

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	21,615.	21,615.	
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	70,728.	44,193.	5,903.
27	Pension plan contributions	27			
28	Other employee benefits	28	6,239.	3,932.	624.
29	Payroll taxes	29	5,411.	3,381.	451.
30	Professional fundraising fees	30	2,520.		2,520.
31	Accounting fees	31	375.		375.
32	Legal fees	32	13.		13.
33	Supplies	33	10,675.	9,846.	36.
34	Telephone	34	2,655.	1,161.	328.
35	Postage and shipping	35	4,007.	1,604.	2,052.
36	Occupancy	36	3,508.		988.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	9,933.	7,004.	2,466.
39	Travel	39	381.	381.	
40	Conferences, conventions, and meetings	40	1,597.	852.	745.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	SEE ATTACHED	43a	14,032.	6,995.	1,427.
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	153,689.	100,964.	16,795.

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)
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)

Note: 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
ASSETS	45 Cash – non-interest-bearing		45	
	46 Savings and temporary cash investments	267,463.	46	358,920.
	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)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments – land, buildings, & equipment: basis	55a 158,587.		
	b Less: accumulated depreciation (attach schedule) Statement 2	55b	158,587.	55c 158,587.
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a -158,587.			
b Less: accumulated depreciation (attach schedule) Statement 3	57b		57c -158,587.	
58 Other assets (describe ► _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)		426,050.	59 358,920.	
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	426,050.	72	358,920.
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	426,050.	73	358,920.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	426,050.	74	358,920.

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	86,559.
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	86,559.
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	86,559.

a	Total expenses and losses per audited financial statements	a	153,689.
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	153,689.
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	153,689.

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 and 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
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(e) 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 IX	88	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>		
	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>INDIANA</u>		
	b Number of employees employed in the pay period that includes March 12, 2003 (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 and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	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	523000	2,966.	14		
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	11,813.	
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				Building donated to the city of Bloomington	-158,587.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____				Architectural fees refunded by city	35,000.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		2,966.		11,813.	-123,587.
105 Total (add line 104, columns (B), (D), and (E))					-108,808.

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 Sign: Helene H Jones Date: 8-12-04

Signature of officer: [Redacted] Date: 7-30-04 Check if self: Preparer's SSN or PTIN (see General Instruction W): [Redacted]

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

2003

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
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> (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
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)		
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
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	272,665.	178,726.	142,344.	183,249.	776,984.
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.	9,940.
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	20,765.	23,862.	34,714.	27,849.	107,190.
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	293,430.	209,053.	178,355.	213,276.	894,114.
24 Line 23 minus line 17.	293,430.	202,588.	177,058.	211,098.	884,174.
25 Enter 1% of line 23	2,934.	2,091.	1,784.	2,133.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	17,683.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.	26b	26,744.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	884,174.
d Add: Amounts from column (e) for lines: 18 <u>107,190.</u> 19 _____	26d	133,934.
22 _____ 26b <u>26,744.</u>	26e	750,240.
e Public support (line 26c minus line 26d total)	26e	750,240.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	84.85 %

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: (2002) _____ (2001) _____ (2000) _____ (1999) _____	
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. (2002) _____ (2001) _____ (2000) _____ (1999) _____	
c Add. Amounts from column (e) for lines: 15 _____ 16 _____	27c
17 _____ 20 _____ 21 _____	27d
d Add: Line 27a total _____ and line 27b total _____	27e
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 1999 through 2002, 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:		
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	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:		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	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?		
34b	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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
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 –		
	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	41
	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	
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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
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:	Yes	No	Amount
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.)			

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 I, Line 8
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:			
Date Acquired:			
How Acquired:	Purchase		
Date Sold:	8/01/2003		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:	158,587.		
		Gain (Loss)	-158,587.
			Total Gain (Loss) Other Assets <u>\$ -158,587.</u>
			Total Net Gain (Loss) From Noninventory Sales <u>\$ -158,587.</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 IV, Line 57
Land, Buildings, and Equipment

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

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
Animal Care Clinic 4213 Mitchell Road, Bedford, IN 47421	Spay/Neuter	\$30 00
Arlington Heights Veterinary Clinic 4515 Arlington Rd , Bloomington, IN 47401	Medical & Spay/Neuter	\$3,113 00
Bean Blossom Animal Clinic RR 3, Box 181, Nashville, IN 47448	Medical & Spay/Neuter	\$2,809 00
Bedford Veterinary Medical Center 515 Oolitic Road, Bedford, IN 47421	Spay/Neuter	\$30 00
Bloomfield Veterinary Clinic R R 2, Box 143A, Bloomfield, IN 47424	Spay/Neuter	\$245 00
Bloomington Cat Hospital 400 E 3 rd Street, #5, Bloomington, IN 47401	Medical & Spay/Neuter	\$611 00
Bloomington Veterinary Hospital 115 N Smith Road, Bloomington, IN 47408	Medical & Spay/Neuter	\$1,677 50
Blue Sky Veterinary Clinic 2050 S Walnut, Bloomington, IN 47403	Medical & Spay/Neuter	\$230 00
Cat Care Centre 1815 S Walnut, Bloomington, IN 47401	Spay/Neuter	\$559 00
College Mall Veterinary Hospital 2907 Buick Cadillac Blvd , Bloomington, IN 47408	Medical & Spay/Neuter	\$1,252 00
Combs Veterinary Clinic 6349 W St Rd 45, Bloomington, IN 47403	Medical & Spay/Neuter	\$3,623 13
Ellettsville Veterinary Clinic 5495 W. St Rd 46, Ellettsville, IN 47429	Medical & Spay/Neuter	\$1,208 00
Martinsville Veterinary Hospital 720 S Morton Avenue, Martinsville, IN 46151	Spay/Neuter	\$55 00
Tess Peavy, DVM, dba Neuter Scooter 3789 Bethel Lane, Bloomington, IN 47408	Spay/Neuter	\$4,994 77
Pet Housecalls, Art Woodruff, DVM Bloomington, IN (812)339-7989	Medical & Spay/Neuter	\$130 00
Springmill Veterinary Clinic 995 State Road 60E, Mitchell, IN 47446	Spay/Neuter	\$30 00
Stonebrook Animal Hospital 3200 W 5 th Street, Bedford, IN 47421	Spay/Neuter	\$63 00
Town & Country Veterinary Clinic 3140 N Smith Pike, Bloomington, IN 47404	Medical & Spay/Neuter	\$955 00
TOTAL		\$21,615.40

Part II Statement of Functional Expenses (cont)

	(A) Total	(B) Program Services	(C) Management and general	(D) Fundraising
43. (a) Shelter Maintenance & Improvements				
(b) Booth & facility Rental	267 00	267 00		
(c) Advertising	703 00	663 00	40 00	
(d) Insurance	3,594 63		3,594 63	
(e) Postal, Filing & Bank Fees	519 08		204 00	315 08
(f) Office Expense, including Computers & Internet	471 35	188 54	188 54	94 27
(g) Books and Periodicals	2,232 55	2,232 55		
(h) Memberships/Subscriptions	804 56	572 56	232 00	
(i) Mailings Preparation	272 40	143 50		128.90
(j) Event Expense, Misc	2,304 24	680 81	1,165 02	458 41
(k) Animal Care	15 00	15 00		
(l) Professional Fees -Architect				
(m) Professional Fees- Veterinarian	1,976 61	1,976 61		
(n) Honoraria and Gifts	441 25	255 00	186 25	
(o) Resale	430.20			\$430 20
TOTALS	\$14,031.87	\$6,994.57	\$5,610.44	\$1,426.86

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, and to provide spay/neuter financial assistance to qualified individuals.

	Program	Expenses
a.	<p><i>Humane Education Program:</i> We presented 166 Humane Education programs which reached 4,936 children and adults, and had educational table displays at 18 events in 2003, which were seen by 10,405 people in Bloomington and Monroe County. Our Newsletter <i>Paws for Kindness</i> was mailed or distributed to about 3,500 supporters and others in the community. <i>KIND News</i>, a monthly newspaper which teaches compassion and responsibility for humans, animals and the environment, was placed in 83 4th grade classrooms.</p> <p style="text-align: right;">(Grants and allocations \$0 00)</p>	\$37,232 42
b.	<p><i>Volunteer Program:</i> The Volunteer Program Director recruits, oversees, and provides orientation of Humane Association volunteers. In 2003, MCHA volunteers and board members gave a total of approximately 4,500 hours of service. Included in the total were approximately 1,200 Board volunteer hours, 425 special event (planning) hours, and 686 volunteer hours donated to the Spay/Neuter Assistance Program.</p> <p style="text-align: right;">(Grants and allocations \$0 00)</p>	\$11,993 44
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 2003, the owners of 741 pets received assistance.</p> <p style="text-align: right;">(Grants and allocations \$0 00)</p>	\$28,079 57
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 pay up-front costs to have shelter animals spayed or neutered and to receive vaccinations and medical tests prior to being adopted, some of these costs are reimbursed through donations by the adopters. We run a continuing newspaper ad in the Lost and Found section, advising people to check with the shelter for a lost pet (533 lost pets were returned to their owners in 2003). We post at least 80 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>	\$17,701 74
f.	<p><i>Building Program:</i> The \$2,500,000 capital campaign to build a new shelter was ended (unsuccessfully) in March 2003. The shelter building was deeded over to the City of Bloomington in August 2003.</p> <p style="text-align: right;">(Grants and allocations \$0 00)</p>	\$5,956 93
h.	Total of program service expenses	\$100,964 10

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)
Suzan Anton 437 Somersbe Place, Bloomington, IN 4740	Director (From 08/03) 5 0	0	0	0
Kathy Cochard 3230 Kensington Park Drive, Bloomington, IN 47401	Director (Resigned 11/03) 4 0	0	0	0
Jim Combs, DVM Combs Veterinary Clinic 6349 West St Road 45, Bloomington, IN 47403	Director 1 0	0	0	0
Lori Dekydspotter 422 E University St , Bloomington, IN 47401	Secretary 1 4	0	0	0
Mary Girard Bloomington, IN 47403	President 6 0	0	0	0
Elizabeth Hanson 4698 Happy Hollow Rd , Bloomington, IN 47408	Director 6 0	0	0	0
Sarah Hayes 847 Sherwood Hills Drive, Bloomington, IN 47401	Director (From 08/03) 7.0	0	0	0
Carole Heslin 2100 Azalea Lane, Bloomington, IN 47401	Director (Resigned 03/03) 5 0	0	0	0
Kaira Hogle 328 E. Matlock Road, Bloomington, IN 47408	Vice-President 3 3	0	0	0
Anna Jensen 807 Graywell Drive, Bloomington, IN 47408	Director (From 08/03) 5 2	0	0	0
Helene Jones 2207 Headley Road, Bloomington, IN 47408	Treasurer 9 0	0	0	0
Charles Pate 7416 W Walker Lane, Ellettsville, IN 47429	Director (Resigned 11/03) 1 0	0	0	0