

## Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

35-6064277

### Monroe County Humane Association

**Net Asset / Fund Balance at Beginning of Year** 2,927,706

**Revenue**

Contributions	333,146
Program service revenue	465,835
Investment income	42,881
Capital gain / loss	-7,350

Fundraising / Gaming:

Gross revenue	8,000
Direct expenses	27,495

Net income	-19,495
Other income	69,035

**Total revenue** 884,052

**Expenses**

Program services	626,454
Management and general	254,786
Fundraising	36,707

**Total expenses** 917,947

**Excess / (deficit)** -33,895

Changes -325,874

**Net Asset / Fund Balance at End of Year** 2,567,937

**Reconciliation of Revenue**

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<b>884,052</b>

**Reconciliation of Expenses**

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<b>917,947</b>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	3,823,605	3,362,558	
Liabilities	895,899	794,621	
Net assets	2,927,706	2,567,937	-359,769

**Miscellaneous Information**

Amended return	
Return / extended due date	<u>11/15/23</u>
Failure to file penalty	_____

Form **8879-TE**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning . . . . ., 2022, and ending . . . . ., 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2022**

Department of the Treasury  
Internal Revenue Service  
Name of filer

**Monroe County Humane Association**

EIN or SSN  
**35-6064277**

Name and title of officer or person subject to tax  
**Dawn Craft  
Treasurer**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> <u>884,052</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . . . .	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . .	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **RootAdvisors LLC** to enter my PIN **54321** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **10/10/23**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**35919012345**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **RYAN M DECKARD** Date **10/10/23**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**  
Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning , and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Monroe County Humane Association</b>		<b>D</b> Employer identification number <b>35-6064277</b>
	Doing business as		<b>E</b> Telephone number <b>812-333-6242</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>PO Box 1334</b>	Room/suite	<b>G</b> Gross receipts\$ <b>918,897</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Bloomington IN 47402-1334</b>		
<b>F</b> Name and address of principal officer: <b>Valerie Pena</b> <b>PO Box 1334</b> <b>Bloomington IN 47402</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>www.MonroeHumane.Org</b>	<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <b>1956</b>	<b>M</b> State of legal domicile: <b>IN</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>MCHA is dedicated to promoting the welfare of animals, strengthening the human-animal bond, and providing access to veterinary care and humane education across our community.</b>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
	6	Total number of volunteers (estimate if necessary)			
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11				
Revenue			Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		232,244	333,146
	9	Program service revenue (Part VIII, line 2g)		439,313	465,835
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		118,011	35,531
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,392	49,540
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		840,960	884,052
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		479,783	498,817	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		16,042	25,540	
	b Total fundraising expenses (Part IX, column (D), line 25)		36,707		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		403,396	393,590	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		899,221	917,947		
19 Revenue less expenses. Subtract line 18 from line 12		-58,261	-33,895		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)		3,823,605	3,362,558
	21	Total liabilities (Part X, line 26)		895,899	794,621
22	Net assets or fund balances. Subtract line 21 from line 20		2,927,706	2,567,937	

## Part II Signature Block

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.

<b>Sign Here</b>	Signature of officer <b>Dawn Craft</b>		Date	
	Type or print name and title <b>Treasurer</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RYAN M DECKARD</b>	Preparer's signature <b>RYAN M DECKARD</b>	Date <b>10/10/23</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01057388</b>
	Firm's name <b>RootAdvisors LLC</b>	Firm's EIN <b>20-4328422</b>	Phone no. <b>812-332-7200</b>	
Firm's address <b>1516 S. Walnut Street Bloomington, IN 47401</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**MCHA is dedicated to promoting the welfare of animals, strengthening the human-animal bond, and providing access to veterinary care and humane education across our community**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **623,809** including grants of \$ ) (Revenue \$ **457,167** )

**Vet Clinic - The Monroe County Humane Association (MCHA) has been dedicated to animal welfare since 1956, providing accessible veterinary services, animal care resources, and humane education. As a leading advocate in our community, MCHA continuously champions the rights of animals. Through the Nonprofit Veterinary Clinic, MCHA provided direct veterinary services to more than 9,720 patients seeking care for wellness, injury and surgery services.**

4b (Code: ) (Expenses \$ **2,444** including grants of \$ ) (Revenue \$ **8,668** )

**Outreach - MCHA's mobile clinics offered vaccine services to 175 animals in underserved communities within Monroe County. In 2022, MCHA issued 209 spay-neuter assistance vouchers to offset the direct costs of spay neuter procedure with a local veterinary partner with a value of over \$6,200. MCHA was able to distribute more than 31,000 lbs. of food to residents experiencing financial hardship and offer a street outreach program that delivers veterinary wellness care to pets of residents in our community who are unhoused, or crisis affected.**

4c (Code: ) (Expenses \$ **201** including grants of \$ ) (Revenue \$ )

**General Events - Throughout the year, MCHA not only organizes our prominent fundraisers like Tails on the Town and Run for the Animals, but also participates in various other events to generate funding, promote our mission, and inform the community about the services we offer. Volunteers are the lifeblood of an organization like MCHA, providing invaluable support in everything from daily operations and event coordination to outreach efforts, all of which are essential in fulfilling our mission of animal welfare and community education.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **626,454**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	<b>X</b>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>X</b>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<b>X</b>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	<b>X</b>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>

<b>1a</b>	<b>5</b>
<b>1b</b>	<b>0</b>

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>19</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**Andrew Krebs**  
**Bloomington**  
**PO Box 1334**  
**IN 47401**  
**812-333-6242**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Valerie Pena	0.00									
Chair	0.00			X			0	0	0	
(2) Sue Allmon	0.00									
Vice Chair	0.00			X			0	0	0	
(3) Dawn Craft	0.00									
Treasurer	0.00			X			0	0	0	
(4) Jenise Roane	0.00									
Director	0.00	X					0	0	0	
(5) Stacy Bridavsky	0.00									
Director	0.00	X					0	0	0	
(6) Leigh Isaac	0.00									
Director	0.00	X					0	0	0	
(7) Bob Zaltsberg	0.00									
Director	0.00	X					0	0	0	
(8) Brandon Powell	0.00									
Director	0.00	X					0	0	0	
(9) Audrey Windsor	0.00									
Director	0.00	X					0	0	0	
(10) Meagan Mabrey	0.00									
Director	0.00	X					0	0	0	
(11) Melissa Stone	0.00									
Director	0.00	X					0	0	0	



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events	107,187				
	1d	Related organizations					
	1e	Government grants (contributions)	10,751				
	1f	All other contributions, gifts, grants, and similar amounts not included above	215,208				
	1g	Noncash contributions included in lines 1a-1f	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		333,146			
	<b>Program Service Revenue</b>	Business Code					
2a		Medical Care Clinic		457,167	457,167		
b		Outreach		6,568	6,568		
c		Educational Programs		2,100	2,100		
d							
e							
f		All other program service revenue					
<b>g</b>		<b>Total.</b> Add lines 2a-2f		465,835			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		42,881	42,881		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales exps.	7b	7,350			
	c	Gain or (loss)	7c	-7,350			
d	Net gain or (loss)		-7,350	-7,350			
8a	Gross income from fundraising events (not including \$ 107,187 of contributions reported on line 1c). See Part IV, line 18	8a	8,000				
b	Less: direct expenses	8b	27,495				
c	Net income or (loss) from fundraising events		-19,495		-14,386		
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	Business Code						
	11a	SBA PPP Loan Forgiven		69,030	69,030		
	b	Other Income		5	5		
	c						
	d	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		69,035			
<b>12</b>	<b>Total revenue.</b> See instructions		884,052	570,401	0	-14,386	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,306	19,577	58,729	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	375,756	260,801	114,955	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,681	991	1,690	
9 Other employee benefits	6,895	2,852	4,043	
10 Payroll taxes	35,179	23,247	11,932	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,875		13,875	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	25,540			25,540
f Investment management fees	21,919		21,919	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	85			85
12 Advertising and promotion	1,397	1,287		110
13 Office expenses	19,331	6,677	2,899	9,755
14 Information technology	6,587	1,429	5,158	
15 Royalties				
16 Occupancy	106,653	92,026	14,627	
17 Travel	401		401	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,906	28,906		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Clinic Services</b>	181,092	181,092		
b <b>Supplies</b>	3,473	1,663	1,092	718
c <b>Dues &amp; Subscriptions</b>	2,799	1,070	1,380	349
d <b>Spay &amp; Neuter Initiative</b>	2,610	2,610		
e All other expenses	4,462	2,226	2,086	150
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>917,947</b>	<b>626,454</b>	<b>254,786</b>	<b>36,707</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	166,785	1	184,492
	2	Savings and temporary cash investments	204,503	2	155,532
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,242,409		
	b	Less: accumulated depreciation	67,447	10c	1,174,962
	11	Investments—publicly traded securities	2,248,449	11	1,847,572
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,823,605	16	3,362,558	
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	69,030	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	826,869	25	794,621
	26	<b>Total liabilities.</b> Add lines 17 through 25	895,899	26	794,621
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	2,920,280	27	2,537,972
	28	Net assets with donor restrictions	7,426	28	29,965
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	2,927,706	32	2,567,937
33	<b>Total liabilities and net assets/fund balances</b>	3,823,605	33	3,362,558	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>884,052</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>917,947</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-33,895</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2,927,706</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-325,874</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>2,567,937</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**Monroe County Humane Association**

Employer identification number

**35-6064277**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  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 exempt 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).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,557,777	478,366	200,473	232,244	333,146	2,802,006
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	249,594	235,941	343,061	439,313	465,835	1,733,744
3 Gross receipts from activities that are not an unrelated trade or business under section 513	13,207	14,162	4,377		8,000	39,746
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,820,578	728,469	547,911	671,557	806,981	4,575,496
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						4,575,496

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	1,820,578	728,469	547,911	671,557	806,981	4,575,496
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77,321	49,192	38,340	118,011	35,531	318,395
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	77,321	49,192	38,340	118,011	35,531	318,395
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,897,899	777,661	586,251	789,568	842,512	4,893,891
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	93.49 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	98.29 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	7 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	2 %

- 19a **33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 <b>Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017 .....			
b From 2018 .....			
c From 2019 .....			
d From 2020 .....			
e From 2021 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018 .....			
b Excess from 2019 .....			
c Excess from 2020 .....			
d Excess from 2021 .....			
e Excess from 2022 .....			



**Schedule B  
(Form 990)**

**Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2022**

Name of the organization

Employer identification number

**Monroe County Humane Association**

**35-6064277**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**Monroe County Humane Association**

Employer identification number

**35-6064277**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Holly & Nicholas Hawes 2677 E Poplar Dr Bloomington IN 47401	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Virginia Metzger 837 S Sheridan Drive Bloomington IN 47401	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Fred and Beth Cate 2928 Olcott Blvd Bloomington IN 47401	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Valerie O'Loughlin 3835 S Laura Way Bloomington IN 47401	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Lil Bub 1021 S Walnut Street Bloomington IN 47401	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Switchyard Brewing 419 N Walnut St Bloomington IN 47404	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>Monroe County Humane Association</b>	Employer identification number <b>35-6064277</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	City of Bloomington - C & F Resource 401 N Morton Street Bloomington IN 47404	\$ 5,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Community Foundation of Bloomington /Monroe County Feldpausch Fund 100 S College Ave Bloomington IN 47404	\$ 5,147	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Community Foundation of Bloomington /Monroe County Branch Fund 100 S College Ave Bloomington IN 47404	\$ 8,995	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

Monroe County Humane Association

35-6064277

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance		1,684,257	1,541,539	1,256,187	
b Contributions					1,314,518
c Net investment earnings, gains, and losses		259,312	156,350	298,371	-51,269
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		16,102	13,632	13,019	7,062
g End of year balance		1,927,467	1,684,257	1,541,539	1,256,187

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
  - b Permanent endowment %
  - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		123,924		123,924
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>123,924</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>German Am Loan #3980</b>	<b>793,668</b>
(3) <b>Sales Tax Payable</b>	<b>953</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>794,621</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

**Monroe County Humane Association**

Employer identification number

**35-6064277**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**All states**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Tails on The To</u> (event type)	<u>Other Events</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	83,189	18,421	13,577	115,187
	2	Less: Contributions	75,189	18,421	13,577	107,187
	3	Gross income (line 1 minus line 2)	8,000			8,000
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	22,386		5,109	27,495
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-19,495

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**Monroe County Humane Association**

Employer identification number

**35-6064277**

**Form 990, Part I, Line 6**

Our volunteers are vital to the operation of the Monroe County Humane Association. They provide essential services throughout the organization from the managerial oversight of our board members, to our therapy dog handlers, office and administration assistance, and support with special events.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

Board Members are provided an electronic copy of the 990 return. The return is discussed at the following board meeting.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

Monthly, at each board meeting, Members are reminded to disclose any possible conflicts and are bound to disclose if any conflicts arise during the year.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

Compensation for top official salaries are reviewed annually by the finance committee and then the entire board of directors. Compensation based upon the Organization's budget size, reasonable and comparable salaries for similar sized organizations, and performance.

**Form 990, Part VI, Line 15b - Compensation Process for Officers**

Compensation for top official salaries are reviewed annually by the finance committee and then the entire board of directors. Compensation

Name of the organization

Employer identification number

**Monroe County Humane Association**

**35-6064277**

based upon the Organization's budget size, reasonable and comparable salaries for similar sized organizations, and performance.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Documents are made available upon request.

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2022**

Attachment Sequence No. **179**

**Monroe County Humane Association**

Identifying number  
**35-6064277**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,080,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,700,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>28,906</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>28,906</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

35-6064277

# Federal Asset Report

FYE: 12/31/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	PPT Furniture & Equipment	1/01/16	19,500			19,500	0 -- Memo	0	0
2	Fieldstone Clinic	9/01/20	1,093,622			1,093,622	40 MO S/L	36,454	27,341
3	Fieldstone Land	9/01/20	123,924			123,924	0 -- Land	0	0
10	Kennel System	9/01/20	18,423			18,423	20 MO S/L	1,228	921
11	Washer, Dryer, Dishwasher	9/01/20	4,185			4,185	10 MO S/L	558	419
12	Scale	9/01/20	961			961	10 MO S/L	128	96
13	Cell Tower Booster	9/01/20	1,294			1,294	10 MO S/L	173	129
14	Laptops x3	12/31/20	3,000			3,000	0 -- Memo	0	0
15	Exam Table x4	12/31/20	2,000			2,000	0 -- Memo	0	0
16	Scale	12/31/20	700			700	0 -- Memo	0	0
17	Kennel System	12/31/20	20,000			20,000	0 -- Memo	0	0
18	Surgery Light - donated	12/31/20	2,000			2,000	0 -- Memo	0	0
19	Surgery Table - Donated	12/31/20	2,500			2,500	0 -- Memo	0	0
20	Autoclave - Donated	12/31/20	10,000			10,000	0 -- Memo	0	0
21	Kennels - Donated	12/31/20	3,000			3,000	0 -- Memo	0	0
	<b>Total Other Depreciation</b>		<u>1,305,109</u>			<u>1,305,109</u>		<u>38,541</u>	<u>28,906</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,305,109</u>			<u>1,305,109</u>		<u>38,541</u>	<u>28,906</u>
	<b>Grand Totals</b>		1,305,109			1,305,109		38,541	28,906
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>1,305,109</u>			<u>1,305,109</u>		<u>38,541</u>	<u>28,906</u>

35-6064277

**IN Asset Report**

FYE: 12/31/2022

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
<b>Other Depreciation:</b>								
1	PPT Furniture & Equipment	1/01/16	19,500	19,500	0	0	0	0
2	Fieldstone Clinic	9/01/20	1,093,622	1,093,622	36,454	27,341	27,341	0
3	Fieldstone Land	9/01/20	123,924	123,924	0	0	0	0
10	Kennel System	9/01/20	18,423	18,423	1,228	921	921	0
11	Washer, Dryer, Dishwasher	9/01/20	4,185	4,185	558	419	419	0
12	Scale	9/01/20	961	961	128	96	96	0
13	Cell Tower Booster	9/01/20	1,294	1,294	173	129	129	0
14	Laptops x3	12/31/20	3,000	3,000	0	0	0	0
15	Exam Table x4	12/31/20	2,000	2,000	0	0	0	0
16	Scale	12/31/20	700	700	0	0	0	0
17	Kennel System	12/31/20	20,000	20,000	0	0	0	0
18	Surgery Light - donated	12/31/20	2,000	2,000	0	0	0	0
19	Surgery Table - Donated	12/31/20	2,500	2,500	0	0	0	0
20	Autoclave - Donated	12/31/20	10,000	10,000	0	0	0	0
21	Kennels - Donated	12/31/20	3,000	3,000	0	0	0	0
<b>Total Other Depreciation</b>			<u>1,305,109</u>	<u>1,305,109</u>	<u>38,541</u>	<u>28,906</u>	<u>28,906</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,305,109</u>	<u>1,305,109</u>	<u>38,541</u>	<u>28,906</u>	<u>28,906</u>	<u>0</u>
<b>Grand Totals</b>			1,305,109	1,305,109	38,541	28,906	28,906	0
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>1,305,109</u>	<u>1,305,109</u>	<u>38,541</u>	<u>28,906</u>	<u>28,906</u>	<u>0</u>

35-6064277

# AMT Asset Report

FYE: 12/31/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	PPT Furniture & Equipment	1/01/16	0				0	0	HY	0	0
2	Fieldstone Clinic	9/01/20	1,093,622				1,093,622	40	MO S/L	36,454	27,341
3	Fieldstone Land	9/01/20	123,924				123,924	0	-- Land	0	0
10	Kennel System	9/01/20	18,423				18,423	20	MO S/L	1,228	921
11	Washer, Dryer, Dishwasher	9/01/20	4,185				4,185	10	MO S/L	558	419
12	Scale	9/01/20	961				961	10	MO S/L	128	96
13	Cell Tower Booster	9/01/20	1,294				1,294	10	MO S/L	173	129
14	Laptops x3	12/31/20	0				0	0	HY	0	0
15	Exam Table x4	12/31/20	0				0	0	HY	0	0
16	Scale	12/31/20	0				0	0	HY	0	0
17	Kennel System	12/31/20	20,000				20,000	0	-- Memo	0	0
18	Surgery Light - donated	12/31/20	0				0	0	HY	0	0
19	Surgery Table - Donated	12/31/20	0				0	0	HY	0	0
20	Autoclave - Donated	12/31/20	0				0	0	HY	0	0
21	Kennels - Donated	12/31/20	0				0	0	HY	0	0
<b>Total Other Depreciation</b>			<u>1,262,409</u>				<u>1,262,409</u>			<u>38,541</u>	<u>28,906</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,262,409</u>				<u>1,262,409</u>			<u>38,541</u>	<u>28,906</u>
<b>Grand Totals</b>			1,262,409				1,262,409			38,541	28,906
<b>Less: Dispositions and Transfers</b>			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>1,262,409</u>				<u>1,262,409</u>			<u>38,541</u>	<u>28,906</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>There are no assets that meet the criteria of this report</b>						



**Future Depreciation Report** **FYE: 12/31/23****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Other Depreciation:</u></b>					
1	PPT Furniture & Equipment	1/01/16	19,500	0	0
2	Fieldstone Clinic	9/01/20	1,093,622	27,340	27,340
3	Fieldstone Land	9/01/20	123,924	0	0
10	Kennel System	9/01/20	18,423	921	921
11	Washer, Dryer, Dishwasher	9/01/20	4,185	418	418
12	Scale	9/01/20	961	96	96
13	Cell Tower Booster	9/01/20	1,294	129	129
14	Laptops x3	12/31/20	3,000	0	0
15	Exam Table x4	12/31/20	2,000	0	0
16	Scale	12/31/20	700	0	0
17	Kennel System	12/31/20	20,000	0	0
18	Surgery Light - donated	12/31/20	2,000	0	0
19	Surgery Table - Donated	12/31/20	2,500	0	0
20	Autoclave - Donated	12/31/20	10,000	0	0
21	Kennels - Donated	12/31/20	3,000	0	0
	<b>Total Other Depreciation</b>		<u>1,305,109</u>	<u>28,904</u>	<u>28,904</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,305,109</u>	<u>28,904</u>	<u>28,904</u>
	<b>Grand Totals</b>		<u>1,305,109</u>	<u>28,904</u>	<u>28,904</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>IN</u>
<b><u>Other Depreciation:</u></b>				
1	PPT Furniture & Equipment	1/01/16	19,500	0
2	Fieldstone Clinic	9/01/20	1,093,622	27,340
3	Fieldstone Land	9/01/20	123,924	0
10	Kennel System	9/01/20	18,423	921
11	Washer, Dryer, Dishwasher	9/01/20	4,185	418
12	Scale	9/01/20	961	96
13	Cell Tower Booster	9/01/20	1,294	129
14	Laptops x3	12/31/20	3,000	0
15	Exam Table x4	12/31/20	2,000	0
16	Scale	12/31/20	700	0
17	Kennel System	12/31/20	20,000	0
18	Surgery Light - donated	12/31/20	2,000	0
19	Surgery Table - Donated	12/31/20	2,500	0
20	Autoclave - Donated	12/31/20	10,000	0
21	Kennels - Donated	12/31/20	3,000	0
	<b>Total Other Depreciation</b>		<u>1,305,109</u>	<u>28,904</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,305,109</u>	<u>28,904</u>
	<b>Grand Totals</b>		<u>1,305,109</u>	<u>28,904</u>

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2022</b>
For calendar year 2022, or tax year beginning _____, and ending _____		

Name <b>Monroe County Humane Association</b>	Employer Identification Number <b>35-6064277</b>
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		(a) Other event <u>5K Run/Walk</u> <small>(event type)</small>	(b) Other event  <small>(event type)</small>	(c) Other event  <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	<b>13,577</b>			<b>13,577</b>
	2 Less: Charitable contributions	<b>13,577</b>			<b>13,577</b>
	3 Gross income <small>(line 1 minus line 2)</small>				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	<b>5,109</b>			<b>5,109</b>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning _____, ending _____		

Name **Monroe County Humane Association** Taxpayer Identification Number **35-6064277**

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	232,244	322,395	90,151
	2. Membership dues and assessments			
	3. Government contributions and grants		10,751	10,751
	4. Program service revenue	439,313	465,835	26,522
	5. Investment income	47,336	42,881	-4,455
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	70,675	-7,350	-78,025
	8. Net income or (loss) from fundraising events		-19,495	-19,495
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	51,392	69,035	17,643
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>840,960</b>	<b>884,052</b>	<b>43,092</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	102,294	78,306	-23,988
	16. Salaries, other compensation, and employee benefits	377,489	420,511	43,022
	17. Professional fundraising fees	16,042	25,540	9,498
	18. Other professional fees	32,611	35,879	3,268
	19. Occupancy, rent, utilities, and maintenance	105,546	106,653	1,107
	20. Depreciation and Depletion	28,905	28,906	1
	21. Other expenses	236,334	222,152	-14,182
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>899,221</b>	<b>917,947</b>	<b>18,726</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-58,261</b>	<b>-33,895</b>	<b>24,366</b>
<b>Other Information</b>	24. Total exempt revenue	840,960	884,052	43,092
	25. Total unrelated revenue			
	26. Total excludable revenue	608,716	556,015	-52,701
	27. Total assets	3,823,605	3,362,558	-461,047
	28. Total liabilities	895,899	794,621	-101,278
	29. Retained earnings	2,927,706	2,567,937	-359,769
	30. Number of voting members of governing body	17	11	
31. Number of independent voting members of governing body	17	11		
32. Number of employees	22	19		
33. Number of volunteers	55	50		

Form <b>990</b>	<b>Tax Return History</b>	<b>2022</b>
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Name <b>Monroe County Humane Association</b>	Employer Identification Number <b>35-6064277</b>
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants .....	1,581,543	478,366	200,473	232,244	333,146	
Membership dues .....						
Program service revenue .....	225,828	235,941	343,061	439,313	465,835	
Capital gain or loss .....	53,555	536	-2,243	70,675	-7,350	
Investment income .....	23,766	48,656	40,583	47,336	42,881	
Fundraising revenue (income/loss) .....	13,207	14,162	4,377		-19,495	
Gaming revenue (income/loss) .....						
Other revenue .....				51,392	69,035	
<b>Total revenue</b> .....	<b>1,897,899</b>	<b>777,661</b>	<b>586,251</b>	<b>840,960</b>	<b>884,052</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....	56,539	100,416	114,585	102,294	78,306	
Other compensation .....	184,011	158,062	254,900	377,489	420,511	
Professional fees .....	36,521	39,298	43,833	48,653	61,419	
Occupancy costs .....	21,125	19,259	72,465	105,546	106,653	
Depreciation and depletion .....			9,636	28,905	28,906	
Other expenses .....	163,833	187,026	183,584	236,334	222,152	
<b>Total expenses</b> .....	<b>462,029</b>	<b>504,061</b>	<b>679,003</b>	<b>899,221</b>	<b>917,947</b>	
<b>Excess or (Deficit)</b> .....	<b>1,435,870</b>	<b>273,600</b>	<b>-92,752</b>	<b>-58,261</b>	<b>-33,895</b>	
<b>Total exempt revenue</b> .....	<b>1,897,899</b>	<b>777,661</b>	<b>586,251</b>	<b>840,960</b>	<b>884,052</b>	
Total unrelated revenue .....						
Total excludable revenue .....	316,356	299,295	385,778	608,716	556,015	
Total Assets .....	2,064,680	2,866,486	3,641,082	3,823,605	3,362,558	
Total Liabilities .....	1,999	223,024	902,960	895,899	794,621	
Net Fund Balances .....	2,062,681	2,643,462	2,738,122	2,927,706	2,567,937	

**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ 22,461					
Dividend Income	20,420					
Total	<u>\$ 42,881</u>					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other Events	\$	\$	\$	\$
Event Costs	85			85
Total	\$ 85	\$ 0	\$ 0	\$ 85

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Education	\$ 1,894	\$ 1,894		
CEO Expenses	1,639	180	1,374	85
Auto Expense	662		662	
VIPaws	152	152		
Bank Returned Check Fees	65			65
Board Expenses	50		50	
Total	\$ 4,462	\$ 2,226	\$ 2,086	\$ 150

### Schedule A, Part III, Line 11

Description	Amount
Tails on The Town	\$ -14,386
Less: Deductions	-1,000
Total	\$ -15,386

### Indiana Form 103-L Return Summary

For assessment period beginning **01/02/22** and ending **01/01/23**  
**Monroe County Humane Association** **35-6064277**  
**Main**

Cost of exempt property	
Cost and base year value of assessable depreciable personal property	<b>19,500</b>
Additions to True Tax Value	
True Tax Value before adjustment for Abnormal Obsolescence	<b>5,850</b>
Abnormal Obsolescence adjustment per Form 106	
True Tax Value of personal property other than inventory	<b>5,850</b>
Pool Number 1 (1 to 4 year life)	
Pool Number 2 (5 to 8 year life)	<b>2,925</b>
Pool Number 3 (9 to 12 year life)	
Pool Number 4 (13 year and longer life)	



# BUSINESS TANGIBLE PERSONAL PROPERTY ASSESSMENT RETURN

State Form 11405 (R46 / 11-22)  
 Prescribed by the Department of Local Government Finance

<b>FORM 103 - LONG</b>
<b>PRIVACY NOTICE</b> This form contains confidential information pursuant to IC 6-1.1-35-9.

<b>JANUARY 1, 2023</b>
For Assessor's Use Only

NOTE: For taxpayers with less than \$80,000 in acquisition costs to report within the county, IC 6-1.1-3-7.2 exempts this property. If you are claiming this exemption, check this box, enter the total acquisition cost of your personal property in the county, and complete only sections I, II, and IV of this form. If you are claiming this exemption through this form, you must also file a Form 104. If you filed a return and claimed this exemption in a previous assessment year and you continue to qualify for this exemption, no return is required.

\$ \_\_\_\_\_

If property is in more than one (1) location, what is the address for the location where the sum of acquisition costs for the property is greatest?

An exemption granted under IC 6-1.1-10 or any other statute supersedes this exemption. In other words, a taxpayer whose personal property is exempt because the taxpayer applied for and was granted an exemption by the county must follow all applicable procedures for the approved exemption, which may include fully completing the personal property return.

**INSTRUCTIONS:**

1. Please type or print.
2. This form must be filed with the township assessor, if any, or the county assessor of the county in which the property is located not later than May 15, 2023, unless an extension of up to thirty (30) days is granted in writing. Contact information for the assessor is available at: <https://www.in.gov/dlgt/contact-your-local-officials/>.
3. A Form 104 must be filed with this return.

**SECTION I**

Name of taxpayer <b>Monroe County Humane Association</b>		Name under which business is conducted <b>Monroe County Humane Association</b>		Federal identification number ** <b>35-6064277</b>	
Nature of business <b>Nonprofit Humane Association</b>		DLGF taxing district name <b>Bloomington City</b>		DLGF taxing district number <b>009</b>	
NAICS Code number * <b>812900</b>	Retail merchant's certificate number	Township <b>Perry</b>	County <b>Monroe County</b>		
Address where property is located (number and street) <b>3410 South Walnut St</b>		City <b>Bloomington</b>		State <b>IN</b>	ZIP code <b>47401</b>
Address to which assessment and tax notification should be mailed (if different than above) <b>PO Box 1334</b>		City <b>Bloomington</b>		State <b>IN</b>	ZIP code <b>47402</b>

**SECTION II**

1. Federal income tax year ends: **12/31/22** Name filed under: **Monroe County Humane Association**

2. Location of accounting records

Address (number and street) <b>3410 S Walnut St</b>	City <b>Bloomington</b>	State <b>IN</b>	ZIP code <b>47401</b>
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3. Form of business:  Partnership or Joint Venture  Sole Proprietorship  Corporation  Estate or Trust  
 Other, describe: \_\_\_\_\_

4. Do you have other locations in Indiana?  Yes  No

5. Did you own, hold, possess, or control any leased, rented, or other depreciable personal property on January 1?  Yes  No (50 IAC 4.2-8)

6. Did you own, hold, possess, or control any Special Tools on January 1?  Yes  No If yes, complete Form 103-T. (50 IAC 4.2-6-2)

7. Did you own, hold, possess, or control any returnable containers on January 1?  Yes  No (50 IAC 4.2-6-4)

If taxpayer answers "yes" to question 5, the owner must file Form 103-O and the possessor must file Form 103-N. Failure to properly disclose lease information may result in a double assessment. (50 IAC 4.2-2 and 50 IAC 4.2-8).

\* NAICS - North American Industry Classification System - A complete list of codes may be found at: [www.census.gov](http://www.census.gov). Note: Number appears on your federal income tax return.

\*\* An individual using his/her Social Security number as the federal identification number is only required to provide the last four (4) digits of that number. [IC 4-1-10-3]

**CHANGE IN STATUS BY THIS TAXPAYER SINCE THE LAST ASSESSMENT DATE (SOLD OR MOVED)**

If personal property reported in this taxing district last year has either been sold or moved to another location, no return reporting an assessment is required.

6. If you sold all of your personal property to another owner, did it remain in the same taxing district? Yes No

7. If you sold all of your personal property to another owner and it remained in the same taxing district, who is the new owner?

8. Do you still own personal property that was moved from this taxing district? Yes No Date Moved

**SECTION III**

SUMMARY (Round all numbers to nearest ten dollars)	REPORTED BY TAXPAYER	CHANGE BY ASSESSOR	CHANGE BY THE COUNTY BOARD
Schedule A - Personal Property	\$ <b>5,850</b>	\$	\$
Deduction per Form 103-ERA or Form 103-CTP	- \$ <b>0</b>	\$	\$
Final Assessed Value	= \$ <b>5,850</b>	\$	\$

**SECTION IV SIGNATURE AND VERIFICATION**

Under penalties of perjury, I hereby certify that this return (including any accompanying schedules and statements), to the best of my knowledge and belief, is true, correct, and complete; if applicable, reports all tangible personal property subject to taxation owned, held, possessed or controlled by the named taxpayer in the stated township or taxing district on the assessment date, as required by law; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.

Signature of authorized person	Printed name of authorized person <b>Dawn Craft</b>	Date (month, day, year) <b>10/10/23</b>
Title of authorized person <b>Board Treasurer</b>	Telephone number <b>812-332-0123</b>	Email of authorized person <b>dawn.craft@germanamerican.com</b>

SECTION V					
FORM 103 - LONG See 50 IAC 4.2-4		TANGIBLE PERSONAL PROPERTY CONFIDENTIAL		JANUARY 1, 2023	
Line	Report all personal property assessable to this taxpayer below. (Round all figures below to nearest dollar)			Federal Identification Number <b>35-6064277</b>	
1	Total cost of tangible depreciable personal property. (50 IAC 4.2-4-2)			\$ <b>19,500</b>	
2	Adjustment to federal tax basis per Form 106. (50 IAC 4.2-4-4)				
3	Total cost and base year value of tangible depreciable personal property. (Line 1 plus 2)			\$ <b>19,500</b>	
<b>Deduct Exempt Property</b> (See 50 IAC 4.2-11.1)			<b>COST</b>		
4	Stationary industrial air purification systems. (Attach Form 103-P)		\$		
5	Industrial waste control facilities. (Attach Form 103-P)				
6	Enterprise information technology equipment. (Attach Form 103-IT)				
7	Vehicles / airplanes subject to excise tax.	Number of Units	\$		
<b>Total cost of exempt property</b> (Deduct from Line 3 and enter on Line 8)					
8	<b>Subtotal</b>			\$ <b>19,500</b>	
<b>Additions:</b> See 50 IAC 4.2-1-1.1 and 50 IAC 4.2-4-3(b) and 4					
9	Cost of all depreciable personal property still in use but written off. (50 IAC 4.2-4-3(b))			\$	
10	Cost of installation and foundations applicable to depreciable personal property. (50 IAC 4.2-4-2(d))				
11	Cost of interest incurred during construction and installation applicable to depreciable personal property. (50 IAC 4.2-4-3(j))				
12	<b>Total</b> cost and base year value of assessable depreciable personal property. (Add Lines 8, 9, 10, and 11. Line 12 must agree with Line 52 Column A)			\$ <b>19,500</b>	
<b>POOLING SUMMARY</b> (From Schedule A-1 or Form 103-P5)		<b>TOTAL COST</b> COLUMN A	<b>ADJUSTMENTS</b> COLUMN B	<b>ADJUSTED COST</b> COLUMN C	<b>TRUE TAX VALUE</b> COLUMN D
52	<b>Total All Pools</b>	\$ <b>19,500</b>	\$	\$ <b>19,500</b>	\$ <b>2,925</b>
53	30% of Adjusted Cost (Line 52, Column C) (enter zero (0) if filing Form 103-P5 and entity is a qualified steel mill or oil refinery per IC 6-1.1-3-23).			\$	\$ <b>5,850</b>
54	Greater of Line 52D or Line 53.			\$	\$ <b>5,850</b>
<b>Adjustments to True Tax Value</b>					
55	Equipment not placed in service and/or critical spare parts (50 IAC 4.2-6-1 & 6) per Form 106.	Cost \$		<b>x 10%</b>	\$
56	Tools, dies, jigs, fixtures, etc., per Form 103-T. (50 IAC 4.2-6-2)		Cost \$		\$
57	Permanently retired equipment (50 IAC 4.2-4-3) and/or returnable containers (50 IAC 4.2-10) per Form 106.		Cost \$		\$
58	Commercial aircraft and commercial bus line fleet, not subject to excise tax per Form 103-I. (50 IAC 4.2-10)		Cost \$		\$
59	<b>Total</b> additions to True Tax Value. (Line 55, 56, 57 and 58)				\$
60	<b>Total</b> True Tax Value before adjustments for "Abnormal Obsolescence." (Line 54 plus Line 59)				\$ <b>5,850</b>
61	Abnormal Obsolescence Adjustment per Form 106. (50 IAC 4.2-4-8)				\$
62	<b>Total</b> True Tax Value of personal property. (To page 1, Form 103 Summary)				\$ <b>5,850</b>

35-6064277

<b>FORM 103 - LONG</b> See 50 IAC 4.2-4	<b>TANGIBLE PERSONAL PROPERTY</b> <b>CONFIDENTIAL</b>	<b>SCHEDULE A-1</b> <b>JANUARY 1, 2023</b>
<p>** The total cost of special tools, dies, jigs, fixtures, etc., permanently retired equipment; commercial aircraft, and commercial bus line fleet, not subject to excise tax is to be deducted in full in Column B below. The true tax value of such property is to be computed on the proper Form(s) (103-T, 106 AND 103-I, respectively) and recorded on Line(s) 56, 57 and 58.</p>		

ROUND ALL FIGURES BELOW TO THE NEAREST DOLLAR.

YEAR OF ACQUISITION	COLUMN A	COLUMN B	COLUMN C	COLUMN D
POOL NUMBER 1: (1 TO 4 YEAR LIFE)	TOTAL COST OR BASE YEAR VALUE	ADJUSTMENTS ** Detail Must Be Shown On Form 106	ADJUSTED COST	T.T.V.%  TRUE TAX VALUE
13	1-2-22 To 1-1-23			65
14	1-2-21 To 1-1-22			50
15	1-2-20 To 1-1-21			35
16	<b>Prior To 1-2-20</b>	\$	\$	20 \$
17	<b>TOTAL POOL NUMBER 1</b>			
<b>POOL NUMBER 2: (5 TO 8 YEAR LIFE)</b>				
18	1-2-22 To 1-1-23			40
19	1-2-21 To 1-1-22			56
20	1-2-20 To 1-1-21			42
21	1-2-19 To 1-1-20			32
22	1-2-18 To 1-1-19			24
23	1-2-17 To 1-1-18			18
24	<b>Prior To 1-2-17</b>	\$ 19,500	\$ 19,500	15 \$ 2,925
25	<b>TOTAL POOL NUMBER 2</b>	19,500	19,500	2,925
<b>POOL NUMBER 3: (9 TO 12 YEAR LIFE)</b>				
26	1-2-22 To 1-1-23			40
27	1-2-21 To 1-1-22			60
28	1-2-20 To 1-1-21			55
29	1-2-19 To 1-1-20			45
30	1-2-18 To 1-1-19			37
31	1-2-17 To 1-1-18			30
32	1-2-16 To 1-1-17			25
33	3-2-15 To 1-1-16			20
34	3-2-14 To 3-1-15			16
35	3-2-13 To 3-1-14			12
36	<b>Prior To 3-2-13</b>	\$	\$	10 \$
37	<b>TOTAL POOL NUMBER 3</b>			
<b>POOL NUMBER 4: (13 YEAR AND LONGER LIFE)</b>				
38	1-2-22 To 1-1-23			40
39	1-2-21 To 1-1-22			60
40	1-2-20 To 1-1-21			63
41	1-2-19 To 1-1-20			54
42	1-2-18 To 1-1-19			46
43	1-2-17 To 1-1-18			40
44	1-2-16 To 1-1-17			34
45	3-2-15 To 1-1-16			29
46	3-2-14 To 3-1-15			25
47	3-2-13 To 3-1-14			21
48	3-2-12 To 3-1-13			15
49	3-2-11 To 3-1-12			10
50	<b>Prior To 3-2-11</b>	\$	\$	5 \$
51	<b>TOTAL POOL NUMBER 4</b>			
52	<b>TOTAL ALL POOLS</b>	19,500	19,500	2,925

NOTE: All Column B adjustments must be supported on Form 106, Form 103-T, or Form 103-I.

<b>CLOSED BUSINESS</b>	
1. Has this business closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Date of business closure: _____

**Filing Basics:**

- For taxpayers with less than \$80,000 in acquisition costs to be reported within a county, Ind. Code § 6-1.1-3-7.2 exempts this property. If you are claiming this exemption through this form, you must also file a Form 104. If you filed a return and claimed this exemption in the previous assessment year and you continue to qualify for this exemption, no return is required.
- Taxpayers may request up to a thirty (30) day extension of time to file their return. The written request should be sent to the assessor before the filing deadline of May 15, 2023, and should include a reason for the request. The assessor may, at their discretion approve or disapprove the request in writing.
- Taxpayers now have the opportunity to file personal property returns online at: [www.ppopin.in.gov](http://www.ppopin.in.gov).
- Personal property must be assessed in each taxing district where property has a tax situs.
- Inventory located in the State of Indiana is exempt and is not required to be reported per IC 6-1.1-11(b)(3).
- It is the responsibility of the taxpayer to obtain forms from the assessor and file a timely return. The forms are also available online at the Department's website: [www.in.gov/dlqf](http://www.in.gov/dlqf).
- If you hold, possess, or control not-owned personal property on the assessment date, you have a liability for the taxes imposed for that year unless you establish that the property is to be assessed to the owner. This is done by completing a Form 103-N, attaching it to the Form 102, and filing it with the assessor. A taxpayer declaring the exemption on page one of this form may, as deemed necessary by the applicable assessor, need to file Form 103-O or Form 103-N, as applicable, to verify that the individual is the appropriate taxpayer to claim the exemption.

NOTE: Failure to properly disclose lease information may result in a double assessment. (IC 6-1.1-2-4(a))

- Taxpayers who discover an error was made on their original timely filed personal property tax return have the right to file an amended return. The amended return must be filed within twelve (12) months of the due date or the extended due date (if up to a thirty (30) day extension was granted) of their original return. The deadline to amend this return, if no extension has been granted, is May 15, 2024.
- In order to reduce the possibility of an estimated assessment and failure to file a return penalty, taxpayers may elect to inform the assessor when personal property is sold or moved out of a county.

**Frequently Asked Questions:****A. How do I find out my Taxing District Name and Number?**

You will need to contact your county assessor for assistance since heavily populated areas can have several taxing districts within a single township. Additionally, taxing district names and numbers can be found at:

<https://budgetnotices.in.gov/> .

**B. How do I find out my NAICS number?**

This six-digit code number appears on the federal returns filed for businesses. For a complete list of the codes, go to: [www.census.gov](http://www.census.gov) .

**C. Will my local assessor fill this form out for me?**

Indiana's personal property tax system is a self-assessment system. An assessor can offer assistance with the filing; however, an authorized person representing the business must sign the form under penalties of perjury that it is true and correct so the responsibility of filing an accurate return remains with the taxpayer.

**D. How can I find contact information for the various county offices (assessor, auditor, or treasurer) throughout the State of Indiana, locate forms or learn more about Indiana's personal property tax system?**

Go to the Indiana Department of Local Government Finance's website at: [www.in.gov/dlqf](http://www.in.gov/dlqf) .

Contact information for the assessor is available at: <https://www.in.gov/dlqf/contact-your-local-officials/> .

**BUSINESS TANGIBLE PERSONAL PROPERTY RETURN**

**FORM 104**

**JANUARY 1, 20 23**  
For Assessor's Use Only

State Form 10068 (R28 / 11-22)

Prescribed by the Department of Local Government Finance

*NOTE: If you are declaring on Form 102, Form 103-Short, or 103-Long the exemption for personal property with an acquisition cost of less than \$80,000, check the box below and submit this completed form with the corresponding form.*

Yes, I am declaring the \$80,000 exemption and will also claim the exemption on Form 102, Form 103 - Short, or Form 103 - Long.

This form is filed with either the Form 102 or Form 103. Signatures on both forms (Form 104 and Form 102 or Form 103) are required per 50 IAC 4.2-2-9(e).

*INSTRUCTIONS: This form must be filed with the township assessor, if any, or the county assessor of the county in which the property is located not later than May 15, 2023, unless an extension of up to thirty (30) days is granted in writing. Contact information for the assessor is available at: <https://www.in.gov/dlg/contact-your-local-officials/>.*

Name of taxpayer <b>Monroe County Humane Association</b>		Name under which business is conducted <b>Monroe County Humane Association</b>		DLGF taxing district number <b>009</b>	
Nature of business <b>Nonprofit Humane Association</b>		County <b>Monroe County</b>		Township <b>Perry</b>	
Address where property is located (number and street) <b>3410 South Walnut St</b>			City <b>Bloomington</b>		State <b>IN</b> ZIP code <b>47401</b>
Name to which Assessment and Tax Notice should be mailed (if different than above) <b>Monroe Co Humane Association</b>					
Mailing address (number and street) (if different than above) <b>PO Box 1334</b>			City <b>Bloomington</b>		State <b>IN</b> ZIP code <b>47402</b>

<b>TOTAL TANGIBLE PERSONAL PROPERTY</b> (Please check one.) <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103-Short <input checked="" type="checkbox"/> Form 103-Long			
<b>SUMMARY</b> (round all numbers to nearest ten dollars)	<b>REPORTED BY TAXPAYER</b>	<b>CHANGE BY ASSESSOR</b>	<b>CHANGE BY COUNTY BOARD</b>
Schedule A - Personal Property	\$ <b>5,850</b>	\$	\$
Deduction per Form 102-ERA, Form 103 ERA or Form 103-CTP	- \$ <b>0</b>	\$	\$
Final Assessed Value =	\$ <b>5,850</b>	\$	\$
<i>All vehicles used in farm or business and not subject to Excise Tax must be reported as depreciable personal property in the pools on Schedule A or Forms 102 or 103.</i>			

**FILING REQUIREMENTS**

**Property in more than one Taxing District** - Due to varying tax rates, a taxpayer who has property in two or more taxing districts within the same township must have separate assessments for each district covering only property located in that district. (IC 6-1.1-3-10)

Were expenditures made since the last assessment date for improvements on any real property owned, held, possessed, controlled or occupied by the taxpayer in the township wherein this return is filed?  Yes  No

*If Yes, attach a statement setting forth the name of owner, location of the real property, an explanation of the nature, cost, date on which construction of improvements was begun, and date on which construction was completed. If not completed as of January 1, state the percentage completed at that time. (IC 6-1.1-5-13)*

**SIGNATURE AND VERIFICATION**

Under penalties of perjury, I hereby certify that this return (including any accompanying schedules and statements), to the best of my knowledge and belief, is true, correct, and complete; if applicable, reports all tangible personal property subject to taxation owned, held, possessed or controlled by the named taxpayer in the stated township or taxing district on the assessment date, as required by law; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.

Signature of authorized person		Printed name of authorized person <b>Dawn Craft</b>		Date (month, day, year) <b>10/10/23</b>
Title of authorized person <b>Board Treasurer</b>	Telephone number <b>812-332-0123</b>	Email of authorized person <b>dawn.craft@germanamerican.com</b>		

**Monroe County Humane Association****PENALTIES FOR FAILURE TO FILE COMPLETE AND ACCURATE FORMS**

Failure to file a return on or before the due date as required by law will result in the imposition of a twenty-five dollar (\$25.00) penalty. In addition, if a return is not filed within thirty (30) days after such return is due, a penalty equal to twenty percent (20%) of the taxes finally determined to be due with respect to the property which should have been reported will be imposed. A personal property return is not due until the expiration of any extension period granted by the township assessor or county assessor under IC 6-1.1-3-7(b).

If the total assessed value that a person reports on a personal property return is less than the total assessed value that the person is required by law to report and if the amount of the undervaluation exceeds five percent (5%) of the value that should have been reported on the return, then the county auditor shall add a penalty of twenty percent (20%) of the additional taxes finally determined to be due as a result of the undervaluation.

In completing a personal property return for a year, a taxpayer must make a complete disclosure of all information relating to the value, nature, or location of personal property owned, held, possessed or controlled on the assessment date [IC 6-1.1-3-9(a)], and information relating to improvements made since the preceding assessment date to real property owned, held, possessed or occupied. (IC 6-1.1-5-13) This information would include, but not be limited to, completion of the heading and related information, and answers to all questions and entries on all of the appropriate lines on the face of the return. If such information is not provided, the taxpayer will be contacted and directed to provide that information. In addition, a penalty of twenty-five dollars (\$25.00) shall be imposed. [IC 6-1.1-37-7(d)]

The above penalties are due on the property tax installment next due for the return, whether or not an appeal is filed pursuant to IC 6-1.1-15-5 with respect to the tax due on that installment. [IC 6-1.1-37-7(f)]

**FILING BASICS**

- Every person owning, holding, possessing, or controlling personal property in Indiana on January 1 is required to file a form by May 15, 2023.
- Taxpayers may request up to a thirty (30) day extension of time to file their return. The written request should be sent to the assessor before the filing deadline of May 15, 2023, and should include a reason for the request. The assessor may, at his or her discretion, approve or disapprove the request in writing.
- Personal property must be assessed in each taxing district where property has a tax situs.
- Inventory located in the State of Indiana is exempt and is not required to be reported per IC 6-1.1-1-11(b)(3).
- It is the responsibility of the taxpayer to obtain forms from the assessor and file a timely return. The forms are also available online at the Department's website: [www.in.gov/dlqf](http://www.in.gov/dlqf).
- If you hold, possess, or control not-owned personal property on the assessment date, you have a liability for the taxes imposed for that year unless you establish that the property is to be assessed to the owner. This is done by completing a Form 103-N, attaching it to the appropriate personal property form, and filing it with the assessor.

NOTE: Failure to properly disclose lease information may result in a double assessment.

- Taxpayers who discover an error was made on their original, timely-filed personal property tax return have the right to file an amended return. The amended return must be filed within twelve (12) months of the due date or the extended due date (if up to a thirty (30) day extension was granted) of their original return. The deadline to amend a 2023 return, if no extension has been granted, is May 15, 2024.
- In order to reduce the possibility of an estimated assessment and failure to file a return penalty, taxpayers may elect to inform the assessor when personal property is moved out of a county.
- Taxpayers now have the opportunity to file personal property returns online at: [www.ppopin.in.gov](http://www.ppopin.in.gov).

### Indiana Form 103-L Return Summary

For assessment period beginning **01/02/22** and ending **01/01/23**  
**Monroe County Humane Association** **35-6064277**  
**FieldStone Clinic**

Cost of exempt property	
Cost and base year value of assessable depreciable personal property	<b>68,063</b>
Additions to True Tax Value	
True Tax Value before adjustment for Abnormal Obsolescence	<b>28,586</b>
Abnormal Obsolescence adjustment per Form 106	
True Tax Value of personal property other than inventory	<b>28,586</b>
Pool Number 1 (1 to 4 year life)	
Pool Number 2 (5 to 8 year life)	<b>28,586</b>
Pool Number 3 (9 to 12 year life)	
Pool Number 4 (13 year and longer life)	

# BUSINESS TANGIBLE PERSONAL PROPERTY ASSESSMENT RETURN

State Form 11405 (R46 / 11-22)  
 Prescribed by the Department of Local Government Finance

**FORM 103 - LONG**

**PRIVACY NOTICE**

This form contains confidential information pursuant to IC 6-1.1-35-9.

**JANUARY 1, 2023**

For Assessor's Use Only

NOTE: For taxpayers with less than \$80,000 in acquisition costs to report within the county, IC 6-1.1-3-7.2 exempts this property. If you are claiming this exemption, check this box, enter the total acquisition cost of your personal property in the county, and complete only sections I, II, and IV of this form. If you are claiming this exemption through this form, you must also file a Form 104. If you filed a return and claimed this exemption in a previous assessment year and you continue to qualify for this exemption, no return is required.

\$ \_\_\_\_\_

If property is in more than one (1) location, what is the address for the location where the sum of acquisition costs for the property is greatest?

An exemption granted under IC 6-1.1-10 or any other statute supersedes this exemption. In other words, a taxpayer whose personal property is exempt because the taxpayer applied for and was granted an exemption by the county must follow all applicable procedures for the approved exemption, which may include fully completing the personal property return.

**INSTRUCTIONS:**

1. Please type or print.
2. This form must be filed with the township assessor, if any, or the county assessor of the county in which the property is located not later than May 15, 2023, unless an extension of up to thirty (30) days is granted in writing. Contact information for the assessor is available at: <https://www.in.gov/dlgt/contact-your-local-officials/>.
3. A Form 104 must be filed with this return.

**SECTION I**

Name of taxpayer <b>Monroe County Humane Association</b>		Name under which business is conducted <b>Monroe County Humane Association</b>		Federal identification number ** <b>35-6064277</b>	
Nature of business <b>NonProfit Animal Care Clinic</b>		DLGF taxing district name <b>Van Buren Township</b>		DLGF taxing district number <b>015</b>	
NAICS Code number * <b>812900</b>	Retail merchant's certificate number	Township <b>Van Buren</b>		County <b>Monroe County</b>	
Address where property is located (number and street) <b>791 S Fieldstone Blvd</b>		City <b>Bloomington</b>		State <b>IN</b>	ZIP code <b>47403</b>
Address to which assessment and tax notification should be mailed (if different than above) <b>PO Box 1334</b>		City <b>Bloomington</b>		State <b>IN</b>	ZIP code <b>47402</b>

**SECTION II**

1. Federal income tax year ends: **12/31/22** Name filed under: **Monroe County Humane Association**

2. Location of accounting records

Address (number and street) <b>3410 S Walnut St</b>	City <b>Bloomington</b>	State <b>IN</b>	ZIP code <b>47401</b>
--	----------------------------	--------------------	--------------------------

3. Form of business:  Partnership or Joint Venture  Sole Proprietorship  Corporation  Estate or Trust  
 Other, describe: \_\_\_\_\_

4. Do you have other locations in Indiana?  Yes  No

5. Did you own, hold, possess, or control any leased, rented, or other depreciable personal property on January 1?  Yes  No (50 IAC 4.2-8)

6. Did you own, hold, possess, or control any Special Tools on January 1?  Yes  No If yes, complete Form 103-T. (50 IAC 4.2-6-2)

7. Did you own, hold, possess, or control any returnable containers on January 1?  Yes  No (50 IAC 4.2-6-4)

If taxpayer answers "yes" to question 5, the owner must file Form 103-O and the possessor must file Form 103-N. Failure to properly disclose lease information may result in a double assessment. (50 IAC 4.2-2 and 50 IAC 4.2-8).

\* NAICS - North American Industry Classification System - A complete list of codes may be found at: [www.census.gov](http://www.census.gov). Note: Number appears on your federal income tax return.

\*\* An individual using his/her Social Security number as the federal identification number is only required to provide the last four (4) digits of that number. [IC 4-1-10-3]

**CHANGE IN STATUS BY THIS TAXPAYER SINCE THE LAST ASSESSMENT DATE (SOLD OR MOVED)**

If personal property reported in this taxing district last year has either been sold or moved to another location, no return reporting an assessment is required.

6. If you sold all of your personal property to another owner, did it remain in the same taxing district? Yes No

7. If you sold all of your personal property to another owner and it remained in the same taxing district, who is the new owner?

8. Do you still own personal property that was moved from this taxing district? Yes No Date Moved

**SECTION III**

SUMMARY (Round all numbers to nearest ten dollars)	REPORTED BY TAXPAYER	CHANGE BY ASSESSOR	CHANGE BY THE COUNTY BOARD
Schedule A - Personal Property	\$ <b>28,590</b>	\$	\$
Deduction per Form 103-ERA or Form 103-CTP	- \$ <b>0</b>	\$	\$
Final Assessed Value	= \$ <b>28,590</b>	\$	\$

**SECTION IV**

**SIGNATURE AND VERIFICATION**

Under penalties of perjury, I hereby certify that this return (including any accompanying schedules and statements), to the best of my knowledge and belief, is true, correct, and complete; if applicable, reports all tangible personal property subject to taxation owned, held, possessed or controlled by the named taxpayer in the stated township or taxing district on the assessment date, as required by law; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.

Signature of authorized person	Printed name of authorized person <b>Dawn Craft</b>	Date (month, day, year) <b>10/10/23</b>
Title of authorized person <b>Board Treasurer</b>	Telephone number <b>812-332-0123</b>	Email of authorized person <b>dawn.craft@germanamerican.com</b>



SECTION V					
FORM 103 - LONG See 50 IAC 4.2-4		TANGIBLE PERSONAL PROPERTY CONFIDENTIAL		JANUARY 1, 2023	
Line	Report all personal property assessable to this taxpayer below. (Round all figures below to nearest dollar)			Federal Identification Number <b>35-6064277</b>	
1	Total cost of tangible depreciable personal property. (50 IAC 4.2-4-2)			\$ <b>68,063</b>	
2	Adjustment to federal tax basis per Form 106. (50 IAC 4.2-4-4)				
3	Total cost and base year value of tangible depreciable personal property. (Line 1 plus 2)			\$ <b>68,063</b>	
<b>Deduct Exempt Property</b> (See 50 IAC 4.2-11.1)			<b>COST</b>		
4	Stationary industrial air purification systems. (Attach Form 103-P)		\$		
5	Industrial waste control facilities. (Attach Form 103-P)				
6	Enterprise information technology equipment. (Attach Form 103-IT)				
7	Vehicles / airplanes subject to excise tax.	Number of Units	\$		
<b>Total cost of exempt property</b> (Deduct from Line 3 and enter on Line 8)					
8	<b>Subtotal</b>			\$ <b>68,063</b>	
<b>Additions:</b> See 50 IAC 4.2-1-1.1 and 50 IAC 4.2-4-3(b) and 4					
9	Cost of all depreciable personal property still in use but written off. (50 IAC 4.2-4-3(b))			\$	
10	Cost of installation and foundations applicable to depreciable personal property. (50 IAC 4.2-4-2(d))				
11	Cost of interest incurred during construction and installation applicable to depreciable personal property. (50 IAC 4.2-4-3(j))				
12	<b>Total</b> cost and base year value of assessable depreciable personal property. (Add Lines 8, 9, 10, and 11. Line 12 must agree with Line 52 Column A)			\$ <b>68,063</b>	
<b>POOLING SUMMARY</b> (From Schedule A-1 or Form 103-P5)		<b>TOTAL COST</b> COLUMN A	<b>ADJUSTMENTS</b> COLUMN B	<b>ADJUSTED COST</b> COLUMN C	<b>TRUE TAX VALUE</b> COLUMN D
52	<b>Total All Pools</b>	\$ <b>68,063</b>	\$	\$ <b>68,063</b>	\$ <b>28,586</b>
53	30% of Adjusted Cost (Line 52, Column C) (enter zero (0) if filing Form 103-P5 and entity is a qualified steel mill or oil refinery per IC 6-1.1-3-23).			\$	\$ <b>20,418</b>
54	Greater of Line 52D or Line 53.			\$	\$ <b>28,586</b>
<b>Adjustments to True Tax Value</b>					
55	Equipment not placed in service and/or critical spare parts (50 IAC 4.2-6-1 & 6) per Form 106.	Cost \$		x 10%	\$
56	Tools, dies, jigs, fixtures, etc., per Form 103-T. (50 IAC 4.2-6-2)		Cost \$		\$
57	Permanently retired equipment (50 IAC 4.2-4-3) and/or returnable containers (50 IAC 4.2-10) per Form 106.		Cost \$		\$
58	Commercial aircraft and commercial bus line fleet, not subject to excise tax per Form 103-I. (50 IAC 4.2-10)		Cost \$		\$
59	<b>Total</b> additions to True Tax Value. (Line 55, 56, 57 and 58)			\$	\$
60	<b>Total</b> True Tax Value before adjustments for "Abnormal Obsolescence." (Line 54 plus Line 59)			\$	\$ <b>28,586</b>
61	Abnormal Obsolescence Adjustment per Form 106. (50 IAC 4.2-4-8)			\$	\$
62	<b>Total</b> True Tax Value of personal property. (To page 1, Form 103 Summary)			\$	\$ <b>28,586</b>

35-6064277

<b>FORM 103 - LONG</b> See 50 IAC 4.2-4	<b>TANGIBLE PERSONAL PROPERTY</b> <b>CONFIDENTIAL</b>	<b>SCHEDULE A-1</b> <b>JANUARY 1, 2023</b>
<p><small>** The total cost of special tools, dies, jigs, fixtures, etc., permanently retired equipment; commercial aircraft, and commercial bus line fleet, not subject to excise tax is to be deducted in full in Column B below. The true tax value of such property is to be computed on the proper Form(s) (103-T, 106 AND 103-I, respectively) and recorded on Line(s) 56, 57 and 58.</small></p>		

*ROUND ALL FIGURES BELOW TO THE NEAREST DOLLAR.*

YEAR OF ACQUISITION	COLUMN A	COLUMN B	COLUMN C	T.T.V.%	COLUMN D
<b>POOL NUMBER 1: (1 TO 4 YEAR LIFE)</b>					
	TOTAL COST OR BASE YEAR VALUE	ADJUSTMENTS ** Detail Must Be Shown On Form 106	ADJUSTED COST		TRUE TAX VALUE
13	1-2-22 To 1-1-23			65	
14	1-2-21 To 1-1-22			50	
15	1-2-20 To 1-1-21			35	
16	<b>Prior To 1-2-20</b>	\$	\$	20	\$
17	<b>TOTAL POOL NUMBER 1</b>				
<b>POOL NUMBER 2: (5 TO 8 YEAR LIFE)</b>					
18	1-2-22 To 1-1-23			40	
19	1-2-21 To 1-1-22			56	
20	1-2-20 To 1-1-21	68,063	68,063	42	28,586
21	1-2-19 To 1-1-20			32	
22	1-2-18 To 1-1-19			24	
23	1-2-17 To 1-1-18			18	
24	<b>Prior To 1-2-17</b>	\$	\$	15	\$
25	<b>TOTAL POOL NUMBER 2</b>	68,063	68,063		28,586
<b>POOL NUMBER 3: (9 TO 12 YEAR LIFE)</b>					
26	1-2-22 To 1-1-23			40	
27	1-2-21 To 1-1-22			60	
28	1-2-20 To 1-1-21			55	
29	1-2-19 To 1-1-20			45	
30	1-2-18 To 1-1-19			37	
31	1-2-17 To 1-1-18			30	
32	1-2-16 To 1-1-17			25	
33	3-2-15 To 1-1-16			20	
34	3-2-14 To 3-1-15			16	
35	3-2-13 To 3-1-14			12	
36	<b>Prior To 3-2-13</b>	\$	\$	10	\$
37	<b>TOTAL POOL NUMBER 3</b>				
<b>POOL NUMBER 4: (13 YEAR AND LONGER LIFE)</b>					
38	1-2-22 To 1-1-23			40	
39	1-2-21 To 1-1-22			60	
40	1-2-20 To 1-1-21			63	
41	1-2-19 To 1-1-20			54	
42	1-2-18 To 1-1-19			46	
43	1-2-17 To 1-1-18			40	
44	1-2-16 To 1-1-17			34	
45	3-2-15 To 1-1-16			29	
46	3-2-14 To 3-1-15			25	
47	3-2-13 To 3-1-14			21	
48	3-2-12 To 3-1-13			15	
49	3-2-11 To 3-1-12			10	
50	<b>Prior To 3-2-11</b>	\$	\$	5	\$
51	<b>TOTAL POOL NUMBER 4</b>				
52	<b>TOTAL ALL POOLS</b>	68,063	68,063		28,586

NOTE: All Column B adjustments must be supported on Form 106, Form 103-T, or Form 103-I.

<b>CLOSED BUSINESS</b>	
1. Has this business closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Date of business closure: _____

**Filing Basics:**

- For taxpayers with less than \$80,000 in acquisition costs to be reported within a county, Ind. Code § 6-1.1-3-7.2 exempts this property. If you are claiming this exemption through this form, you must also file a Form 104. If you filed a return and claimed this exemption in the previous assessment year and you continue to qualify for this exemption, no return is required.
- Taxpayers may request up to a thirty (30) day extension of time to file their return. The written request should be sent to the assessor before the filing deadline of May 15, 2023, and should include a reason for the request. The assessor may, at their discretion approve or disapprove the request in writing.
- Taxpayers now have the opportunity to file personal property returns online at: [www.ppopin.in.gov](http://www.ppopin.in.gov).
- Personal property must be assessed in each taxing district where property has a tax situs.
- Inventory located in the State of Indiana is exempt and is not required to be reported per IC 6-1.1-11(b)(3).
- It is the responsibility of the taxpayer to obtain forms from the assessor and file a timely return. The forms are also available online at the Department's website: [www.in.gov/dlqf](http://www.in.gov/dlqf).
- If you hold, possess, or control not-owned personal property on the assessment date, you have a liability for the taxes imposed for that year unless you establish that the property is to be assessed to the owner. This is done by completing a Form 103-N, attaching it to the Form 102, and filing it with the assessor. A taxpayer declaring the exemption on page one of this form may, as deemed necessary by the applicable assessor, need to file Form 103-O or Form 103-N, as applicable, to verify that the individual is the appropriate taxpayer to claim the exemption.

NOTE: Failure to properly disclose lease information may result in a double assessment. (IC 6-1.1-2-4(a))

- Taxpayers who discover an error was made on their original timely filed personal property tax return have the right to file an amended return. The amended return must be filed within twelve (12) months of the due date or the extended due date (if up to a thirty (30) day extension was granted) of their original return. The deadline to amend this return, if no extension has been granted, is May 15, 2024.
- In order to reduce the possibility of an estimated assessment and failure to file a return penalty, taxpayers may elect to inform the assessor when personal property is sold or moved out of a county.

**Frequently Asked Questions:****A. How do I find out my Taxing District Name and Number?**

You will need to contact your county assessor for assistance since heavily populated areas can have several taxing districts within a single township. Additionally, taxing district names and numbers can be found at:

<https://budgetnotices.in.gov/> .

**B. How do I find out my NAICS number?**

This six-digit code number appears on the federal returns filed for businesses. For a complete list of the codes, go to: [www.census.gov](http://www.census.gov) .

**C. Will my local assessor fill this form out for me?**

Indiana's personal property tax system is a self-assessment system. An assessor can offer assistance with the filing; however, an authorized person representing the business must sign the form under penalties of perjury that it is true and correct so the responsibility of filing an accurate return remains with the taxpayer.

**D. How can I find contact information for the various county offices (assessor, auditor, or treasurer) throughout the State of Indiana, locate forms or learn more about Indiana's personal property tax system?**

Go to the Indiana Department of Local Government Finance's website at: [www.in.gov/dlqf](http://www.in.gov/dlqf) .

Contact information for the assessor is available at: <https://www.in.gov/dlqf/contact-your-local-officials/> .

**BUSINESS TANGIBLE PERSONAL  
PROPERTY RETURN****FORM 104****JANUARY 1, 20 23**

For Assessor's Use Only

State Form 10068 (R28 / 11-22)

Prescribed by the Department of Local Government Finance

**NOTE:** If you are declaring on Form 102, Form 103-Short, or 103-Long the exemption for personal property with an acquisition cost of less than \$80,000, check the box below and submit this completed form with the corresponding form.

Yes, I am declaring the \$80,000 exemption and will also claim the exemption on Form 102, Form 103 - Short, or Form 103 - Long.

This form is filed with either the Form 102 or Form 103. Signatures on both forms (Form 104 and Form 102 or Form 103) are required per 50 IAC 4.2-2-9(e).

**INSTRUCTIONS:** This form must be filed with the township assessor, if any, or the county assessor of the county in which the property is located not later than May 15, 2023, unless an extension of up to thirty (30) days is granted in writing. Contact information for the assessor is available at: <https://www.in.gov/dlg/contact-your-local-officials/>.

Name of taxpayer <b>Monroe County Humane Association</b>	Name under which business is conducted <b>Monroe County Humane Association</b>	DLGF taxing district number <b>015</b>		
Nature of business <b>NonProfit Animal Care Clinic</b>	County <b>Monroe County</b>	Township <b>Van Buren</b>		
Address where property is located (number and street) <b>791 S Fieldstone Blvd</b>	City <b>Bloomington</b>	State <b>IN</b>	ZIP code <b>47403</b>	
Name to which Assessment and Tax Notice should be mailed (if different than above)				
Mailing address (number and street) (if different than above) <b>PO Box 1334</b>	City <b>Bloomington</b>	State <b>IN</b>	ZIP code <b>47402</b>	

<b>TOTAL TANGIBLE PERSONAL PROPERTY</b> (Please check one.)	<input type="checkbox"/> Form 102	<input type="checkbox"/> Form 103-Short	<input checked="" type="checkbox"/> Form 103-Long
<b>SUMMARY</b> (round all numbers to nearest ten dollars)	<b>REPORTED BY TAXPAYER</b>	<b>CHANGE BY ASSESSOR</b>	<b>CHANGE BY COUNTY BOARD</b>
Schedule A - Personal Property	\$ <b>28,590</b>	\$	\$
Deduction per Form 102-ERA, Form 103 ERA or Form 103-CTP	- \$ <b>0</b>	\$	\$
Final Assessed Value	= \$ <b>28,590</b>	\$	\$
<i>All vehicles used in farm or business and not subject to Excise Tax must be reported as depreciable personal property in the pools on Schedule A or Forms 102 or 103.</i>			

**FILING REQUIREMENTS**

**Property in more than one Taxing District** - Due to varying tax rates, a taxpayer who has property in two or more taxing districts within the same township must have separate assessments for each district covering only property located in that district. (IC 6-1.1-3-10)

Were expenditures made since the last assessment date for improvements on any real property owned, held, possessed, controlled or occupied by the taxpayer in the township wherein this return is filed?  Yes  No

If Yes, attach a statement setting forth the name of owner, location of the real property, an explanation of the nature, cost, date on which construction of improvements was begun, and date on which construction was completed. If not completed as of January 1, state the percentage completed at that time. (IC 6-1.1-5-13)

**SIGNATURE AND VERIFICATION**

Under penalties of perjury, I hereby certify that this return (including any accompanying schedules and statements), to the best of my knowledge and belief, is true, correct, and complete; if applicable, reports all tangible personal property subject to taxation owned, held, possessed or controlled by the named taxpayer in the stated township or taxing district on the assessment date, as required by law; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.

Signature of authorized person	Printed name of authorized person <b>Dawn Craft</b>	Date (month, day, year) <b>10/10/23</b>
Title of authorized person <b>Board Treasurer</b>	Telephone number <b>812-332-0123</b>	Email of authorized person <b>dawn.craft@germanamerican.com</b>

**Monroe County Humane Association****PENALTIES FOR FAILURE TO FILE COMPLETE AND ACCURATE FORMS**

Failure to file a return on or before the due date as required by law will result in the imposition of a twenty-five dollar (\$25.00) penalty. In addition, if a return is not filed within thirty (30) days after such return is due, a penalty equal to twenty percent (20%) of the taxes finally determined to be due with respect to the property which should have been reported will be imposed. A personal property return is not due until the expiration of any extension period granted by the township assessor or county assessor under IC 6-1.1-3-7(b).

If the total assessed value that a person reports on a personal property return is less than the total assessed value that the person is required by law to report and if the amount of the undervaluation exceeds five percent (5%) of the value that should have been reported on the return, then the county auditor shall add a penalty of twenty percent (20%) of the additional taxes finally determined to be due as a result of the undervaluation.

In completing a personal property return for a year, a taxpayer must make a complete disclosure of all information relating to the value, nature, or location of personal property owned, held, possessed or controlled on the assessment date [IC 6-1.1-3-9(a)], and information relating to improvements made since the preceding assessment date to real property owned, held, possessed or occupied. (IC 6-1.1-5-13) This information would include, but not be limited to, completion of the heading and related information, and answers to all questions and entries on all of the appropriate lines on the face of the return. If such information is not provided, the taxpayer will be contacted and directed to provide that information. In addition, a penalty of twenty-five dollars (\$25.00) shall be imposed. [IC 6-1.1-37-7(d)]

The above penalties are due on the property tax installment next due for the return, whether or not an appeal is filed pursuant to IC 6-1.1-15-5 with respect to the tax due on that installment. [IC 6-1.1-37-7(f)]

**FILING BASICS**

- Every person owning, holding, possessing, or controlling personal property in Indiana on January 1 is required to file a form by May 15, 2023.
- Taxpayers may request up to a thirty (30) day extension of time to file their return. The written request should be sent to the assessor before the filing deadline of May 15, 2023, and should include a reason for the request. The assessor may, at his or her discretion, approve or disapprove the request in writing.
- Personal property must be assessed in each taxing district where property has a tax situs.
- Inventory located in the State of Indiana is exempt and is not required to be reported per IC 6-1.1-1-11(b)(3).
- It is the responsibility of the taxpayer to obtain forms from the assessor and file a timely return. The forms are also available online at the Department's website: [www.in.gov/dlqf](http://www.in.gov/dlqf).
- If you hold, possess, or control not-owned personal property on the assessment date, you have a liability for the taxes imposed for that year unless you establish that the property is to be assessed to the owner. This is done by completing a Form 103-N, attaching it to the appropriate personal property form, and filing it with the assessor.

NOTE: Failure to properly disclose lease information may result in a double assessment.

- Taxpayers who discover an error was made on their original, timely-filed personal property tax return have the right to file an amended return. The amended return must be filed within twelve (12) months of the due date or the extended due date (if up to a thirty (30) day extension was granted) of their original return. The deadline to amend a 2023 return, if no extension has been granted, is May 15, 2024.
- In order to reduce the possibility of an estimated assessment and failure to file a return penalty, taxpayers may elect to inform the assessor when personal property is moved out of a county.
- Taxpayers now have the opportunity to file personal property returns online at: [www.ppopin.in.gov](http://www.ppopin.in.gov).

35-6064277

### Book Property Detail

FYE: 12/31/2022

Asset	Property Description	Date Acquired	Book Cost	Book Prior Depreciation	Book Current Depreciation	Book End Depr
<b>Location ID#: FieldStone Clinic</b>						
<b>PPT type - IN: Pool number 2</b>						
<b>Date Acquired for Year End: 1/01/21</b>						
14	Laptops x3	12/31/20	3,000	0	0	0
15	Exam Table x4	12/31/20	2,000	0	0	0
16	Scale	12/31/20	700	0	0	0
17	Kennel System	12/31/20	20,000	0	0	0
18	Surgery Light - donated	12/31/20	2,000	0	0	0
19	Surgery Table - Donated	12/31/20	2,500	0	0	0
20	Autoclave - Donated	12/31/20	10,000	0	0	0
21	Kennels - Donated	12/31/20	3,000	0	0	0
10	Kennel System	9/01/20	18,423	1,228	921	2,149
11	Washer, Dryer, Dishwasher	9/01/20	4,185	558	419	977
12	Scale	9/01/20	961	128	96	224
13	Cell Tower Booster	9/01/20	1,294	173	129	302
<b>Year End Total: 1/01/21</b>			<u>68,063</u>	<u>2,087</u>	<u>1,565</u>	<u>3,652</u>
<b>Pool number 2</b>			<u>68,063</u>	<u>2,087</u>	<u>1,565</u>	<u>3,652</u>
<b>FieldStone Clinic</b>			<u>68,063</u>	<u>2,087</u>	<u>1,565</u>	<u>3,652</u>
<b>Grand Total</b>			<u>68,063</u>	<u>2,087</u>	<u>1,565</u>	<u>3,652</u>



35-6064277

### Book Property Detail

FYE: 12/31/2022

<u>Asset</u>	<u>Property Description</u>	<u>Date Acquired</u>	<u>Book Cost</u>	<u>Book Prior Depreciation</u>	<u>Book Current Depreciation</u>	<u>Book End Depr</u>
<b>Location ID#: Main</b>						
PPT type - IN: Pool number 2						
Date Acquired for Year End: 1/01/16						
1	PPT Furniture & Equipment	1/01/16	19,500	0	0	0
<b>Year End Total: 1/01/16</b>			19,500	0	0	0
Pool number 2			19,500	0	0	0
	Main		19,500	0	0	0
<b>Grand Total</b>			19,500	0	0	0



