Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internat Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Open to Public inspection.

70063 1

A I	For the 20	001 calendar year, or tax year period beginning and e	nding					
В	Check if applicable:	Please C Name of organization use ITS THE CENTER FOR THE RESPECT OF LIFE A	and	D Employer Id	entification number			
	Address change	label of   ENVIRONMENT   52-1520451						
	Name change	Number and street (or P O box if mail is not delivered to street address)  Room/suite   E Telephone number						
	Initial return	Specific 2100 L STREET, N.W.		(202)	452-1100			
	Final	tions City or town, state or country, and ZIP + 4		F Accounting metho	oct Cash X Accrual			
	Amende			Other (specify)	<b>&gt;</b>			
	Applicati pending	Section 501(c)(3) organizations and 4947(a)(1) nenexempt charitable trusts	H and I are not applic	able to section 5	27 organizations			
		must attach a completed Schedule A (Form 990 or 990-EZ)	H(a) Is this a group	return for affiliati	es? 🔲 Yes 🔀 No			
G \	Web site_	▶www.hsus.org	∐ H(b) If "Yes," enter ni	umber of affiliate	s ►			
J (	Organizat	lan type (check only one) ► X 501(c) ( 3 ) ◀ (insert no )	H(c) Are all affiliates (if "No," attach a	•	/A Yes No			
		e In the organization's gross receipts are normally not more than \$25,000. The	H(d) is this a separat	e return filed by	an or-			
		on need not file a return with the IRS, but if the organization received a Form 990 Package	' -	red by a group r				
		I, it should file a return without financial data. Some states require a complete return	1 Enter 4-digit GE	-				
					on is not required to attach			
L	Gross rec	eipts Add lines 6b, 8b, 9b, and 10b to line 12 970, 397.	Sch B (Form 99	90, 990 <del>-E</del> Z or 9	90-PF)			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Bala	ances					
	1	Contributions, gifts, grants, and similar amounts received						
	2	Direct public support 1a	257,8	28.				
	b	Indirect public support 1b	712,4	81.				
	C	Government contributions (grants)	<u></u>					
	ď	Total (add lines 1a through 1c)						
		(cash \$ 970, 309 noncash \$)		1d	970,309.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2				
	3	Membership dues and assessments		3				
	4	Interest on savings and temporary cash investments		4				
	5	Dividends and interest from securities	1	5				
	6 a	Gross rents 6a	ļ					
	1	Less rental expenses 6b						
9		Net rental income or (loss) (subtract line 6b from line 6a)		6c				
Revenue	7	Other investment income (describe	(B) Oh	) 7	<del></del>			
é	0 8	Gross amount from sale of assets other (A) Secunties than inventory 8a	(B) Other	7				
		than inventory 8a Less cost or other basis and sales expenses 8b	/	12 T				
		Gain or (loss) (attach schedule)	/4	1706	EIVED			
	1	Net gain or (loss) (combine line 8c, columns (A) and (B))	<del></del>	#/ Ad	EVED			
	1	Special events and activities (attach schedule)	/ /	HAY.				
		Gross revenue (not including \$ of contributions	/ 4	_ ["	9 2000 /0/			
		reported on line 1a) 9a		07	9 2002  Š			
		Less direct expenses other than fundraising expenses 9b		<b>TYEN</b>	9 2002   S			
		Net income or (loss) from special events (subtract line 9b from line 9a)		96	U7~~~/			
l	10 a	Gross sales of inventory, less returns and allowances 10a	<u> </u>					
	Ь	Less cost of goods sold 10b			-			
}	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line	10a)	10c				
ŀ	11	Other revenue (from Part VII, line 103)		11	88.			
;	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	970,397.			
y y	13	Program services (from line 44, column (B))		13	603,064.			
Expenses	•	Management and general (from line 44, column (C))		14	99,858.			
<u>.</u>	1	Fundraising (from line 44 column (D))		15	267,475.			
ŭ		Payments to affiliates (attach schedule)		16	070 207			
		Total expenses (add lines 16 and 44, column (A))		17	970,397.			
2	l	Excess or (deficit) for the year (subtract line 17 from line 12)		18	0.			
Net Assets	l .	Net assets or fund balances at beginning of year (from line 73, column (A))  Other changes in get assets or used balances (attach explanation)		19	0.			
-4	l .	Other changes in net assets or rund balances (attach explanation)		20	<u></u>			
1230 01-04		Net assets or fund balances at end of year (combine lines 18, 19, and 20)						
01-04	1-02 L	HA For Paperwork Reduction Act Notice, see the separate Instructions.			Form 990 (2001)			

THE CENTER FOR THE RESPECT OF LIFE AND 52-1520451 Page 2 Form 990 (2001) ENVIRONMENT All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and Statement of Part II Functional Expenses (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total 6b, 8b, 9b, 10b, or 16 of Part I and general 22 Grants and allocations (attach schedule) cash \$ 4,550 noncash \$ 4,550 4,550 Statement 2 22 23 Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) 24 0 0. 0. 25 Compensation of officers, directors, etc. 25 26 26 Other salaries and wages Pension plan contributions 27 27 28 Other employee benefits 28 29 29 Payroli taxes 30 30 Professional fundraising fees 31 Accounting fees 31 Legal fees 32 32 8,223. 8,223. 33 33 Supplies 6,810. 6,810. 34 34 Telephone 1,551. 1,551. 35 Postage and shipping 35 312 312. 38 36 Оссиралсу 37 37 Equipment rental and maintenance 38 Printing and publications 38 83,881. 83,881 39 30 40 40 Conferences, conventions, and meetings 41 41 42 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize) 43a 43b 43c 43d 99,858. 865,070. 497,737. 267,475. See Statement 43e Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these 970,397. 603,064 99,858. 267,475. totals to lines 13 15 Joint Costs Check ▶ ☐ If you are following SOP 98-2 Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? , (ii) the amount allocated to Program services \$ if "Yes." enter (i) the aggregate amount of these joint costs \$ (III) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments What is the organization's primary exempt purpose? Program Service Expenses ANIMAL AND ENVIRONMENTAL PROTECTION. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others) achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt chantable trusts must also enter the amount of grants and allocations to others) GENERAL ACTIVITIES TOWARD INCREASING PUBLIC AWARENESS OF ENVIRONMENTAL AND ANIMAL WELFARE CONCERNS, DISTRIBUTION OF PRINTED AND OTHER MATERIALS IN FURTHERANCE OF THE CENTER'S PURPOSES. 603,064. (Grants and allocations \$ b (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ Other program services (attach schedule)

Total of Program Service Expenses (should equal line 44, column (B), Program services) 123011 01-02-02

603,064.

## Part IV Balance Sheets

Note		re required, attached schedules and amounts v ild be for end-of-year amounts only	vithin the description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			45	
	46	Savings and temporary cash investments	Ì		46	
	75	DEVINGS and temporary cash investments	-	· · · -	10	
	47 a	Accounts receivable	47a		`	
	ь	Less allowance for doubtful accounts	47b		476	
			_	• •		
	48 a	Pledges receivable	48a		1	· }
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees,				
40		and key employees	, , <u> </u>		50	
Assets	51 a	Other notes and loans receivable	51a			
As	b	Less allowance for doubtful accounts	51b		510	
	52	Inventories for sale or use	-		52	
	53	Prepaid expenses and deferred charges	• —		53	
	54	Investments - securities	Cost FMV		54	
	55 a	Investments - land, buildings, and	1 1		i	
		equipment basis	55a			
	١.	Less accumulated depreciation	55b		55c	
	56	Investments - other	2011		56	
		Land, buildings, and equipment basis	57a	•	- 50	
		Less accumulated depreciation	57b		57c	
	58	Other assets (describe	)	•	58	
		·				
	59	Total assets (add lines 45 through 58) (must equal	line 74)	0,	59	0.
	60	Accounts payable and accrued expenses			60	
	61	Grants payable	<u>_</u>		61	
<u>9</u>	62	Deferred revenue	L		62	
Liabilities	63	Loans from officers, directors, trustees, and key em	ployees		63	
Ľ		Tax-exempt bond liabilities	_		64a	
		Mortgages and other notes payable	į.		64b	
	65	Other liabilities (describe	, }	· <del></del>	65	
	ec.	Total Vahiliking (add have 60 through 65)		0.		0.
	01000	Total liabilities (add lines 60 through 65)  nizations that follow SFAS 117, check here	and complete lines 67 through		66	
	Organ	69 and lines 73 and 74	and complete lines or timough			
98	67	Unrestricted			67	
anc	68	Temporarity restricted	ì		68	
Bal	69	Permanently restricted	Ī		69	
Net Assets or Fund Balances		sizations that do not follow SFAS 117, check here	► X and complete lines			
J.		70 through 74	·			
ō	70	Capital stock, trust principal, or current funds	į	0.	70	0.
set	71	Paid-in or capital surplus, or land, building, and equ	ipment fund	0.	71	0.
i As	72	Retained earnings, endowment, accumulated incom	e, or other funds	0.	72	0.
Ž	73	Total net assets or fund balances (add lines 67 thre				
		column (A) must equal line 19, column (B) must equ		0.	73	0.
	74	Total liabilities and net assets / fund balances (ad	d lines 66 and 73)	0.	74	0.

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

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

THE NATIONAL ASSOCIATION FOR HUMANE AND ENVIROMENTAL EDUCATION

Employer identification number

23-7327537

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Organization type (check one)						
Filers of		Section				
Form 990	or 990 EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> 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				
for both th	ne General rule and	covered by the <b>General rule</b> or a <b>Special rule</b> ( <b>Note</b> Only a section 501(c)(7), (8), or (10) organization can check box(es) if a Special rule-see instructions )				
General R	lule-					
	_	ling Form 990, 990 EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II )				
Special R	ules-					
s	ections 509(a)(1)/1	)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under I70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% ne 1 of these forms. (Complete Parts I and II.)				
а	ggregate contribu	)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, tions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational evention of cruelty to children or animals (Complete Parts I, II, and III)				
s \$ c	ome contributions 1,000 (If this box hantable, etc., pur	)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than is checked, enter here the total contributions that were received during the year for an exclusively religious, spose. Do not complete any of the Parts unless the General rule applies to this organization because it received glous, charitable, etc., contributions of \$5,000 or more during the year.)				
they must	check the box in	are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing (Form 990, 990-EZ, or 990-PF)				

ENVIRONMENT 52-1520451

Pa	Reconciliation of Reven Financial Statements w Return	ıth	B า	per Audited Revenue per	Par	t IV-B	Recond Financia Return	iliation of Exp al Statements	ense With	s p	er A pen	udited ises per
a	Total revenue, gains, and other support per audited financial statements	•	ä	970,397.	a .	audited fi	enses and lo nancial state	ments	<b>&gt;</b>	a	vi.	970,397
b	Amounts included on line a but not on line 12, Form 990		(		b (1)	Ime 17, F Donated	om 990	line a but not on				60
(1)	Net unrealized gains		۰		(-,		of faculities	\$			S Q	**
	on investments \$	-1			(2)	-	r adjustment	S			υ.,	
(2)	Donated services			经 化 数			on line 20,	•				
/91	and use of facilities \$  Recoveries of prior	-	,		(3)	Form 990	) aported on	·				. 20
(3)	year grants \$	ı			(5)	tine 20, F		s		П	į.	
(4)	Other (specify)	- [			(4)	Other (sp		<b>*</b>				0.000
_	\$	_ [		` ` ` `	\ <u>`</u>			\$			•	,
	Add amounts on lines (1) through (4)	▶	b	0.		Add amo	unts on lines	(1) through (4)	<b></b>	ь		0
C	Line a minus line b	<b>-</b>	£	970,397.	C		nus line b			<u> </u>		970,397
đ	Amounts included on line 12, Form 990 but not on line a				d		no bebuloni not on line <b>a</b>	tine 17, Form				
(1)	Investment expenses			,	(1)	Investme	nt expenses				•	i î î
	not included on			Ϋ́		not inclu						(n) 1 /
	line 6b, Form 990 \$		٠	, A		line 6b, F		\$				* *
(2)	Other (specify)	I	٠	( ) ( )	(2)	Other (sp	ectfy)	_				
_	\$	-		0.	-	A-1.	A . I	.\$			• `	0
	Add amounts on miss (1) smale)	7	d	· · · · · · · · · · · · · · · · · · ·	e		unts on lines	• • • • •		d		
8	Total revenue per line 12, Form 990 (line c plus line d)	$\blacksquare$	R	970,397.	"	(line s pi	enses per illi lus line d)	e 17, Form 990	•	<sub>e</sub>		970,397
PE	rt V List of Officers, Directors,		_		mpl	oyees (	List each on	e even if not compen	sated)	1 - 1		
	(A) Name and address					tie and ave or week de positio		(C) Compensation (If not paid, enter -0-)	(D) Con employ plans comp	tribut /ee b å defi ensa	enefit erred	(E) Expense account and other allowance
 se	e Statement 3	 	 					0.			0.	0
								-				
										_		
_												
									•			
									<u> </u>			
_					<u> </u>				<u> </u>			
												•
	<del></del>		-									
75	Did any officer, director, trustee, or key employee	rec	cer	ve aggregate compensati	on of m	nore than \$	100,000 fro	m your <u>organization</u>	and all i	elate	<sub>d</sub> S	tmt 4

THE CENTER FOR THE RESPECT OF LIFE AND

Form	990 (2001) ENVIRONMENT 52-152	0451		Page :
Pa	rt 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		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	ļ	X
	If "Yes," attach a conformed copy of the changes			
78 a		788		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		<u> </u>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	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?	80a	X	<u> </u>
b				
	and check whether it is exempt OR in nonexempt			
81 a	Enter direct or indirect political expenditures. See line 81 instructions.	<u>•</u> ]	,	
b	Did the organization file Form 1120-POL for this year?	81b		<u> </u>
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			١
	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 in Part III ) 82b N/A	-	l	1
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<del> </del>
. b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	├
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?  N/A	84a		<del> </del>
b	27/2	1		i
<b>0</b> -		84b		├
85	!-	85a	-	
b		85b		<del> </del>
	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  Dues, assessments, and similar amounts from members    85c   N/A			
	Section 162(e) lobbying and political expenditures  85d N/A	1		
<b>4</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e N/A	-		
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A	1		
'n	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?  N/A	85g		ĺ
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues	909		
	allocable to nondeductible lobbying and political expenditures for the following tax year?  N/A	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A	55		
•	Gross receipts, included on line 12, for public use of club facilities 86b N/A	1 1		ĺ
87	501(c)(12) organizations Enter a Gross income from members or shareholders  87a N/A	1 1		l
	Gross income from other sources. (Do not net amounts due or paid to other sources	]		
	against amounts due or received from them ) 876N/A	_		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	] [	· [	ĺ
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?		-	ŀ
	If "Yes," complete Part IX	88		_X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶ <u>0 .</u> , section 4912 ▶ <u>0 .</u> section 4955 ▶ <u>0 .</u>			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		ļ	
	If "Yes," attach a statement explaining each transaction	89b	- 1	<u>X</u>
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			_
	sections 4912, 4955, and 4958			0.
				0.
	ICT OF COLUMBIA			
	. 2001   <b>90</b> 2			0

Part \	VII Analysis of Income-Producing					
Note E	nter gross amounts unless otherwise		ted business income	Exclu	ided by section 512, 513 or 514	(E)
् indicate	e <b>d</b>	(A) Business	(B) Amount	Exclu	(D) Amount	Related or exempt
<b>93</b> Pro	ogram service revenue	code	Aniount	code	Amount	function income
a				ļ		
b				<u> </u>		
c			<u> </u>	<u> </u>		
d				<u> </u>		
8 _				<u> </u>		
f Med	dicare/Medicaid payments	<u> </u>				
g Fee	s and contracts from government agencies					
94 Me	mbership dues and assessments					_
<b>95</b> Inte	erest on savings and temporary					
cas	h investments			ļ .		
96 Divi	idends and interest from securities			ļ		
<b>97</b> Net	rental income or (loss) from real estate			L		
a deb	ot-financed property					
<b>b</b> not	debt-financed property	<u> </u>		<u> </u>		
<b>98</b> Net	rental income or (loss) from personal property			L		
<b>99</b> Oth	er investment income					
100 Gan	n or (loss) from sales of assets					
oth	er than inventory	L	ļ. <u>.</u>	ļ		<u> </u>
	income or (loss) from special events					
1 <b>02</b> Gro	ess profit or (loss) from sales of inventory					
	er revenue					
a <u>S</u>	ALE OF LITERATURE			ļ		88.
b _		ļ	<u> </u>			
c		<u></u>				<u> </u>
d _	<u> </u>	<u> </u>				
e						
	ototal (add columns (B), (D), and (E))		0.		] 0.	
	al (add line 104, columns (B), (D), and (E))		0.5.4		•	88.
NOTE LI	ne 105 plus line 1d, Part I, should equal the am VIII Relationship of Activities to the	ount on line I	2, Part I	+ Dir		orbinara an anna 10 \
	<del></del>					
Line No	Explain how each activity for which income is rej exempt purposes (other than by providing funds			ı impoi	nantiy to the accomplishment	of the organization's
<u>103a</u>	SALE OF HITERATORE - E	MILII EI	11100			
	<del></del>					
	<u> </u>		•			<u>.</u>
Part I	X Information Regarding Taxable	Subsidiai	ries and Disregard	ed E	ntities (See Specific Instru	ctions on name 33 \
<u> </u>	(A) (B)	Julian	(C)		(D)	(E)
Name,	, address, and EIN of corporation, rtnership, or disregarded entity ownership inter		Nature of activities		Total income	End-of-year
N/A	mership, or disregarded entity — Ownership inter	%				assets
M/ A		%	<u>-</u>			<del> </del>
		%				
-		%	<del> </del>			
Part )	Information Regarding Transfe		ited with Personal	Ren	efit Contracts (See See	cific lastructions on page 33.
	d the organization, during the year, receive any funds				<del></del>	Yes X No
,	d the organization, during the year, pay premiums, di			-		Yes X No
• •	If "Yes" to (6), file Form 8870 and Form 4720 (s	-	• •			
	Under petalties of perlany I declare that I have examined to correct, and complete Declaration appreparer other than of	his return Includir	ng accompanying schedules and	stateme	ents, and to the best of my knowled	ge and belief it is true,
Please	correct, and complete Declaration supreparer other than o	onicer) is based or	all information of which prepare		y knowledge	
Sign	1 the will be have		1519102 1	aul	6 Irwin Ke	SURATICEO
Here	Signature of officer		Date Ty	pe or p	orint name and title	- inciri (CEC
	Preparer's //		Dat	θ /	Check if	Preparer's SSN or PTIN
Paid	signature / Culu H	tus	CPA 5	/6/	self- employed ▶	
Preparer'	S Firm a name (or THOMAS HAVEY )	LLP	<del> </del>	·	EIN ►	
Use Only	yours if setf-employed) \$\int 900 17TH STRES	ET, N.W				
123161 01-02-02	address end	20006			Phone no > (	202)331-9880
3. UE-UE			6		7 (100.00 110 -	Form 990 (2001)
9050	6 712177 70063	2001.05	030 THE CENT	ER	FOR THE RESPE	

### **SCHEDULE A**

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(a), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

Department of the Treesury Internal Revenue Service Name of the organization

THE CENTER FOR THE RESPECT OF LIFE AND

Employer Identification number

ENVIRONIENI			JZ 13ZU4	
Part I Compensation of the Five Highest Paid Emplo		ficers, Directo	rs, and Trus	tees
(See page 1 of the instructions. List each one. If there are none, enter (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 other allowances
NONE				
Total number of other employees paid over \$50,000	0			
Part II Compensation of the Five Highest Paid Independent (See page 2 of the instructions. List each one (whether individuals or fi			al Services	
(a) Name and address of each independent contractor paid more that		(b) Type of s	ervice (	c) Compensation
None				
				<del> </del>
Total number of others receiving over \$50,000 for professional services	0			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ LHA

Schedule A (Form 990 or 990-EZ) 2001

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An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Pa	Note You may use the	Complete only if you ch he worksheet in the ins	ecked a box on line 10 tructions for converting	), 11, or 12 ) <b>Use cash</b> o <i>from the accrual to th</i>	method of account e cash method of a	nting eccounting
þegin	dar year (or fiscal year ning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15	Gifts grants and contributions received (De not include unusual grants. See line 25.)	1,144,482.	1,082,235.	377,620.	614,176	5. 3,218,513.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	61,111.	17,486.	265,169.		343,766.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	02,222	<u> </u>			
19	Net income from unrelated business					
	activities not included in line 18					
20	Tax revenues levied for the organization si benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	1,205,593.	1,099,721.	642,789.	614,176	
24	Line 23 minus line 17		1,082,235.	377,620.	614,176	5. 3,218,513.
25	Enter 1% of line 23	12,056.	10,997.	6,428.	6,142	
26	Organizations described on lines 1	O or 11 a Enter 2% of	amount in column (e), line	e 24	▶ 26	64,370.
b	Prepare a list for your records to she unit or publicly supported organizate Do not file this list with your return	on) whose total gifts for 1	997 through 2000 exceed			
	Total support for section 509(a)(1) t		(e)		▶ 26	3,218,513.
đ	Add Amounts from column (e) for I		19			200 005
		22	26	b 988,29		
e	Public support (line 26c minus line 2				▶ 26	
	Public support percentage (line 26				≥ 26	
27	Organizations described on line 12 to show the name of, and total amount for each year $N/A$					· ·
	(2000)	(1999)	(	(1998)	(19	97)
b	For any amount included in line 17 th amount received for each year, that the lines 5 through 11, as well as individ amount described in (1) or (2), enter	was more than the larger luats ) Do not file this list	of (1) the amount on line with your return. After co	25 for the year or (2) \$5, emputing the difference be	000 (Include in the li etween the amount re	st organizations described in
	(2000)	(1999)	·	(1998)	(19	97)
C	Add Amounts from column (e) for it	ines 15		16 21	<b> </b>   27	t N/A
đ	Add Line 27a total		ine 27b total	<b>-</b> .	▶ 27	
- e	Public support (line 27c total minus			<del> </del>	▶ 27	<del></del>
f	Total support for section 509(a)(2) t	· ·	23, column (e)	► 27t 1	V/A	
g	Public support percentage (lin				▶ 27	g N/A %
h	Investment income percentage	•	<del>-</del>	••		
28 L	Investment income percentage Inusual Grants For an organization how, for each year, the name of the co	described in line 10, 11,	or 12, that received any u	nusual grants during 199	7 through 2000, prep	pare a list for your records to

70063 1

return. Do not include these grants in line 15

N/A

Private School Questionnaire (See page 7 of the instructions)

01 ENVIRONMENT 5

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29	<del>                                     </del>	<del>                                     </del>
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,		<u> </u>	<b></b>
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	]	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
•	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			1.
	to all parts of the general community it serves?	31	] `	[ "
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	\		
		_   .		
32	Does the organization maintain the following	_		
3		32a	<del>  -</del>	ļ
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	326		<del> </del> -
C				
	admissions, programs, and scholarships?	32c		
d		32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	_		
33	Does the organization discriminate by race in any way with respect to	-		
a	· · · · ·	33a		L
Þ	Admissions policies?	33b		<u> </u>
C	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d	<b></b>	
8	Educational policies?	33e	<u> </u>	Ļ
f	Use of facilities?	33f		
9	Athletic programs?	33g	ļ	
h		33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
þ	Has the organization's right to such aid ever been revoked or suspended?	34b		
	It you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,			
	1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

THE CENTER FOR THE RESPECT OF LIFE AND Schedule A (Form 990 or 990-EZ) 2001 ENVIRONMENT 52-1520451 Page 5 Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions ) (To be completed ONLY by an eligible organization that filed Form 5768) Check 🟲 a Check b If you checked "a" and "limited control" provisions apply if the organization belongs to an affiliated group (a) (b) Limits on Lobbying Expenditures Affiliated group To be completed for ALL totals electing organizations (The term "expenditures" means amounts paid or incurred ) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 37 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 39 40 Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table -The lobbying nontaxable amount is -If the amount on line 40 is -Not over \$500,000 20% of the amount on line 40 \$100 000 plus 15% of the excess over \$500 000 Over \$500,000 but not over \$1,000,000 41 \$175,000 plus 10% of the excess over \$1 000 000 Over \$1,000 000 but not over \$1 500 000 Over \$1,500,000 but not over \$17 000 000 \$225 000 plus 5% of the excess over \$1 500 000 Over \$17,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 44

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Exp	penditures During 4-Year	Averaging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))	2	٠, ٠,٠	۲.	٠٠,	0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))		* * * * * * * * * * * * * * * * * * * *	A 20 2		0
50 Grassroots lobbying expenditures					0.

Part VI-B	Lobbying	Activity by	y Nonelecti	na l	Public	Chari	ities
-----------	----------	-------------	-------------	------	--------	-------	-------

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- Paid staff or management (Include compensation in expenses reported on lines a through h.)
- c Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- f. Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Railies, demonstrations, seminars, conventions, speeches lectures, or any other means
- I Total lobbying expenditures (Add lines c through h )

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.

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Schedule A (Form 990 or 990-EZ) 20			52-	152045	L Page
	egarding Transfers To an iizations (See page 12 of the inst		d Relationships With Noncha	ıritable	
51 Did the reporting organization	directly or indirectly engage in any o	f the following with any othe			
	section 501(c)(3) organizations) or		olitical organizations?	٢	- I AL
	organization to a noncharitable exemp	it organization of			Yes No
(i) Cash				51a(l)	X
(li) Other assets				a(ii)	X
<b>b</b> Other transactions					١,,
• • • • • • • • • • • • • • • • • • • •	sets with a noncharitable exempt orga			b(i)	X
• •	a noncharitable exempt organization			b(ii)	X
(iii) Rental of facilities, equipr				b(iii) b(lv)	X
(Iv) Reimbursement arrangements					X
(v) Loans or loan guarantees					X
(vi) Performance of services or membership or fundraising solicitations  c Sharing of facilities, equipment, mailing lists, other assets, or paid employees					X
•	=			C	<u> </u>
•	•	•	always show the fair market value of the		
<u> </u>	es given by the reporting organization	•			1/2
	ment, show in column (d) the value of	or the goods other assets, o		<u>_</u>	I/A
(a) (b) Line no Amount involved	(c) Name of noncharitable ex	cempt organization	(d) Description of transfers, transactions, a	nd sharing arra	angements
				·	
				<del> </del>	
			<u> </u>		
		<del></del>			
		<del></del>			
					•
			=		
		<u> </u>			
		•		-	
52 a Is the organization directly or Code (other than sectron 501( b If "Yes," complete the following	c)(3)) or in section 527?	one or more tax-exempt org	anizations described in section 501(c) of the	16 Yes	X No
) Name of o	a) rganization	(b) Type of organization	(c) Description of relation	nship	
	·	<del>                                     </del>		<u> </u>	
		<del>                                     </del>			<del></del>
		<del>                                  </del>	<u> </u>		
		<del>                                     </del>	<del></del>		
<del> </del>			<del> </del>		
<del></del>	···			_	
		<del> </del>	<del> </del>		
	·	<del> </del>		<del></del>	

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# Schedule B (Form 990, 990-EZ, or 990-PFI

Department of the Treasury Internal Revenue Service Name of organization

# **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

THE CENTER FOR THE RESPECT OF LIFE AND

OMB No 1545-0047

Employer identification number

	EN	VIRONMENT	52-1520451
Organizat	ion type (check o	ne)	
Filers of		Section	
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 990-l	PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
-	-	s covered by the <b>General rule</b> or a <b>Special rule</b> ( <b>Note</b> : Only a section 501(c)(7), (8), or d a Special rule-see instructions)	(10) organization can check box(es)
General R	ule-		
		iling Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in mon elete Parts I and II )	ey or property) from any one
Special Ru	iles-		
SE	ections 509(a)(1)/	e)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of ne 1 of these forms (Complete Parts I and II)	-
aç	gregate contribu	e)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one tions or bequests of more than \$1,000 for use exclusively for religious, charitable, science revention of cruelty to children or animals (Complete Parts I, II, and III)	
so \$1 ch	ome contributions 1,000 (If this box naritable, etc., pur	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one for use exclusively for religious, charitable, etc., purposes, but these contributions did is checked, enter here the total contributions that were received during the year for an expose. Do not complete any of the Parts unless the General rule applies to this organizations, charitable, etc., contributions of \$5,000 or more during the year.)	not aggregate to more than exclusively religious,
they must	check the box in	are not covered by the General rule and/or the Special rules do not file Schedule B (Fon the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify (Form 990, 990-EZ, or 990-PF)	
		Schedule 8	(Form 990, 990-EZ, or 990-PF) (2001)

Name of organization
THE CENTER FOR THE RESPECT OF LIFE AND
ENVIRONMENT

Employer Identification number

52-1520451

Part I	Contributors (See Specific Instructions )		
(a)	(b)	(c)	(d)
No	Name, address and ZIP + 4	Aggregate contributions	Type of contribution
1		\$ 100,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
2		\$ <u>175,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	<del></del>	(c) Aggregate contributions	(d) Type of contribution
3		\$712,481.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution )
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Payroll Noncash Complete Part II if there is a noncash contribution )
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Form 990		Othe	r Expenses	· · · -	Statement 1
Description		(A) Total	(B) Program Services	(C) Management and General	(D) Fundraısıng
CONSULTANTS		125,163.	125,163.		
INDIRECT COST ALLOCATION EDUCATIONAL		367,333.		99,858.	267,475.
PUBLICATIONS ADMINISTRATIVE		152,263.	152,263.		
EXPENSES		220,311.	220,311.		
Total to Fm 990	, ln 43	865,070.	497,737.	99,858.	267,475.
Form 990			nd Allocations	Donee's	Statement 2
Classification	Donee's	Name Doi	nee's Address	Relationsh:	Amount
	NORTHER UNIVERS	N ARIZONA ITY		None	3,000.
	CLEAN F			None	1,250.
	TRIBAL T			None	300.
Total Included	on Form	990, Part II, 1	line 22		4,550.

	of Officers, Dire and Key Employees		State	ement 3
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
RICHARD M. CLUGSTON 10222 LESLIE STREET SILVER SPRING, MD 20902	EXECUTIVE DIRE	CTOR 0.	0.	0.
PAUL G. IRWIN 14004 CROSSLAND LANE DARNESTOWN, MD 20878	PRESIDENT PART TIME	0.	0.	0.
JAN HARTKE 11280 SPYGLASS COVE LANE RESTON, VA	DIRECTOR PART TIME	0.	0.	0.
JOHN GRIM 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
STEPHANIE KAZA 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
FRED KIRSHENMANN 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
ELIZABETH LAWRENCE 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
RANDALL LOCKWOOD 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
JACK W. LYDMAN 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
JAY McDANIEL 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
DAVID ORR 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.

THE CENTER FOR THE RESPECT	<del></del>		52-1	520451
LEWIS REGENSTEIN 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
GARY VALEN 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
DIETER HESSEL 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
MARY EVELYN TUCKER 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
DONALD CASHEN 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
JOHN A. HOYT 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
THOMAS BERRY 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
ANITA W. COUPE 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
GWENDOLYN EVANS JENSEN 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
MICHAEL W. FOX 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR PART TIME	0.	0.	0.
Totals Included on Form 990,	Part V	0.	0.	0.

Form 990	Part V - Officer Compensation Related Organizations	n from	Stat	ement 4
Officer's Name	Name of Related Organization	Compen- sation	Employee Ben Plan Contrib	
PAUL G. IRWIN	THE HUMANE SOCIETY OF THE UNITED STATES 53-0225390	285,532.	21,075.	0.
JAN HARTKE	THE HUMANE SOCIETY OF THE UNITED STATES 53-0225390	118,190.	11,315.	0.
			· · · · · · · · · · · · · · · · · · ·	
Form 990	Identification of Related On Part VI, Line 801		Stat	ement 5
Form 990  Name of Organizat	Part VI, Line 801			ement 5  NonExempt
Name of Organizat	Part VI, Line 801			
Name of Organizat THE NATIONAL ASSO ENVIRONMENTAL EDU THE HUMANE SOCIET	Part VI, Line 801		Exempt X	
Name of Organizat THE NATIONAL ASSO ENVIRONMENTAL EDU THE HUMANE SOCIET EARTHKIND USA	Part VI, Line 801		Exempt X X X	
Name of Organizat THE NATIONAL ASSO ENVIRONMENTAL EDU THE HUMANE SOCIET EARTHKIND USA HUMANE SOCIETY IN	Part VI, Line 801	b T	Exempt X X X X X	
Name of Organizat THE NATIONAL ASSO ENVIRONMENTAL EDU THE HUMANE SOCIET EARTHKIND USA HUMANE SOCIETY IN	Part VI, Line 801	b T	Exempt X X X	
Name of Organizat THE NATIONAL ASSO ENVIRONMENTAL EDU THE HUMANE SOCIET EARTHKIND USA HUMANE SOCIETY IN THE HUMANE SOCIET	Part VI, Line 801  Clon  CCIATION FOR HUMANE AND JCATION TY OF THE UNITED STATES WITERNATIONAL TY OF THE UNITED STATES WILDLIFT	b T	Exempt X X X X X	