

Return of Organization Exempt from Income Tax

2004

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 2004 calendar year, or tax year beginning, 2004, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. D Employer Identification Number: 35-6064277. E Telephone number. F Accounting method: X Cash, Accrual.

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? 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: X 501(c) 3 (insert no), 4947(a)(1) or 527

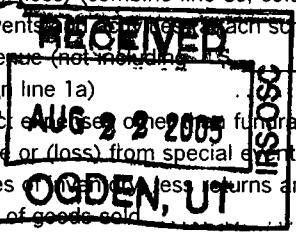
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 189,207.

I Group Exemption Number. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes lines 1-21 for revenue and expenses. Total revenue: 189,207. Total expenses: 273,014. Net assets at end of year: 275,113.



SCANNED SEP 21 2005

**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)	29,028.	29,028.		
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	66,865.	36,790.	24,717.	5,358.
27	Pension plan contributions	281.	211.	42.	28.
28	Other employee benefits	4,735.	3,137.	1,125.	473.
29	Payroll taxes	4,449.	2,814.	1,225.	410.
30	Professional fundraising fees	30			
31	Accounting fees	375.		375.	
32	Legal fees	32			
33	Supplies	10,264.	7,736.	1,446.	1,082.
34	Telephone	2,682.	1,609.	805.	268.
35	Postage and shipping	2,559.	351.	17.	2,191.
36	Occupancy	1,107.		775.	332.
37	Equipment rental and maintenance	37			
38	Printing and publications	5,124.	1,703.	584.	2,837.
39	Travel	917.	917.		
40	Conferences, conventions, and meetings	410.	218.	192.	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	SEE ATTACHED	43a 144,218.	105,405.	36,494.	2,319.
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	44 273,014.	189,919.	67,797.	15,298.

**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 \$ \_\_\_\_\_

**Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose?  SEE ATTACHED

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

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

a	SEE ATTACHED			
b	-----			
c	-----			
d	-----			
e	Other program services			
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)			0.

**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 . . . . .	358,920.	46	275,113.
	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		
	b Less: accumulated depreciation (attach schedule) . . . . .	55b	55c	
	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).	358,920.	59	275,113.	
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 . . . . .	358,920.	72	275,113.
	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) . . . . .	358,920.	73	275,113.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) . . . . .	358,920.	74	275,113.

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.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	189,207.
<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>	189,207.
<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>	189,207.

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	273,014.
<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>	273,014.
<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>	273,014.

**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	SEE ATTACHED	0.	0.	0.
-----	SEE ATTACHED			
-----	None	0.	0.	0.
-----				
-----				
-----				
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-----				
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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
80b	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. <b>81 a</b> 0.		
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>82 b</b> N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations 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? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		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
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <b>86 a</b> N/A		
86b	Gross receipts, included on line 12, for public use of club facilities <b>86 b</b> N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders <b>87 a</b> N/A		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) <b>87 b</b> 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
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
89d	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, 2004 (See instructions.)		0
91	The books are in care of <u>JANETTE BRUNER</u> Telephone number <u></u> Located at <u>P.O. BOX 1334, BLOOMINGTON, IN</u> ZIP + 4 <u>47402-1334</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> N/A <input type="checkbox"/>		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	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts	523000	2,235.	14		
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		2,235.			
<b>105 Total</b> (add line 104, columns (B), (D), and (E)). . . . .					2,235.

**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.)

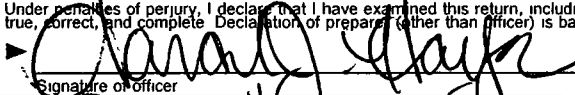
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**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 (a), 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**  **Date** 8/12/05

**Executive Director**

**Date** 7/18/05 **Check if self-employed**  **Preparer's SSN or PTIN** (See General Instruction W) N/A

**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

**2004**

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

**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				

**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) 2004

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 <b>▶</b> \$ <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
4a	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
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	195,367.	272,665.	178,726.	142,344.	789,102.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose . . .			6,465.	1,297.	7,762.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . .	14,779.	20,765.	23,862.	34,714.	94,120.
<b>19</b> Net income from unrelated business activities not included in line 18 . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22	210,146.	293,430.	209,053.	178,355.	890,984.
<b>24</b> Line 23 minus line 17 . . . . .	210,146.	293,430.	202,588.	177,058.	883,222.
<b>25</b> Enter 1% of line 23.	2,101.	2,934.	2,091.	1,784.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . .					<b>26a</b> 17,664.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .					<b>26b</b> 26,763.
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					<b>26c</b> 883,222.
d Add: Amounts from column (e) for lines: 18 94,120. 19 _____					<b>26d</b> 120,883.
22 _____ 26b 26,763.					<b>26e</b> 762,339.
e Public support (line 26c minus line 26d total) . . . . .					<b>26f</b> 86.31 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					
<b>27 Organizations described on line 12:</b> 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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> _____
d Add: Line 27a total _____ and line 27b total . . . . .					<b>27d</b> _____
e Public support (line 27c total minus line 27d total) . . . . .					<b>27e</b> _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ <b>27f</b> _____					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					<b>27g</b> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .					<b>27h</b> %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

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?.....

Table with 3 columns: Question ID, Yes, No. Row 29: 29, [blank], [blank]

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?.....

Table with 3 columns: Question ID, Yes, No. Row 30: 30, [blank], [blank]

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?.....

Table with 3 columns: Question ID, Yes, No. Row 31: 31, [blank], [blank]

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?.....

Table with 3 columns: Question ID, Yes, No. Row 31: 31, [blank], [blank]

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

Table with 3 columns: Question ID, Yes, No. Row 32a: 32a, [blank], [blank]

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

Table with 3 columns: Question ID, Yes, No. Row 32b: 32b, [blank], [blank]

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

Table with 3 columns: Question ID, Yes, No. Row 32c: 32c, [blank], [blank]

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?.....

Table with 3 columns: Question ID, Yes, No. Row 32d: 32d, [blank], [blank]

b Admissions policies?.....

Table with 3 columns: Question ID, Yes, No. Row 33a: 33a, [blank], [blank]

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

Table with 3 columns: Question ID, Yes, No. Row 33b: 33b, [blank], [blank]

d Scholarships or other financial assistance?.....

Table with 3 columns: Question ID, Yes, No. Row 33c: 33c, [blank], [blank]

e Educational policies?.....

Table with 3 columns: Question ID, Yes, No. Row 33d: 33d, [blank], [blank]

f Use of facilities?.....

Table with 3 columns: Question ID, Yes, No. Row 33e: 33e, [blank], [blank]

g Athletic programs?.....

Table with 3 columns: Question ID, Yes, No. Row 33f: 33f, [blank], [blank]

h Other extracurricular activities?.....

Table with 3 columns: Question ID, Yes, No. Row 33g: 33g, [blank], [blank]

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?.....

Table with 3 columns: Question ID, Yes, No. Row 33h: 33h, [blank], [blank]

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

Table with 3 columns: Question ID, Yes, No. Row 34a: 34a, [blank], [blank]

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.....

Table with 3 columns: Question ID, Yes, No. Row 34b: 34b, [blank], [blank]

Table with 3 columns: Question ID, Yes, No. Row 35: 35, [blank], [blank]

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

N/A

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

**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<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>	

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(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:

	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> 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.



Part II, Line 23		990 - 2004
Veterinarian	Assistance Provided	Amount
Animal Hospital Martinsville	Spay/Neuter	\$55.00
Arlington Heights Veterinary Clinic 4515 Arlington Rd. Bloomington, IN 47401	Medical & Spay/Neuter	\$3,088.54
Bean Blossom Animal Clinic RR 3 Box 181, Nashville, IN 47448	Medical & Spay/Neuter	\$3,894.00
Bedford Veterinary Medical Center 515 Oolitic Rd. Bedford, IN 47421	Spay/Neuter	\$25.00
Bloomfield Veterinary Clinic RR 2 Box 143A, Bloomfield, IN 47424	Spay/Neuter	\$1,040.00
Bloomington Cat Hospital 400 E. 3rd St., Bloomington, IN 47401	Spay/Neuter	\$150.00
Bloomington Veterinary Clinic 115 N. Smith Rd., Bloomington, IN 47408	Medical & Spay/Neuter	\$1,439.54
Blue Sky Veterinary Clinic 2050 S. Walnut St., Bloomington, IN 47404	Medical & Spay/Neuter	\$310.00
Cat Care Centre	Spay/Neuter	\$1,745.00
College Mall Veterinary Hospital	Medical & Spay/Neuter	\$1,384.77
Combs Veterinary Clinic 6349 W. St Rd 45, Bloomington, IN 47403	Medical & Spay/Neuter	\$2,029.35
Ellettsville Veterinary Clinic 5495 W. St Rd 46, Ellettsville, IN 47429	Medical & Spay/Neuter	\$3,283.04
Martinsville Veterinary Hospital 720 Morton Ave., Martinsville, IN 46151	Spay/Neuter	\$25.00
Neuter Scooter 3789 Bethel Lane, Bloomington, IN 47408	Spay/Neuter	\$8,388.77
Pet Housecalls	Medical & Spay/Neuter	\$420.00
Royal Veterinary Service 401 S. West St., Odon, IN 47562	Spay/Neuter	\$40.00
Town & Country Veterinary Clinic 3140 N. Smith Pike, Bloomington, IN 47404	Medical & Spay/Neuter	\$1,115.00
Spencer Town & Country Veterinary Clinic	Spay/Neuter	\$595.00
<b>Total</b>		<b>\$29,028.01</b>

Part II				
	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Line 43				
a. Shelter Maintenance & Improvements	\$74,452.55	\$43,993.00	\$30,459.55	
b. Booth & Facility Rental	\$247.00	\$247.00		
c. Advertising	\$2,214.75	\$2,208.26	\$6.49	
d. Insurance	\$3,663.75		\$3,663.75	
e. Postal, Filing & Bank fees	\$738.35	\$267.00	\$267.35	\$204.00
f. Office expense, including computers & Internet	\$30,919.86	\$28,782.91	\$571.87	\$1,565.08
g. Books & Periodicals	\$3,648.26	\$3,648.26		
h. Memberships & Subscriptions	\$663.63	\$402.93	\$260.70	
i. Mailings Preparation	\$40.29			\$40.29
j. Event Expense	\$625.01	\$325.01		\$300.00
k. Animal Care	\$50.00	\$50.00		
l. Professional Fees - Veterinarian	\$24,890.05	\$24,890.05		
m. Honoraria & Gifts	\$590.48	\$590.48		
n. Resale	\$209.33			\$209.33
o. Misc.	\$1,265.00		\$1,265.00	
<b>Totals</b>	<b>\$144,218.31</b>	<b>\$105,404.90</b>	<b>\$36,494.71</b>	<b>\$2,318.70</b>

**Part III. Statement of Program Service Accomplishments**

**What is the organization's primary exempt purpose?** To promote responsibility for all animals through humane education, direct services to the community, advocacy, and other programs.

	<b>Program</b>	<b>Expenses</b>
a.	<p><i>Humane Education Program:</i> We presented 153 humane education programs which reached 4,707 children and adults, and had educational displays at 15 events which were seen by at least 12,900 people in Bloomington and Monroe County. <i>Kind News</i>, a monthly newspaper which teaches compassion and responsibility for humans, animals and the environment was placed in 98 Monroe county elementary school classrooms. We also held a teacher training workshop entitled "Animals in the Classroom"</p> <p>(Grants and allocations: \$2000.00)</p>	\$ 22,373.18
b.	<p><i>VIPaws:</i> VIPaws coordinates animal assisted activities/therapy (AAA/T) in Monroe County, and in 2004, became an affiliate of the Delta Society® Pet Partners® program. Volunteers provided AAA/T visits at Bloomington Hospital, The Rise, and the Monroe County Public Library. In 2004, 11 Pet Partners teams successfully passed evaluations as new or renewing Pet Partners and became VIPaws volunteers. A grant from the Community Foundation was awarded to the VIPaws program in 2004 to add 10 new Pet Partners, but those funds will not be used until 2005.</p> <p>(Grants and allocations: \$0.00)</p>	\$ 6,164.20
c.	<p><i>Volunteer Program:</i> The volunteer program, under the shared direction of the Education Program Director, and the Executive Director, provided approximately 3925 hours of service in 2004. Included in this total were approximately 950 board volunteer hours, 252 special event hours, 762 volunteer hours with our spay/neuter assistance program(SNAP), and at least 250 hours provided by VIPaws volunteers.</p> <p>(Grants and allocations: \$0.00)</p>	\$ 10,547.27
d	<p><i>Medical Program:</i> We provide financial assistance for spay neuter (through our SNAP program) and emergency medical care to qualified pet owners. In 2004, the caregivers of 930 animals received assistance. A daily spay/neuter assistance ad runs in the pets section of the Herald Times. Olivia's Fund provided for medical expenses of animals suffering from abuse and neglect in 2004.</p> <p>(Grants and allocations: \$0.00)</p>	\$ 45,862.02
e	<p><i>Shelter Program:</i> We pay for needed shelter supplies not included in the Bloomington Animal Care and Control (BACC) budget through our Shelter Fund. For much of 2004, we paid the up-front</p>	\$ 32,195.62

	<p>costs to have shelter animals spayed or neutered and receive vaccinations prior to being adopted; some of these costs were reimbursed through donations by the adopters. We also run a daily newspaper ad in the lost and found section, advising people to check the animal shelter for a lost pet (558 lost pets were returned to their owners in 2004). In addition, we post nearly 100 posters featuring adoptable shelter animals each week and showcase adoptable animals on our website.</p> <p>(Grants and allocations: \$0.00)</p>	
f	<p><i>Building Program:</i> Funds collected from our capital campaign which ended in 2003 were used to assist in funding the expansion of the Bloomington Animal Shelter, through the purchase of kennels, cat condos, equipment, and building supplies.</p> <p>(Grants and allocations: \$0.00)</p>	\$72,775.91
g	<b>Total of program service expenses</b>	\$ 189,918.20

## 2004 MCHA Volunteer Hours

<b>Project and Volunteer Name</b>	<b>Hours</b>	<b>Totals</b>
<b>Adoptables Posters</b>		
Maria Heslin	100	
Carole Heslin	150	
Shirley Davies	50	
Others	20	
		<b>320</b>
<b>Advisory Board</b>		
Bob Zaltsberg	8	
Bob Magee	5	
Julie Magee	5	
Iris Kiesling	5	
Denise Lessow	5	
Barry Lessow	5	
Peg Stice	5	
Shirley Davies	5	
		<b>43</b>
<b>Development Committee</b>		
Helene Jones	15	
Sarah Hayes	10	
Mary Girard	20	
Mark Hoover	15	
Erika Alberts	20	
Mary McInhemy	5	
		<b>85</b>
<b>Donation Can Volunteers</b>		
Mary Girard	15	
Helene Jones	15	
Kaira Hogle	15	
		<b>45</b>
<b>Education Program</b>		
Victoria Schoenfeld	75	
Lori Dekydspotter	5	
Elizabeth Hanson	5	
		<b>85</b>
<b>Finance</b>		
Helene Jones	200	
Anna Jensen	60	
		<b>260</b>
<b>Foundations/Grantwriting</b>		
Lara Stone	30	
Helene Jones	5	
		<b>35</b>
<b>Interns</b>		
Jeff Todd	150	
Kristina Grubba	80	
Chris Smith	30	
IU Computer Class-group project	30	

Mary Smith	30	
		<b>320</b>
<b>Marketing and PR</b>		
Sarah Hayes	40	
Jenny El-Shamy	30	
Pat Fagan	30	
Toni Fagan	20	
Kara Salge	10	
		<b>130</b>
<b>MCHA Board Members</b>		
Helene Jones	200	
Mary Girard	200	
Kaira Hogle	150	
Elizabeth Hanson (left 8/04)	50	
Anna Jensen	100	
Jerry James (joined 8/04)	40	
Suzan Anton (left board 5/04)	40	
Sarah Hayes (left board 6/04)	150	
Brian Fullerton (joined Board 12/04)	20	
		<b>950</b>
<b>Pet Food Drive</b>		
Carrie Karl	10	
Julio Alonso	10	
Connie Stroder	10	
April Ladd	10	
Amanda Pate	10	
Joel Lannie	10	
		<b>60</b>
<b>SNAP &amp; Spay/Neuter Initiative</b>		
Shirley Davies	50	
Heather Christian	150	
Connie Vaughn	200	
Elizabeth Hanson	10	
Julie Magee	10	
Lori Dekydtspotter	10	
Debra Laswell	75	
Amy McElhinney	75	
Stacey Weller	75	
Theresa Nizzo	75	
Colleen Mitchell	75	
		<b>805</b>
<b>Spay Day</b>		
Shirley Davies	4	
Elizabeth Hanson	4	
Jeanne Antilla	6	
Connie Vaughn	6	
Theresa Nizzo	4	
Debra Laswell	4	
Joanne DeLone	4	
		<b>32</b>

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**Special Events Committee**

Christie Borders	10	
Kaira Hogle	20	
Mary Girard	5	
Erika Alberts	5	
Mark Hoover	4	
Elizabeth Hanson	3	
Mary Girard	30	
Sarah Hayes	10	
Jeanne Antilla	15	
		<b>102</b>

**Special Projects and Administrative**

Marjorie Johnson -acknowledgements	170	
Heather Christian- PetSafe	20	
Coy Yonce - computers	5	
Mandy Johnson- Pet friendly housing	10	
Ann Hart	50	
Sarah Hayes	400	
		<b>655</b>

**Strategic Planning**

Sarah Hayes	20	
Anna Jensen	30	
Mary Girard	6	
Barry Lessow	5	
Denise Lessow	5	
Iris Keisling	4	
Jerry James	4	
		<b>74</b>

**VIPaws**

***Pet Partners Visits***

Sarah DeLone	60	
Eleonore Maudry	25	
		<b>85</b>

***Evaluations***

Sarah DeLone	20	
Heather Christian	4	
Jim Ek	7.5	
Patsy Ek	7.5	
Jo Liska	9	
Jan Gavin	5.5	
Patsy Scott	5.5	
Paul Umbach	2.5	
Kelly Polacek	2.5	
Victoria Schoenfeld	2.5	
Katie Kenyon	2.5	
Joanne DeLone	4	
David Cergnul	1	
Bonnie Gordon-Lucas	1.5	

Pegg McCrary	3	
Cynthia Landis	3	
Maria Sievers Perotti	3	
Jeanne Antilla	7	
Kathy Wise	1.5	
Karen Korn	1.5	
Stephanie Criswell	1.5	
		<b>96</b>
<b><i>ARF library Program</i></b>		
Kelly Polacek	15	
Jan Gavin	10	
Shawn Henline	4	
Eleonore Maudry	3	
Bonnie Gordon-Lucas	4	
Sarah DeLone	10	
Sally McSpadden	15	
Marge Clark	3	
		<b>64</b>
<b>Walk for the Animals Committee</b>		
Sara McGoun	35	
Lori Dekydspotter	35	
Catherine Johnshon- Roehr	5	
Mary Girard	15	
Jennifer Sons	10	
Jeeha Park	10	
Jeanne Antilla	5	
Sarah Hayes	20	
		<b>135</b>
<b><i>Event volunteers</i></b>		
Day before 3 volunteers @ 2 hours	6	
Set Up 23 volunteers @ 2 hours	46	
During Event 57 volunteers @ 2 hours	114	
6 volunteers @ 4 hours	24	
Clean up 12 volunteers @ 2 hours	24	
		<b>214</b>
<b>Website</b>		
Sarah Hayes	120	
Daryoush Mansouri	100	
Pink Bailey	10	
Mary Girard	20	
Kara Salge	15	
		<b>265</b>
<b>Total Volunteer Hours</b>		<b>4875</b>