), program services)	279,204

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

<b>Note</b> Where required, attached schedules and amounts within the description column should be for end of year amounts only		(A) Beginning of year		(B) End of year
<b>ASSETS</b>				
45	Cash – non-interest bearing	42,472.	45	52,814.
46	Savings and temporary cash investments	43,441.	46	57,883.
47 a	Accounts receivable	10,288.		
b	Less allowance for doubtful accounts		47 c	10,288.
48 a	Pledges receivable		48 c	
b	Less allowance for doubtful accounts		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 c	
b	Less allowance for doubtful accounts		51 c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments – securities (attach schedule)		54	
55 a	Investments – land, buildings, & equipment basis <input type="checkbox"/> Cost <input type="checkbox"/> FMV	1,006,923.		
b	Less accumulated depreciation (attach schedule) <b>STATEMENT 4</b>	259,560	55 c	747,363.
56	Investments – other (attach schedule)	62,402.	56	64,215.
57 a	Land, buildings, and equipment basis		57 c	
b	Less accumulated depreciation (attach schedule)		57 c	
58	Other assets (describe ▶ _____)		58	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	841,577	59	932,563
<b>LIABILITIES</b>				
60	Accounts payable and accrued expenses	3,192.	60	6,243
61	Grants payable		61	
62	Deferred revenue		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)	3,192	66	6,243
<b>NET ASSETS OR FUND BALANCES</b>				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	771,632	67	848,093.
68	Temporarily restricted		68	
69	Permanently restricted	66,753	69	78,227
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	838,385	73	926,320
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	841,577	74	932,563

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)**

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	461,729.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	461,729
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	461,729.

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	373,794
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	373,794.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	373,794

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
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 6101 WAUSAUKEE ROAD WEST BEND, WI 53095	EXECUTIVE DIREC 40+	41,025	0.	0
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If 'Yes,' attach schedule - see instructions

**Part VI Other Information** (See 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?		X
81a	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.
81b	b 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	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?	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	b 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 a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in house lobbying expenditures of \$2,000 or less?		N/A
85c	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	85c	N/A
85d	c Dues, assessments, and similar amounts from members	85d	N/A
85e	d Section 162(e) lobbying and political expenditures	85e	N/A
85f	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	N/A
85g	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85h	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
86a	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?		N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	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 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	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		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	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	0
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 <input type="checkbox"/> 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					51,342
b STRAY ANIMAL CONTRACT					61,851
c STRAY FEES AND HANDLI					41,239
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					26,605
95 Interest on savings & temporary cash invmnts			14	5,920	
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					132,291
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISCELLANEOUS					4,540
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				5,920	317,868
105 Total (add line 104, columns (B), (D), and (E))					323,788

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.

Please 70 B 6-25-03  
 Date  
 FIVE DIRECTOR  
 Date \_\_\_\_\_ Check of \_\_\_\_\_ Preparer's SSN or PTIN (see \_\_\_\_\_)

**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

**2002**

Department of the Treasury  
Internal Revenue Service

▶ **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 and 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	

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2002

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

	Yes	No
<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 $\blacktriangleright$ \$ <u>                    N/A                    </u> (Must equal amounts on line 38, Part VI A, or line i of Part VI B) 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		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.)		
<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
<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		

**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  $\blacktriangleright$  \_\_\_\_\_
- 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)
- 11 a  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)
- 11 b  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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	159,241	112,655	93,817	151,288.	517,001
16 Membership fees received	20,326	30,811	18,510	17,468.	87,115.
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					
18 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	2,711	1,141	297.	2,778	6,927
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	182,278	144,607	112,624.	171,534	611,043
24 Line 23 minus line 17	182,278.	144,607.	112,624.	171,534	611,043
25 Enter 1% of line 23	1,823	1,446.	1,126.	1,715	
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24</p> <p>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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e).</p> <p>d Add: Amounts from column (e) for lines 18 _____ 6,927. 19 _____</p> <p>22 _____ 26b 123,332.</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a 12,221.</p> <p>26b 123,332</p> <p>26c 611,043.</p> <p>26d 130,259.</p> <p>26e 480,784</p> <p>26f 78.68%</p>
27 Organizations described on line 12	<p>N/A</p> <p>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.</p> <p>(2001) _____ (2000) _____ (1999) _____ (1998) _____</p> <p>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.</p> <p>(2001) _____ (2000) _____ (1999) _____ (1998) _____</p> <p>c Add: Amounts from column (e) for lines 15 _____ 16 _____</p> <p>17 _____ 20 _____ 21 _____</p> <p>d Add: Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c _____</p> <p>27d _____</p> <p>27e _____</p> <p>27f _____</p> <p>27g _____%</p> <p>27h _____%</p>
28 Unusual Grants	<p>For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.</p>				

**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

**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?

	Yes	No
29		

**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?

30		
----	--	--

**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?

31		
----	--	--

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?

32 a		
------	--	--

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 b		
------	--	--

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32 c		
------	--	--

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

32 d		
------	--	--

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?

33 a		
------	--	--

**b** Admissions policies?

33 b		
------	--	--

**c** Employment of faculty or administrative staff?

33 c		
------	--	--

**d** Scholarships or other financial assistance?

33 d		
------	--	--

**e** Educational policies?

33 e		
------	--	--

**f** Use of facilities?

33 f		
------	--	--

**g** Athletic programs?

33 g		
------	--	--

**h** Other extracurricular activities?

33 h		
------	--	--

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?

34 a		
------	--	--

**b** Has the organization's right to such aid ever been revoked or suspended?

34 b		
------	--	--

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

35		
----	--	--

**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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table –		
	<b>If the amount on line 40 is –</b>		
	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		
	<b>The lobbying nontaxable amount is –</b>		
	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		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>	
<b>Caution</b> 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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



# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

See Separate Instructions

Attach this form to your return

Attachments  
Sequence No **67**

Name(s) shown on return <b>WASHINGTON COUNTY HUMANE SOCIETY</b>	Business or activity to which this form relates <b>NON-PROFIT ANIMAL SHELTER</b>	Identifying number <b>23-7009054</b>
--	---	---

**Part I Election to Expense Certain Tangible Property Under Section 179**

*NOTE If you have any "listed property", complete Part V before you complete Part I*

1 Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	\$ 24,000
2 Total cost of section 179 property placed in service (see page 2 of the instructions)	2	970
3 Threshold cost of section 179 property before reduction in limitation	3	\$ 200,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	24,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		
9 Tentative deduction Enter the smaller of line 5 or line 8		
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		
13 Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12		

**Note** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do Not Include Listed Property)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	26,781

**Part III MACRS Depreciation (Do Not Include Listed Property) (See page 4 of the instructions)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property			3 yrs	HY		
b 5-year property			5 yrs	HY		
c 7-year property			7 yrs.	HY		
d 10-year property			10 yrs.	HY		
e 15-year property			15 yrs	HY		
f 20-year property			20 yrs	HY		
g 25-year property			25 yrs	HY	S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See page 6 of the instructions)**

21 Listed Property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S Corporations - see instructions	22	26,781
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 - Depreciation and Amortization  
Election Not to Claim Additional Depreciation for Specific Classes  
Pursuant to IRC 168(k)(2)(C)(iii)

Name as shown on return. WASHINGTON COUNTY HUMANE SOCIETY

Taxpayer's ID# 23-7009054

Year 2002

Taxpayer elects not to claim additional first year depreciation on the following classes  
5 year class

## THE WASHINGTON COUNTY HUMANE SOCIETY INC

23-7009054

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	65,068	0.	65,068	0	65,068
DOG TRAINING	25,910	0.	25,910	0.	25,910.
FESTIVAL OF TREES	21,308.	0	21,308	0.	21,308.
WALK FOR THE ANIMALS	20,005.	0.	20,005	0.	20,005
TOTAL	<u>\$ 132,291.</u>	<u>\$ 0</u>	<u>\$ 132,291</u>	<u>\$ 0.</u>	<u>\$ 132,291</u>

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	441.	441.		
ANIMAL CARE	37,294	37,294		
DUES & SUBSCRIPTIONS	2,202.		2,202.	
EMPLOYEE TRAINING	1,078.		1,078.	
FUNDRAISING EXPENSE	25,474.			25,474.
INSURANCE	19,500.	14,625.	4,875.	
NEWSLETTER	17,178.	17,178.		
TOTAL	<u>\$ 103,167</u>	<u>\$ 69,538</u>	<u>\$ 8,155.</u>	<u>\$ 25,474.</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	\$ 57,008	\$ 31,938.	\$ 25,070.
BUILDINGS	942,315	227,622.	714,693.
LAND	7,600.		7,600.
TOTAL	<u>\$ 1,006,923</u>	<u>\$ 259,560.</u>	<u>\$ 747,363.</u>

WCBS BOARD OF DIRECTORS

23-7009054

President

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

Vice president

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

Treasurer

Rick Fox  
9205 Sunny Ridge Lane  
Cedarburg, WI 53012  
262-387-1238 (H)  
262-334-1238 X6303 (W)

Secretary

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

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

Donna Koenn  
1555 Sherman Road  
Jackson, WI 53037  
262-677-7676 (H)

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

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

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

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

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

Dawn Herdt  
1720 S Indiana Ave.  
West Bend, WI 53095  
262-338-0185 (H)

Linda Buntrock  
740 Green Bay Road  
Cedarburg, WI 53012  
262-335-7358 (W)  
262-335-7431 (Fax)

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

Kelly Wright, DVM  
539 Cleveland Avenue  
Hartford, WI 53027  
262-673-3826 (H)  
262-673-7960 (W)

Paul Ziegler  
2367 Highway 33 East  
West Bend, WI 53095  
262-334-2504  
414-791-6323 (Voice Mail)  
262-334-4343 (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>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>THE WASHINGTON COUNTY HUMANE SOCIETY INC</b>	Employer identification number <b>23 7009054</b>
	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 03** to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 20 **02**  
 ▶  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

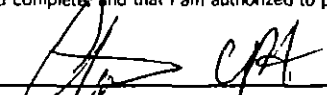
3a If this application is for Form 990-BL 990-PF 990-T, 4720 or 6069, enter the tentative tax less any nonrefundable credits. See instructions. \$ 0

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 ▶  Title ▶ \_\_\_\_\_ Date ▶ **5-7-03**

For Paperwork Reduction Act Notice, see Instruction \_\_\_\_\_

Cat No 279160  
**MILKUS & LOFY, S.C.**  
**P.O. BOX 716**  
**WEST BEND, WI 53095**

Form **8868** (12 2000)