# Form

## **Return of Organization Exempt From Income Tax**

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

to Public Inspection

Department of the Treasury Internal revenue Service

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

This Form is Open

OMB No. 1545-9047

A F	or th	e 1	997 calendar year, OR tax year period beginning		, 1997, and end	ing		, 19
BC			C Name of organization				D Employer idea	ntification number
<u>"</u>	Cha		Please use IRS THE CENTER FOR THE R	ESPECT OF LT	FE AND			
ļ	∬of add	ress		DOLLOR OF HE			52-152	20451
_	]initi:	al	pinit si			1		
<u></u>	Jretu	m	See   Number and Street for F.O. Down maints in	it delivered to street address	<b>3</b> )	Room/suite	E State registrat	non number
<u> </u>	]Fina retu	-	Specific 2100 L STREET, N.W.			<u> </u>	N/A	
			Instruc- tions. City, town, or post office, state, and ZIP+4			)	F Check 🟲 上	if exemption
;	(requir for Sta reporti	ed al Io	MASHINGTON, DC 2003	7		į		application is pending
G T	reporti Vine «	ng) nta	rganization - X Exempt under 501(c) (3 )	(insert number) OR	section 4947(	а)(1) попехеп	ipt chartitable tru	st
Nate	, po .	ant	ion 501(c)(3) exempt organizations and 4947(a)	(1) nonevernnt charitah	le trusts MHS	Γattach a co	mpleted Sche	dule A (Form 990).
11/-1	الجيمارية	-	a group return filed for affiliates?	Van X No	1 If aither havi	n Wie checked	"Vee " enter four	-digit group
				162 [ 140]				uigit group
(0)			enter the number of affiliates for which this		-	imber (GEN)		Accrual
	retu	ım i	is filed:		J Accounting n		J Casn <u>LA-</u>	Accruai
<u>(c)</u>	is in	is a	separate return filed by an organization covered by a group ruling	Yes A No		(specify)		
			e 🕨 🔲 if the organization's gross receipts are norm					RS; but
			ed a Form 990 Package in the mail, it should file a return					
Note	: For	m 9	990-EZ may be used by organizations with gross receipts	less than \$100,000 and to	tal assets less tha	n \$250,000 at	end of year,	
Pa			Revenue, Expenses, and Changes in	Net Assets or Fund	d Balances	•		
	1		Contributions, gifts, grants, and similar amounts receiv					· · · · · · · · · · · · · · · · · · ·
	,		Direct public support		1a	361,9	65.	
s			· · · · · · · · · · · · · · · · · · ·			252,2	111	
5		D	Indirect public support		-	20272	<del></del>	
2		C	Government contributions (grants)		1 16 1	Stmt	<del>1  </del>	
<del>-</del> i -i		d	Total (add lines 1a through 1c) (attach schedule of con	tributors)			000000000	614 176
			(cash \$ 614,176. noncash \$		)		1 1	614,176.
30 H	2		Program service revenue including government fees an	d contracts (from Part VII, I	ine 93)		2	
τ.	3		Membership dues and assessments		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************	3	
- ·	4		Interest on savings and temporary cash investments					
1 I	5		Dividends and interest from securities				5	
	-	а	Gross rents	1		***************************************	8888	
	U	_			1			
3		þ	Less: rental expenses				- Contraction	
	_	C	Net rental income or (loss) (subtract line 6b from line 6	a)		***************************************		
Revenue	7		Other investment income (describe		4		) 7	
ě	8	а	Gross amount from sale of assets other	(A) Securities		(B) Other		
μ,			than inventory		8a			
		þ	Less: cost or other basis and sales expenses		l 8b			
		C	Gain or (loss) (attach schedule)		80			
		d	Net gain or (loss) (combine line 8c, columns (A) and (E	1))		******	8d	
	9		Special events and activities (attach schedule):					
	_		Gross revenue (not including \$	of contributions				
			reported on line 1a)	i	ga			a
		þ	•	,				
		G	Net income or (loss) from special events (subtract line				<u>9</u> g	
	10	a	• • • • • • • • • • • • • • • • • • • •		4			
		þ			10b			
		C	Gross profit or (loss) from sales of inventory (attach so	hedule) (subtract line 10b f	om line 10a)	,,	10c	
j	11		Other revenue (from Part VII, line 103)	***************************************	***********	,	11	
	12		Total revenue ladd lines 1d 2 3 4 5 6c 7 8d 9c 10	le and 11)				614,176.
	13		Program services (from line 44, column (B))	R	ECENTER		13	405,866.
es	14		Management and general (from line 44, column (C))				14	89,737.
SITS		•	Eughanising (from line 44, column (D))	121		<u> </u>	15	118,573.
Expenses	15		Fundasing (nomine 44, column (D))		2000	. 181	16	
Ш́.	16	<b>)</b>	Payments to attituates (attach schedule)			d 12/	16	614,176.
	17	· 	Total expenses (add lines 16 and 44, column (A))			<del>}</del>	17	074,770
LD:	18	i	Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule)  Total expenses (add lines 16 and 44, column (A))  Excess or (deficit) for the year (subtract line 17 from line)	e 12)	MEN" MI	<del>-</del>	18	
Net Assets	19	l	Net assets or fund balances at beginning of year (from	ime /3, column (A))		<del></del>	.,,	0.
ASS	20	i	Other changes in net assets or fund balances (attach ex	planation)	ļ	******	20	0.
	21		Net assets or fund balances at end of year (combine lin					0.
			Denominal Reduction Act Notice, and page 1 of the per	-u-t- itll				Form 000 /1997)

70063

712177

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THE CENTER FOR THE RESPECT OF LIFE AND 52-1520451 Page 2 ENVIRONMENT Form 990 (1997) All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and Statement of Functional Expenses Part II (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (C) Management and general Do not include amounts reported on line (B) Program (D) Fundraising (A) Total 6b, 8b, 9b, 10b, or 16 of Part I 22 Grants and allocations (attach schedule) 12,400 Statement 3 12,400. cash \$ 12,400 noncash \$ 22 23 Specific assistance to individuals (attach schedule) 23 24 24 Benefits paid to or for members (attach schedule) 79,360. 79,360. 25 25 Compensation of officers, directors, etc. 71,481. 71,481. Other salaries and wages \_\_\_\_\_ 26 26 27 27 Pension plan contributions 28 28 Other employee benefits ..... 29 Payroll taxes \_\_\_\_\_ 29 30 Professional fundraising fees 30 31 31 Accounting fees 32 32 Legal fees 1,819. 1,819. 33 33 Supplies \_\_\_\_\_ 4,638. 4,638. 34 Telephone ..... 1,627. 1,627. 35 35 Postage and shipping 36 36 Occupancy \_\_\_\_\_ 37 Equipment rental and maintenance 37 38 38 Printing and publications 74,294. 74,294. Travel \_\_\_\_\_ 39 39 9,146. 9,146. 40 Conferences, conventions, and meetings 40 41 Interest ..... 41 42 42 Depreciation, depletion, etc. (attach schedule) ... 43 Other expenses (itemize): 43a 43h 43c 434

g See Statement 2	43e	359,411.	151,101.	89 <b>,</b> 737.	118,573.
Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	614,176.	405,866.	89,737.	118,573.
eporting of Joint Costs Did you report in column					
ndraising solicitation?			******************		Yes X No
"Vee " enter /N the aggregate amount of these loin	tionete &	· /ii	) the amount allocated to	Program services \$	;
i) the amount allocated to Management and gener  Part III Statement of Program Se	al \$	; and (iv	) the amount allocated to	Fundraising \$	·
Part III Statement of Program Se	rvice Acc	omplishments		<u> </u>	T
hat is the organization's primary exempt purpose?	<b>&gt;</b> ▶			. <u> </u>	B 0
NIMAL AND ENVIRONMENTA	L PROT	ECTION.			Program Service Expenses
I organizations must describe their exempt purpose achieve the exempt purpose achieve their exempt purpose achieve their exempt purpose achieve their exempt purpose achieve their exempt purp	(4) organizations	and 4947(a)(1) honexempt on	antable trusts must also enter	ule amount of grafts and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a GENEERAL ACTIVITIES	TOWARD	INCREASING	PUBLIC AWA	RENESS OF	[
ENVIRONMENTAL AND ANI	MAL WE	LFARE CONCE	RNS, DISTRI	BUTION OF	ĺ
PRINTED AND OTHER MAT	ERIALS	IN FURTHER	ANCE OF THE	CENTER'S	1
PURPOSES.			ants and allocations \$	12,400.	405,866.
b					
					:
		(Gr	rants and allocations \$	).	
С		· · · · · · · · · · · · · · · · · · ·			
	<del></del> -		<u>.                                  </u>	-	j
		(Gr	rants and allocations \$	}	
d					
		(Gr	rants and allocations \$	)	
e Other program services (attach schedule)		(Gr	rants and allocations \$	)	
f Total of Program Service Expenses (should ex	jual line 44, co	olumn (B), Program servi	ces)	<b>&gt;</b>	405,866.
23011 2-09-97	·	2			
00513 712177 70063		050 THE CE	NTER FOR TH	E RESPECT OF	700631

### Part IV Balance Sheets

	re required, attached schedules and amounts with nd-of-year amounts only.	in the description column should be	(A) Beginning of year	E	(B) nd of year
	Orah man interest handing		45		
45	Cash - non-interest-bearing			46	
46	Savings and temporary cash investments	••••••			
	A As	472			
	Accounts receivable			476	
"	Fess: sliewance for doubting accounts				·
40 -	Pledges receivable				
	Less: allowance for doubtful accounts		ĺ	48c	
1	Grants receivable			49	
49	Receivables from officers, directors, trustees, a	nd key employees (attach			.,
50	schedule)		]	50	
5   51 a		51a			_·
51 a		51h	<u> </u>	510	
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges			53	
54	Investments - securities (attach schedule)			54	
155 a		***************************************			
100 0	equipment: basis	55a			
	Less: accumulated depreciation (attach		1		
"	schedule)	55b		55c	<del></del>
56	Investments - other			56	
57 a					
	Less: accumulated depreciation	57h		57c	
58		)		58	
""			[		
59	Total assets (add lines 45 through 58) (must	qual line 74)	0.	59	0.
60	Accounts payable and accrued expenses			60	
61	Grants payable			_61	
62	Deferred revenue	***************************************		62	
63	Loans from officers, directors, trustees, and ke	y employees		63	<del></del>
62 63 64	a Tax-exempt bond liabilities			64a	
-	b Mortgages and other notes payable			64b	
65	Other liabilities (describe	)		65	
1					0 .
66	Total liabilities (add lines 60 through 65)		0.	66	
Org	anizations that follow SFAS 117, check here 🕨	and complete lines 67 through			
	69 and lines 73 and 74				
g   67	Unrestricted			67	
68	Temporarily restricted			68	
69	Permanently restricted		69		
를   Org	anizations that do not follow SFAS 117, check h	ere 🖊 🔼 and complete lines			
<u> </u>	70 through 74		0.	70	0
70	Capital stock, trust principal, or current funds			70 71	0
Net Assets or Fund Balances 67 68 69 70 71 72 73	Paid-in or capital surplus, or land, building, an	d equipment fund		72	0
₹ 72	Retained earnings, endowment, accumulated	ncome, or other funds		05/05/05/05	
2 73	Total net assets or fund balances (add lines		0.	73	0
	column (A) must equal line 19 and column (B	) must equal line 21)		74	0
74	Total liabilities and net assets / fund balance	es (add lines 66 and 73)  neonle, serves as the primary or sole source			

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

70063

ENVIRONMENT

Par	t IV−A Reconciliation of Revenu Financial Statements wit Return	ie per Audited h Revenue per	Part		ial Statements	With Expe	nses per
(2) (4) (2) (2) (2) (2) (2)	Total revenue, gains, and other support per audited financial statements	b c	(2) (3) (4) 	Total expenses and lo audited financial state Amounts included on line 17, Form 990: Donated services and use of facilities.  Prior year adjustment reported on line 20, Form 990	.\$\$ .\$\$ s (1) through (4)	b c	N/A
8	dd amounts on lines (1) and (2)  Total revenue per line 12, Form 990 (line c plus line d)  List of Officers, Directors,	e		Add amounts on lines Total expenses per lin (line c plus line d)  Oyees (List each on	16 17, Form 990	▶ е	
	(A) Name and address		(B) T	tle and average hours er week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See	e Statement 4				79,360.	7,380	0.
			<u> </u>		<u> </u>	<u>L</u>	<del></del>

	t VI Other Information		Yes	No				
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	1.50	X				
77	Were any changes made in the organizing or governing documents but not reported to the IRS?							
	If "Yes," attach a conformed copy of the changes.							
78 a								
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	78b						
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		Х				
	If "Yes," attach a statement;							
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,							
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?							
b	If "Yes," enter the name of the organization  See Statement 6							
	and check whether it is exempt <b>OR</b> nonexempt.							
81 a	Enter the amount of political expenditures, direct or indirect, as described in the							
	Instructions for line 81 0.							
þ		81b		X				
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than							
	fair rental value?	82a		X				
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an							
	expense in Part II. (See instructions for reporting in Part III)							
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	: 				
þ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X					
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a	0000400000	5000000000				
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not							
•	tax deductible? N/A	84h						
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a						
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	0000000000	880000000				
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax							
	owed for the prior year.							
C	Dues, assessments, and similar amounts from members 856 N/A							
đ	Section 162(e) lobbying and political expenditures 85d N/A Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A							
6								
f	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
g	• • • • • • • • • • • • • • • • • • • •	.85g						
11	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?  N/A							
86	501(c)(7) organizations, - Enter:	85h	200000	S0000000				
	Initiation fees and capital contributions included on line 12							
	Gross receipts, included on line 12, for public use of club facilities 86b N/A							
87	501(c)(12) organizations Enter: a Gross income from members or shareholders.  87a N/A							
	Gross income from other sources. (Do not net amounts due or paid to other sources							
ь	against amounts due or received from them.) 87h N/A							
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership?							
0.5	If "Yes," complete Part IX	88	.000.000000.0	X				
89 a	501(c)(3) organizations Enter: Amount of tax imposed during the year under:			******				
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •							
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit							
	transaction during the year? If "Yes," attach a statement explaining each transaction	89b	X GGC AN GGC	X				
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under							
	sections 4912, 4955, and 4958			0.				
d	Enter: Amount of tax in 89c, above, reimbursed by the organization			0.				
90 a	Enter: Amount of tax in 89c, above, reimbursed by the organization  List the states with which a copy of this return is filed   DISTRICT OF COLUMBIA							
þ	Number of employees employed in the pay period that includes March 12, 1997	90b		4				
91	The books are in care of ► CONTROLLER Telephone no. ► (202)	452-	-11(	0(				
	Located at ► PAGE ONE ADDRESS ZIP +4 ►.							
	· ·							
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here		►□	$\exists$				
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/I	<u> </u>					

Form 990 (1997) ENVIRONMENT

Part VII Analysis of Income-Producing Activities 52-1520451

Page 6

Enter gross amounts unless otherwise		elated business income	Exclu	ded by section 512,1513, or 514	(E)
indicated.	(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue;	Business	Amount	sion	Amount	function income
_	3333		0000		
(a)(b)			<u> </u>		
(c)	<del> </del>				
				ì	
(d)(e)	1		<u> </u>		
(i) Medicare/Medicaid payments					
(g) Fees and contracts from government agencies			1		
94 Membership dues and assessments					
•		<u> </u>	-		
95 Interest on savings and temporary					
cash investments			<del>                                     </del>		
96 Dividends and Interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property			-		
(b) not debt-financed property					<u> </u>
98 Net rental income or (loss) from personal property					
99 Other investment income	<u> </u>				
100 Gain or (loss) from sales of assets					
other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					ļ
103 Other revenue:					
a					
b					
G					
d	1		1		
0	į l				
104 Subtotal (add columns (B), (D), and (E))		0.		0.	
105 TOTAL (add line 104, columns (B), (D), and (E))					0
Note: (Line 105 plus line 1d, Part I, should equal the amount	on line 12, Pa	art I.)		Ţ	-
Part VIII Relationship of Activities to the	e Accom	plishment of Exemp	t Pu	poses	
Line No. Explain how each activity for which income is re exempt purposes (other than by providing funds			ı impor	tanuy to the accomplishment	or the organization's
Part IX Information Regarding Taxable	Subsidia	aries (Complete this Part i	the "Y	es" box on 88 is checked.)	
Name, address, and employer identification number of corporation or partnership ownership inter		Nature of business activities		Total income	End-of-year assets
N/A	%				
	%				
	%				
	%				
		ng accompanying schedules	and etal	ements, and to the best of my knows	wledge and belief, it is true,
		n an intermation of which pre	payer na	s any knowledge.	
		119/08 L	121	SIDEN	
		ate T	ne or r	print name and title	

#### SCHEDULE A (Form 990)

## Organization Exempt Under 501(c)(3)

(Except Private Foundation), and Section 501(e), 501(f), 501(k), 501(n) or Section 4947(a)(1)

Nonexempt Charitable Trust

Supplementary Information

► Must be completed by the above organizations and attached to their Form 990 (or Form 990EZ).

HE CENTER FOR THE RESPECT OF LIFE AND

1997

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

THE CENTER FOR THE RESPECT OF LIFE AND ENVIRONMENT

Employer Identification number 52 1520451

Part I Compensation of the Five Highest Paid Employ (See instructions.) (List each one. If there are none, enter "N	Jon <del>e</del> ,")	icers, Directo		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
NONE	<u> </u>	:		
		1		
	<u> </u>			
Total number of other employees paid over \$50,000	0			
Part II Compensation of the Five Highest Paid Independent (See instructions.) (List each one (whether individuals or firm			al Services	
(a) Name and address of each Independent contractor paid more the	an \$50,000	(b) Type of s	ervice (	c) Compensation
NONE				
			İ	
			!	
Total number of others receiving over	0			

For Paperwork Reduction Act Notice, see page 1 of the Instructions to Form 990 (or Form 990-EZ).

Schedule A (Form 990) 1997

723111 12-05-9

An organization organized and operated to test for public safety, Section 509(a)(4). (See instructions on page 4.)

che	. THE dule A (Form 990) 1997 ENV	CENTER FOR	THE RESPECT	OF LIFE A		520451 Page 3
Pai	T IV-A Support Schedule (C Note: You may use the	Complete only if you che worksheet in the instructi	ecked a box on line 10, ons for converting from the	11, or 12 above.) Use accrual to the cash me	e cash method of accepted of accepted a	counting.
	ndar year (or fiscal year nning in)	(a) 1996	(b) 1995	(c) 1994	(d) 1993	(e) Total
5	Gifts, grants, and contributions received.  {Do not include unusual grants, See tine 28.}	416,251.	191,530.	341,849.	320,582.	1,270,212.
6	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose		2,461.	5,914.	5,808.	14,183.
8	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		-			
9	Net income from unrelated business activities not included in line 18					
0	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>:1</b>	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
2	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
3	Total of lines 15 through 22	416,251.	193,991.	347,763.	326,390.	1,284,395.
4	Line 23 minus line 17	416,251.	191,530.	341,849.	320,582.	1,270,212.
5 5	Enter 1% of line 23 Organizations described in lines 10	<del></del>	1,940.	3,478.	3,264.	25,404.
	Attach a list (which is not open to pul governmental unit or publicly suppor in line 26a. Enter the sum of all these	blic inspection) showing th ted organization) whose to	ne name of and amount cor otal gifts for 1993 through	ntributed by each perso 1996 exceeded the amo	n (other than a ount shown	209,192.
C	Total support for section 509(a)(1) te	est: Enter line 24, column (	e)		▶ 26c	1,270,212.
đ	Add: Amounts from column (e) for li	nes: 18	19 26b_	209,19	92. ► 26d	209,192.
e	Public support (line 26c minus line 2	6d total)		************		1,061,020.
<u> </u>	Public support percentage (line 26e Organizations described on line 12:					83.5309%
	of, and total amounts received in each					ion a list to show the hame
	(1996)					·
þ	For any amount included in line 17 th					
	that was more than the larger of (1) a individuals.) After computing the differencess amounts) for each year. No.	erence between the amoun				
	(1996)		(1	994)	(1993)	***************************************
C	Add: Amounts from column (e) for lin	nes: <b>15</b>		16		
	17	20	and line 27b total	21	▶ 27c	N/A
	Add: Line 27a total	t 0741-1 B	and line 27b total			N/A
e	Public support (line 27c, total minus l Total support for section 509(a)(2) te	st: Enter amount on line ?	3 column /s\	271 ¢ N	► 27e   I/A	N/A
	Public support percentage (line				0.5000000000000000000000000000000000000	N/A %
	Investment income percentage					N/A %

h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator)) ...... 28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1993 through 1996, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.) None

**▶** 27h

Part V Private School Questionnaire

.=	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	'A	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		Yes	No
30	instrument, or in a resolution of its governing body?  Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	100000		
31	ras the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?			
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_		
32 a	and state of the state body, jacuity, and applications	32a		
	nondiscriminatory basis?	1 1		
ti	admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?	32c		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
33 a				
d 10 10	Employment of faculty or administrative staff?	33h		_
e f	Educational policies? Use of facilities?	338		
g h	Other extracurricular activities?	220		_
	If you need more space, attach a separate statement.)	-		
34 a b	Has the organization's right to such aid ever been revoked or suspended?	34a 34b		
35 ——	If you answered "Yes" to either 34a or b, please explain using an attached statement.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,  1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Page 5

Part VI-A Lob	hvino	Evnonditures by I	L Takka a B 18 - 61	- Bat		·	52	-1520451 Page
(To b	e compl	I Expenditures by I eted ONLY by an eligible or	Electing Public Ch	arities 768)				
' Check here 🟲 a 💹	If the o	organization belongs to an a	ffiliated group.	100)		···		N/A
Check here 🕨 b	If you	checked "a" above and "limit	ed control" provisions appl	ly				
		Limits on Lobbying				(a)		(h) To be completed for ALL
	(The to	erm "expenditures" means a	mounts paid or incurred)			Affiliated group	totals	electing organizations
36 Total lobbying expe	ndih	to tall and a second of				N/A		
37 Total lobbying expe	nditurae	to influence public opinion to influence a legislative bo	(grassroots lobbying)		36			
38 Total Jobbying expe	nditures	(add lines 36 and 37)	ay (airect toppying)			<u> </u>		<del> </del>
39 Other exempt purpo	se expe	nditures	**************************	*******	38			
40 Total exempt bittbo	se exper	iditures (add lines 38 and 3:	9)	*****************	40			<del></del>
41 Looplying nontaxabl	e amour	it. Enter the amount from th	e following table -	******************				
If the amount on Jin		קעמטו טייי י	ing nontaxable amount is	-				
Not over \$500,000		20% of the a	amount on line 40	}				
Over \$1,000,000 but no	t over \$1.60	00,000 \$100,000 plo 500,000 \$175,000 plo	us 15% of the excess over \$500	,000				
Over \$1,500,000 but no	t over \$17	,000,000 \$225,000 pli	IS 10 m of the excess over \$1,00	00,000	41			
Over \$17,000,000		\$1,000,000		1				
42 Grassroots nontaxal	ole amou	int (enter 25% of line 41)			42		18323.68663	
45 Subtract line 42 from	n itne 36	. Enter -0- if line 42 is more	than line 36	'	43			
44 Subtract line 41 from	n Jine 38	. Enter -0- if line 41 îs more	than line 38	****************	44	***		
Caution: If there is	an amo	ount on either line 43 or l	ine 44 vou munt file For	4700				
			ino 44, you must me For	1114720.				
		(Some organizations that m	4-Year Averaging Period ade a section 501(h) election 501(h) elections from the first ructions from the first ructions from the first ructions from the first ructions from the first ruction from the first r	on do not have to	complet	e all of the five col	ımns	
Onlandar /	<u> </u>		Lobbying Exp	oenditures Durin	g 4-Year	Averaging Period		N/A
Calendar year (or fiscal year beginning in)		(a) 1997	(b) 1996	(c) 1995		(d) 1994		(e) Total
45 Lobbying nontaxable								70,01
amount46 Lobbying ceiling amo								0.
(150% of line 45(e))								
47 Total lobbying								0.
expenditures								0.
18 Grassroots nontaxabl	1				_			<del>                                     </del>
amount				2000 in a constant constant	Carrage Control			0.
(150% of line 48(e)).								
iO Grassroots lobbying								0.
expenditures	<u></u>							0.
Fart AI-B Fopp	ring A	ctivity by Nonelec	ting Public Chariti	es		· <del>I</del> .		<u> </u>
	ming on	ily by organizations that did	not complete Part VI-A)					N/A
runng the year, did the org Aftience public opinion on	janizatio La lacioù	n attempt to influence nation ative matter or referendum,	nal, state or local legislation	i, including any at	ttempt to	Yes	No	Amount
a Volunteers	ត ចេពិខេត	ative matter or referencium,	inrough the use of:			1	140	Amount
b Paid staff or managem	ent (incl	ude compensation in expen	ses reported on lines of thro	nuch bì	*********		-	
is iviedia advertisements	********	***************************************					<sup>   </sup>	
n mannings to intellinets'	iegisiato:	rs, or the public						
a a grandarionio di hitalibli	ien of Di	oaucast statements				•		
i minute to princt oidailis	auuns n	or randying purposes						
a muser contrast with 16A1	olaļuto, j	illeli stalis, government omi	Clais, or a legislative body					
i Total lobbying expendi	tures (ad	ars, conventions, speeches, Id lines c through h)	rectures, or any other mear	ns			8636988	
If "Yes" to any of the ab	ove, als	o attach a statement giving :	detailed description of the	lobbying activitie	 9 <b>s</b> .			0.
3141		·				, ,		-

Part VII		<u></u>
In curr Am	Information Regarding Transfers To and Transactions and Relations  Exempt Organizations	hins With Noncharitable
_	Exempt Organizations	mpo mai nonchantable

51	Side and the second						
ופ	The reporting organization (	directly or indirectly engage in any	of the following with any oth	er organization described in section			
_	Surice of the Gode (other than	section 501(c)(3) organizations) o	r in section 527, relating to p	olitical organizations?			
а	Transfers from the reporting or	ganization to a noncharitable exem	opt organization of:			Yes	No
	(I) Cash				51a(i)		X
	July orner general	******************************		***************************************	a(ji)		Х
Ð	Other transactions,				Ī		
	(i) Sales of assets to a noncha	aritable exempt organization	*****************************		b(i)		X
	(ii) i micrigada di gageta HAHI b	a maniculanicable exempt oldsbizstlo	מ		- H/iii		X
	tin) veniral of facilities of editibi	ment			I was		X
	(14) Manuaging of the Wildling of the	ents	***************************************		b(iv)		X
	1.) manua at totti Antivitee?	***************************************			1 5/64		<u> </u>
	(A) Lemonnance of Selvices Of	' membership or fundraising solicit	ations		h/vi)		X
u	onanny or raciillas, admibilialif,	mailing lists, other assets, or paid	emplovees		E .		X
u	ii mia anomai to any di tila 9000	e is "res," complete the following s	chedule. Column (b) should	always indicate the fair market value of the	<u> </u>		
	guuus, umer assets, or services	s given by the reporting organizatio	n. If the organization receive	d less than fair market value in any			
	transaction or sharing arrangen	nent, show in column (d) the value	of the goods, other assets, o	r services received	3	N/A	
(a)	(b)	(a)		(d)		4/ 22	
Line n	D. Amount involved	Name of noncharitable e	exempt organization	Description of transfers, transactions, and si	harino arr	annem	ente
					and all	angoni	711(3
	<del>                                     </del>						
2 a le	the examination directly as indi						
- E a j:	s the organization priectly of IDD:	irectly amiliated with, or related to,	one or more tax-exempt orga	inizations described in section 501(c) of the			
h li	"Yes," complete the following so	3)) or in section 527?	*************************	<b>&gt;</b> 🔲	Yes	X	No
1) II		chedule. N/A	<del></del>				
	(a) Name of orga	noiterina	(b) Type of organization	(c) Description of relationship	_		
	stanto et etga	illization	Type of organization	Description of relationship			
	· · · · · · · · · · · · · · · · · · ·						
						. "	
		<u> </u>					
	<u> </u>						_
							_
					<del>_</del> _	_	
							—
							_
-		<del></del>	<del></del>				

Form 990	Other	Statement		
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
CONSULTANTS INDIRECT COST	95,582.	95,582.		
ALLOCATION OTHER TAXES EDUCATIONAL	208,310. 25.	25.	89,737.	118,573.
PUBLICATIONS	55,494.	55,494.		
Total to Fm 990, 1n 43	359,411.	151,101.	89,737.	118,573.

Form 990	Cash Gra	nts and Allocations	Statement		
Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount	
	ST THOMAS UNIVERSITY	<del></del>	None	9,100.	
	ANDOVER NEWTON THEOLOGICAL		None	2,500.	
	INTL DEVELOPMENT CONFERENCE		None	500.	
	TRIBAL LINK FOUNDATION		None	300.	
Total Included	on Form 990, Part	II, line 22		12,400.	

Form 990	Part	Part V - List of Officers, D Trustees and Key Employ				State	ement 4
Name and Address				Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
ROBERT F. WELBORN				CHAIRMAN PART TIME	0.	0.	0.
ЈОНИ А. НОУТ				PRESIDENT PART TIME	0.	0.	0.
PAUL G. IRWIN				SECY/TREAS PART TIME	0.	0.	0.
DONALD CASHEN				DIRECTOR PART TIME	0.	0.	0.
ANITA W. COUPE				DIRECTOR PART TIME	0.	0.	0.
MICHAEL W. FOX				DIRECTOR PART TIME	0.	0.	0.
JAN HARTKE				DIRECTOR PART TIME	0.	0.	0.
JEWELL JAMES				DIRECTOR PART TIME	0.	0.	0.
ANDREW C. KIMBREL	Ľ			DIRECTOR PART TIME	0.	0.	0.
ELIZABETH A. LAWR	ENCE			DIRECTOR PART TIME	0.	0.	0.
RANDALL LOCKWOOD				DIRECTOR PART TIME	0.	0.	0.

THE CENTER FOR THE RESPECT OF L	IFE AND E		52-1	520451
LEWIS REGENSTEIN	DIRECTOR PART TIME	0.	0.	0.
STEPHANIE KAZA	DIRECTOR PART TIME	0.	0.	0.
RICHARD CLUGSTON	EXEC. DIRECTOR FULL TIME	79,360.	7,380.	0.
THE ABOVE OFFICERS/DIRECTORS CAN BE REACHED AT:		0.	0.	0.
2100 L STREET, N.W. WASHINGTON, DC 20037		0.	0.	0.
Totals Included on Form 990, Part	v	79,360.	7,380.	0.

Form 990	Part V - Officer Compensations Related Organizations	Statement 5		
Officer's Name	Name of Related Organization	Compen- sation	Employee Ben Plan Contrib	Expense Account
JOHN A. HOYT	THE HUMANE SOCIETY OF THE UNITED STATES	308,759.	34,227.	0.
PAUL G. IRWIN	THE HUMANE SOCIETY OF THE UNITED STATES	224,383.	14,821.	0.

Form 990	Identification of Related Organization Part VI, Line 80b		atement 6
Name of Organiz	ation	Exempt	NonExempt
THE NATIONAL HU	 JMACE EDUCATION CENTER	X	-
THE NATIONAL AS	SSOCIATION FOR HUMANE AND	X	
ENVIRONMENTAL I	EDUCATION	x	
EARTHKIND, USA	CETY OF THE UNITED STATES	X	
EARTHKIND INTE	RNATIONAL	Х	
HUMANE SOCIETY		X	
THE HUMANE SOC	IETY OF THE UNITED STATES WILDLIFE	X	
LAND TRUST		X	
MEADOWCREEK, II WORLDWIDE NETWO		X	