

Return of Organization Exempt from Income Tax

2002

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 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

MONROE 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)

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

H and I are not applicable to section 527 organizations

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

H (b) If Yes enter number of affiliates

H (c) Are all affiliates included? 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 GEN

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)

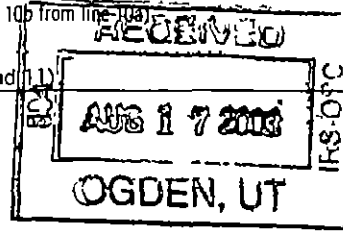
501(c) 3 (insert no) 4947(a)(1) or 527

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 12 293,430

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

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



SCANNED AUG 27 '03

EXEMPT STATUS

**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 \$ _____)	22			
23	Specific assistance to individuals (att sch)	23	13,298	13,298	
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	57,067	33,112	10,278
27	Pension plan contributions	27			
28	Other employee benefits	28	9,327	5,504	1,785
29	Payroll taxes	29	22,576	12,551	4,369
30	Professional fundraising fees	30	32,200		32,200
31	Accounting fees	31	375	375	
32	Legal fees	32			
33	Supplies	33	8,380	5,335	2,368
34	Telephone	34	2,742	1,345	687
35	Postage and shipping	35	2,935	1,317	1,571
36	Occupancy	36	3,770	564	2,068
37	Equipment rental and maintenance	37			
38	Printing and publications	38	13,868	9,363	3,691
39	Travel	39	1,983	1,983	
40	Conferences, conventions, and meetings	40	409	315	69
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	SEE ATTACHED	43a	28,436	20,140	3,154
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	197,366	104,827	62,240

**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 ATTACHED		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
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 and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to 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	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), program services)	0.

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

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end of year amounts only		Beginning of year		End of year	
ASSETS	45 Cash – non-interest bearing	98,663	45		
	46 Savings and temporary cash investments	72,736	46	267,463	
	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) <b>Statement 1</b>	158,587	55b	55c	158,587
	56 Investments – other (attach schedule)		56		
	57a Land, buildings, and equipment basis		57a		
	b Less accumulated depreciation (attach schedule)		57b	57c	
58 Other assets (describe ▶ _____)		58			
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	329,986	59	426,050		
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 <b>Total liabilities</b> (add lines 60 through 65)	0	66	0		
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <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		
	<b>Organizations that do not follow SFAS 117, check here</b> <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	329,986	72	426,050	
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)	329,986	73	426,050		
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	329,986	74	426,050		

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**

a	Total revenue, gains, and other support per audited financial statements	a	293,430
b	Amounts included on line a 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	
c	Line a minus line b	c	293,430
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	293,430

a	Total expenses and losses per audited financial statements	a	197,366
b	Amounts included on line a 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	
c	Line a minus line b	c	197,366
d	Amounts included on line 17, Form 990 but not on line a.		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	197,366

**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
SEE ATTACHED	None	0	0	0
-----	None	0	0	0
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				

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?		X
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
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
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
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
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
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			
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
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 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	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		▶ <u>0</u>	
d Enter Amount of tax on line 89c, above, reimbursed by the organization		▶ <u>0</u>	
90a	List the states with which a copy of this return is filed ▶ <u>None</u>		
90b	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>HELENE JONES</u> Telephone number ▶ _____		
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	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					
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		1,096	14		
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					
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))		1,096		18,900	
105 Total (add line 104, columns (B), (D), and (E))					19,996

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)
N/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
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

*Helen H Jones*

Date *August 14, 2003*

*Feaswater*

Date \_\_\_\_\_ Check # \_\_\_\_\_ Preparer's SSN or PTIN (see instructions) \_\_\_\_\_

**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

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 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	

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

	Yes	No
<p>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. ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI A, or line i of Part VI 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
<p>2 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.)</p> <p>a Sale, exchange, or leasing of property?</p>	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	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)
- 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.)	178,726	142,344	183,249	85,582	589,901
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	6,465	1,297	2,178	2,396	12,336
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	23,862	34,714	27,849	20,462	106,887
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	209,053	178,355	213,276	108,440	709,124
24 Line 23 minus line 17	202,588	177,058	211,098	106,044	696,788
25 Enter 1% of line 23	2,091	1,784	2,133	1,084	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24		26a	13,936
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.			26b	30,491
c Total support for section 509(a)(1) test. Enter line 24, column (e).			26c	696,788
d Add: Amounts from column (e) for lines 18 <u>106,887</u> 19 <u>27,849</u>	18	19	26d	137,378
22 <u>2,091</u> 26b <u>30,491</u>	22	26b	26e	559,410
e Public support (line 26c minus line 26d total)			26e	559,410
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			26f	80.28%

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.	(2001)	(2000)	(1999)	(1998)
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.	(2001)	(2000)	(1999)	(1998)
c Add: Amounts from column (e) for lines 15 <u>209,053</u> 16 <u>213,276</u>	15	16	27c	
17 <u>6,465</u> 20 <u>211,098</u> 21 <u>211,098</u>	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 (e).			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 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.

**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 ) ----- -----		
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

<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 – If the amount on line 40 is –                      The lobbying nontaxable amount is – Not over \$500,000                                      20% of the amount on line 40. Over \$500,000 but not over \$1,000,000                      \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000                      \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000                      \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                      \$1,000,000	<b>41</b>	
<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



MONROE CO. HUMANE ASSOCIATION INC.

35-6064277

Statement 1  
Form 990, Part IV, Line 55b  
Investments - Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum Deprec.</u>	<u>Book Value</u>
Buildings	\$ 158,587	\$ 0	\$ 158,587
Total	<u>\$ 158,587</u>	<u>\$ 0</u>	<u>\$ 158,587</u>

Part II Statement of Functional Expenses (cont )

	(A) Total	(B) Program Services	(C) Management and general	(D) Fundraising
43 (a) Shelter Maintenance & Improvements	292 90	292 90	.	.
(b) Booth & facility Rental	604 00	329 00	275 00	
(c) Advertising	840 35	595 35		245 00
(d) Insurance	4,041 33		4,041 33	
(e) Postal, Filing & Bank Fees	653 55		184 00	469 55
(f) Office Equip ,Furnishings, Supplies	748 58	203 56	341 46	203 56
(g) Books and Penodicals	161 28	161 28		
(h) Memberships/Subscriptions	718 44	493 44	225 00	
(i) Mailings Preparation	304 21	177 21		127 00
(j) Event Expense	2,834 16	725 33		2,108 83
(k) Animal Care	1,802 56	1,802 56		
(l) Professional Fees -Architect	14,761 00	14,761 00		
(m) Professional Fees- Veterinarian	599 00	599 00		
(n) Honoraria and Gifts	75 00		75 00	
<b>TOTALS</b>	<b>\$28,436.36</b>	<b>\$20,140.63</b>	<b>\$5,141.79</b>	<b>\$3,153.94</b>

Monroe County Humane Association, Inc  
 EIN 35-6064277  
 Form 990 - 2002

**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	\$1,692 00
Bean Blossom Animal Clinic RR 3, Box 181, Nashville, IN 47448	Medical & Spay/Neuter	\$2,549 00
Bloomfield Veterinary Clinic R R 2, Box 143A, Bloomfield, IN 47424	Spay/Neuter	\$295 00
Bloomington Cat Hospital 400 E 3 <sup>rd</sup> Street, #5, Bloomington, IN 47401	Medical & Spay/Neuter	\$525 00
Bloomington Veterinary Hospital 115 N Smith Road, Bloomington, IN 47408	Medical & Spay/Neuter	\$1,345 00
Blue Sky Veterinary Clinic 2050 S Walnut, Bloomington, IN 47403	Medical & Spay/Neuter	\$250 00
Cat Care Centre 1815 S Walnut, Bloomington, IN 47401	Spay/Neuter	\$945 00
College Mall Veterinary Hospital 2907 Buick Cadillac Blvd , Bimngton, IN 47408	Medical & Spay/Neuter	\$1,020 00
Combs Veterinary Clinic 6349 W St Rd 45, Bloomington, IN 47403	Medical & Spay/Neuter	\$2,360 00
Ellettsville Veterinary Clinic 5495 W St Rd 46, Ellettsville, IN 47429	Medical & Spay/Neuter	\$846 00
Martinsville Veterinary Hospital 720 S Morton Avenue, Martinsville, IN 46151	Spay/Neuter	\$40 00
Tess Peavy, DVM, dba Neuter Scooter 3789 Bethel Lane, Bloomington, IN 47408	Spay/Neuter	\$290 00
Pet Housecalls, Art Woodruff, DVM Bloomington, IN (812)339-7989	Medical & Spay/Neuter	\$155 00
Royal Veterinary Service 401 South West St , Odon, IN 47562	Spay/Neuter	\$20 00
Town & Country Veterinary Clinic 3140 N Smith Pike, Bloomington, IN 47404	Medical & Spay/Neuter	\$380 00
Town & Country Veterinary Clinic 17 Fletcher Avenue, Spencer, IN 47460	Spay/Neuter	\$571 00
<b>TOTAL</b>		<b>\$13,283 00</b>

**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

	<b>Program</b>	<b>Expenses</b>
a.	<p><i>Humane Education Program</i> We presented 160 Humane Education programs, reaching 5,284 children and adults, at 56 locations in Bloomington and Monroe County in 2002. We had educational table displays at 14 events, which were seen by more than 8,300 people. Our Newsletter <i>Paws for Kindness</i> was mailed or distributed to about 3,500 supporters and others in the community.</p> <p style="text-align: right;">(Grants and allocations \$0 00)</p>	\$43,022 53
b.	<p><i>Volunteer Program</i> Our Volunteer Program Director recruits, oversees, and provides orientation of Humane Association volunteers. In 2002, 200 MCHA volunteers gave a total of over 6,000 hours of service. Included in the total were approximately 3,450 Board volunteer hours, 1,130 special event hours, 1,100 volunteer hours donated to the Spay/Neuter Assistance Program, and 420 hours of time from our volunteer intern program.</p> <p style="text-align: right;">(Grants and allocations \$0 00)</p>	\$10,218 50
c.	<p><i>Medical Program</i> We provide financial assistance for spay/neuter (through our Spay/Neuter Assistance Program - SNAP) and emergency medical care to qualified pet owners. In 2002, the owners of 463 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>	\$16,836 75
e.	<p><i>Shelter Program</i> We pay for certain supplies and equipment to assist in the care of the animals at the shelter. We run a continuing newspaper ad in the Lost and Found section, advising people to check with the shelter for a lost pet (492 lost pets were returned to their owners in 2002). We post at least 70 flyers each week at various locations throughout the county, with photographs of animals currently available for adoption. The photos are also shown on our website.</p> <p style="text-align: right;">(Grants and allocations \$0 00)</p>	\$8,885 92
f.	<p><i>Building Program</i> We pay for much of the cost of maintaining, repairing and improving the Shelter building. We continued 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>	\$24,046 35
g.	<p><i>Wildlife Rehabilitation Program</i> This program was phased out in 2002. Wildlife rehabilitation services were continued by another organization.</p> <p style="text-align: right;">(Grants and allocations \$0 00)</p>	\$1,802 56
<b>h.</b>	<b>Total of program service expenses</b>	<b>\$104,812.61</b>

**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 4 2	0	0	0
Jim Combs, DVM Combs Veterinary Clinic 6349 West St Road 45, Bloomington, IN 47403	Director from 08/02 1 2	0	0	0
Shirley Davies 2447 Rock Creek Drive, Bloomington, IN 47401	President (Resigned 10/02) 20 0	0	0	0
Lon Dekydspotter 422 E University St , Bloomington, IN 47401	Secretary 1 4	0	0	0
Elizabeth Hanson 4698 Happy Hollow Rd , Bloomington, IN 47408	Director (Co-president from 10/02) 3 8	0	0	0
Carole Heslin 2100 Azalea Lane, Bloomington, IN 47401	Director 15 4	0	0	0
Kaira Hogle 328 E Matlock Road, Bloomington, IN 47408	Director from 06/02 (Vice-President from 10/02) 1 9	0	0	0
Lisa Hosey 616 Grandview, Bloomington, IN 47408	Director 2 2	0	0	0
Helene Jones 2207 Headley Road, Bloomington, IN 47408	Treasurer 20 0	0	0	0
Mary Girard-Moseley 250 Brewster Court, Bloomington, IN 47404	Director from 03/02 (Co-president from 10/02) 1 9	0	0	0
Charles Pate 7416 W Walker Lane, Ellettsville, IN 47429	Director 1 0	0	0	0