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 Internal 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

A	For the 2	1002 catendar year, or tax year period beginning	and e	nding			
В	Check if	Please C Name of organization			D Em	ployer 1	dentification number
,	applicable	USE IRS THE NATIONAL ASSOCIATION FOR HUM	ANE	AND			
	Addres: change	s   label or   ENVIROMENTAL EDUCATION			_ 2	3-7	327537
	Name change	type Number and street (or P O box if mail is not delivered to street address	5)	Room/s			number
	Initial return	Specific 2100 L STREET, N.W.			(	202	)452-1100
	Final return	instructions City or town, state or country, and ZIP + 4				ואות קריבונטיב	
	Amende return	WASHINGTON, DC 20037				Other (specify)	<u> </u>
	Applica pending		ısts	Hand lare not	applicable	to sec	tion 527 <u>org</u> anizations
		must attach a completed Schedule A (Form 990 or 990-EZ)		H(a) Is this a gre	oup return f	or attilia	ites? Yes X No
		▶www.hsus.org		H(b) If Yes, ent			
<u>J</u> (	Organiza	tlon type (check only one) ► 🗴 501(c) (3) 🔻 (insert no) 🔲 4947(a)(1) or	527	H(c) Are all affili	ates include	ed? ]	N/A L Yes No
	Check he			H(d) is this a se		n filed b	y an or
		ion need not file a return with the IRS, but if the organization received a Form 990 Pa		ganization	covered by	a group	ruling? Yes X No
'	n the ma	il, it should file a return without financial data. Some states require a complete retu	rn	I Enter 4-dig			
						-	tion is not required to attach
_		ceipts Add lines 6b 8b, 9b, and 10b to line 12 ► 2, 300, 43		Sch B (For	m 990 990	-EZ, or	990-PF)
P.	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	nces		<b></b>	
	1	Contributions, gifts, grants, and similar amounts received	1	) 010	552		
	a	Direct public support	1a		<u>,557.</u>		
	•	Indirect public support	16	1,489	, 839.		
	¢	Government contributions (grants)	16	<u>.                                    </u>		1	2,300,416.
	1 4	Total (add lines 1a through 1c) (cash \$ 2,300,416. noncash \$			)	10	2,300,410.
	2	Program service revenue including government fees and contracts (from Part VII, II	ine 93)			2	
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	<del></del>
	5	Dividends and interest from securities	ا ء ا	!		5	
	6 a	Gross rents	6a 6b	<del> </del> -		} }	
	b	Less rental expenses		<u> </u>		6c	
	7	Net rental income or (loss) (subtract line 6b from line 6a) Other investment income (describe			١	7	<del></del>
Revenue	l	Gross amount from sale of assets other (A) Securities	$\top$	(B) Othe	·r	1	
Ver	""	than inventory	8a	(5) 0	-		
ď	Ь	Less cost or other basis and sales expenses	8b			1 ]	
	ءَ ا	Gain or (loss) (attach schedule)	86				
•	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
Š	9	Special events and activities (attach schedule)					
4	a	Gross revenue (not including \$ of contributions					
y E		reported on line 1a)	9a	<u> </u>			
3	b	Less direct expenses other than fundraising expenses	9b				
	t	Net income or (loss) from special events (subtract line 9b from line 9a)	,			90	
		Gross sales of inventory less returns and allowances	10a	ļ <u></u> _			
	b	Less cost of goods sold	10b	<u></u>			
Ž		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from	om line	10a)		10c	
	11	Other revenue (from Part VII, line 103)				11	15.
<u> </u>	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	2,300,431.
) မွ	13	Program services (from line 44 column (B)				13	1,444,665.
Expenses	14	Management and general (from line 44, column (C))RECEIVED				14	232,589.
ĝ	15	Fundraising (from line 44 column (D)) Payments to affiliates (attach schedule)  MAY 2 7 2003				15	623,177.
ij	16	Fundraising (from line 44 column (D)) Payments to affiliates (attach schedule) Total expenses (add lines 16 and 44, column (A))				16	2,300,431.
	17	Total expenses (add lines 16 and 44, column (A))  Excess or (deficit) for the year (subtract line 17 from line 12)			-	17 18	2,300,431.
T &	10	Net assets or fund balances at beginning of year (from head to Ecolumn (A))				18	0.
Net Assets	19 20	Other changes in net assets or fund balances (attach explanation)				20	0.
₹	21	Net assets or fund balances at end of year (combine lines 18-19, and 20)				21	0.
2230 01 23		LHA For Paperwork Reduction Act Notice, see the separate instructions			<u>-</u>	<u>,1</u>	Form 990 (2002)

## THE NATIONAL ASSOCIATION FOR HUMANE AND ENVIROMENTAL EDUCATION

23-7327537

Part II Statement of All of and and	/4) ord	itions must complete colum anizations and section 4947	(/a)/1) nonevernet charitable	a tructe but entional for other	n 501(c)(3) Page 2
Do not include amounts reported on line	(4) 0.9		(B) Program		
6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
cash \$noncash \$	22				,
23 Specific assistance to individuals (attach schedule				^ 2 N .	
24 Benefits paid to or for members (attach schedule)	_				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26			·	<del></del>
27 Pension plan contributions	27			· <del></del>	
28 Other employee benefits	28			· <del></del>	<del></del>
29 Payroll taxes	29	_			
30 Professional fundraising fees	30				<del></del>
31 Accounting fees	31			· · ·	
32 Legal fees	32	54,984.	51 091		
33 Supplies	33	25,143.	54,984. 25,143.		·-
34 Telephone	34	293,522.			
35 Postage and shipping	35	25,761.	25,761.	<u></u>	
36 Occupancy	36 37	23,701.	25,701.		
37 Equipment rental and maintenance	1				
38 Printing and publications	38 39	18,363.	18,363.		
39 Travel	40	10,303.	10,303.		
40 Conferences, conventions, and meetings 41 Interest	41				<del></del>
			<del> </del>		
42 Depreciation depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)	42.				
a	43a		<u>.</u>		
b	43b 43c				
<u> </u>	43d			<del>-</del>	
e See Statement 1	430 43e	1 882 658	1,026,892.	232,589.	623,177.
e pee peacement 1	438	1,002,030.	1,020,032.	232,303.	023:1//.
AA Open functional expenses (add lines 22 through 43)		2 300 431	1 444 665	232 589	
Total functional expenses (add lines 22 through 43) 44 Organizations completing columns (B)-(D) carry these totals to lines 13-1		2,300,431.	1,444,665.	232,589.	623,177.
Joint Costs Check ▶ ☐ If you are following SOP 9	8-2	2,300,431.	1,444,665.	232,589.	623,177.
Joint Costs Check ► ☐ if you are following SOP 9  Are any joint costs from a combined educational campa	8-2 iign an	2,300,431.	1,444,665.	232,589.	623,177.
Joint Costs Check In If you are following SOP SAre any joint costs from a combined educational campail Yes, enter (i) the aggregate amount of these joint co	98-2 ngn an osts \$	2 , 300 , 431 .	1 , 444 , 665 . ported in (B) Program servi (ii) the amount allocated to	232,589.	623,177.
Joint Costs Check If you are following SOP Some any joint costs from a combined educational campain Yes," enter (i) the aggregate amount of these joint countries amount allocated to Management and general	98-2 nign an osts \$	2,300,431.	1,444,665.	232,589.	623,177.
Joint Costs Check  If you are following SOP of Are any joint costs from a combined educational campair "Yes," enter (i) the aggregate amount of these joint combined education and general the languagement and general Part III Statement of Program Serv	98-2 aign an osts \$ ice #	2,300,431.	1 , 444 , 665 . ported in (B) Program servi (ii) the amount allocated to	232,589.	623,177.
Joint Costs Check If you are following SOP!  Are any joint costs from a combined educational campa If "Yes," enter (i) the aggregate amount of these joint of (iii) the amount allocated to Management and general  Part III Statement of Program Serv  What is the organization's primary exempt purpose?	98-2 aign an osts \$ ice #	d fundraising solicitation rej	1 , 444 , 665 . ported in (B) Program servi (ii) the amount allocated to	232,589.	623,177.  Yes X No  Program Service
Joint Costs Check If you are following SOP!  Are any joint costs from a combined educational campa If "Yes," enter (i) the aggregate amount of these joint of (iii) the amount allocated to Management and general  Part III Statement of Program Serv  What is the organization's primary exempt purpose?  HUMANE & ENVIRONMENTAL E  All organizations must describe their exempt purpose achievement	98-2 algn an osts \$ ice A	2,300,431.  d fundraising solicitation replacements  ACCOMPLISHMENTS  ATION  Clear and concise manner State in the state i	1 , 444 , 665  ported in (B) Program service (ii) the amount allocated to (iv) the amount allocated to	232,589.  Des?  Program services \$  Fundraising \$  Silications issued etc. Discuss	623,177.  Yes X No  Program Service Expenses
Joint Costs Check If you are following SOP of Are any joint costs from a combined educational campair "Yes," enter (i) the aggregate amount of these joint complete (ii) the amount allocated to Management and general Part III Statement of Program Serve What is the organization's primary exempt purpose? HUMANE & ENVIRONMENTAL E	98-2 algn an osts \$ ice A	2,300,431.  d fundraising solicitation replacements  ACCOMPLISHMENTS  ATION  Clear and concise manner State in the state i	1 , 444 , 665  ported in (B) Program service (ii) the amount allocated to (iv) the amount allocated to	232,589.  Des?  Program services \$  Fundraising \$  Silications issued etc. Discuss the amount of grants and	Program Service Expenses (Required to 501(c)(3) and (4) orgs and 4947(a)(1)
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Form 990 (2002)

Page 3

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23-7327537

Pa	rt IV	Balance Sheets				
Note		re required, attached schedules and amount ild be for end-of-year amounts only	s within the description column	(A) Beginning of year		(B) End of year
					_	
	45	Cash - non-interest-bearing	}-	<del></del>	45	<del></del>
	46	Savings and temporary cash investments	-		45	
	47.0	Assaunts receivable	47a			
	1	Accounts receivable  Less allowance for doubtful accounts	47b		47c	
	•	F822 MIOMATICA IOI GOODIIOI SCCOOLIIS	478	<del>-</del>	7/6	
	48 a	Pledges receivable	48a		[	
	Г.	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees,	Ī			
_		and key employees	Ĺ		50	
Assets	51 a	Other notes and loans receivable	51a			
Ass	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use	<u> </u>		52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities	Cost FMV		54	
	55 a	Investments - land, buildings, and			f	
		equipment basis	55a			
	Ь	Less accumulated depreciation	55b		55c	
	56	Investments - other			56	
	57 a	Land buildings, and equipment basis	57a			
	ь	Less accumulated depreciation	57b		57¢	
	58	Other assets (describe			58	
				_		_
	59	Total assets (add lines 45 through 58) (must equ	ual line 74)	0.	59	0.
	60	Accounts payable and accrued expenses	_		60	
	61	Grants payable	_		61	
က္	62	Deterred revenue			62	
Liabilities	63	Loans from officers, directors, trustees, and key	employees		63	
ā	1	Tax-exempt bond liabilities	-		64a	
J	<sup> </sup>     65	Mortgages and other notes payable Other liabilities (describe	, <del> </del>		64b 65	
	05	Other habilities (describe	', <del> </del>	<u> </u>	00	
	66	Total liabilities (add lines 60 through 65)		0.	66	0.
	_	nizations that follow SFAS 117, check here	and complete lines 67 through			
		69 and lines 73 and 74				
Ses	67	Unrestricted			67	
ğ :	68	Temporarily restricted			68	
<b>B</b> B	69	Permanently restricted			69	
Pun	Organ	nizations that do not follow SFAS 117, check here	X and complete lines			
r Fi		70 through 74				
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds		0.	70	0.
989	71	Paid-in or capital surplus, or land building and e	<del></del>	0.	71	0.
î À	72	Retained earnings endowment, accumulated income		0.	72	0.
ž	73	Total net assets or fund balances (add lines 67 t				_
		column (A) must equal line 19, column (B) must	equal line 21)	0.	73	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.

Total habilities and net assets / fund balances (add lines 66 and 73)

74

TROMENTAL	EDUCATION		23-

<u>Form</u>	990 (2002) ENVIROME	TV	AL EDUCATION	N			23-	73275	37	Page 4
Pe	rt IV-A Reconciliation of Revenu			Par	IV-B Recond	iliation of Exp	ense	s_per A	udited	
	Financial Statements wit	ih I	Revenue per			al Statements	s with	Expen	ses per	
	Return Total revenue gains, and other support	F		a	Return Total expenses and to	190 2022		<del>                                      </del>	<del></del>	<del></del> -
•	per audited financial statements	a	N/A		audited financial state	ments	•	а	N/A	
b	Amounts included on line a but not on			Þ	Amounts included on	line a but not on				
	line 12, Form 990			l m	line 17, Form 990 Donated services				٠	è
(1)	Net unrealized gams			''	and use of facilities	\$				. 3
	on investments \$		., `	(2)	Prior year adjustment	s			_	
(2)	Donated services		•		reported on line 20,				•	
	and use of facilities \$				Form 990	\$				
(3)	Recoveries of prior			(3)	Losses reported on					
	year grants \$				line 20, Form 990	\$				٠,
(4)	Other (specify)		·	(4)	Other (specify)					
_	<u> </u>		3	l _		\$		,		
	Add amounts on lines (1) through (4)	ь	·	]	Add amounts on lines	(1) through (4)	<b>&gt;</b>	b		
C	Line a minus line b	C.		ן נ	Line a minus line b		•	С		
đ	Amounts included on line 12, Form			d	Amounts included on	line 17, Form				
	990 but not on line a			1	990 but not on line a					•
(1)	Investment expenses			(1)	Investment expenses					
	not included on				not included on					,
	line 6b, Form 990 \$				line 6b, Form 990	\$				3
(2)	Other (specify)		•	(2)	Other (specify)					
_	<u> </u>					\$				
	Add amounts on lines (1) and (2)	d			Add amounts on lines	(1) and (2)	•	đ		
е	Total revenue per line 12, Form 990			e	Total expenses per lin	e 17 Form 990				
	(line c plus line d)	е		<u> </u>	(line c plus line d)		<u> </u>	e		
Pa	rt V List of Officers, Directors,	Γru	stees, and Key							
	(A) Name and address			(B) Tri	le and average hours r week devoted to	(C) Compensation (If not paid, enter	l embio	yee benest	(E) Exp	ense and
	(A) Name and address				position	-0-)	plans	& deterred sensation	other alloy	
	TRICIA A. FORKAN			PRE	SIDENT				1	
	01 WILLARD AVENUE #123	<u>3</u> _								
	EVY CHASE, MD 20815			0-1		0.		0.		0.
	UL G. IRWIN			VIC	E PRESIDEN	T			1	
	004 CROSSLAND LANE									
	RNESTOWN, MD 20878			0 - 1		0.		0.		0.
	THOMAS WAITE III			TRE.	ASURER					
	61 GLENRIDGE COURT									
	ENNA, VA 22182			0 - 1		0.		0.	<u> </u>	<u>0.</u>
	RDAUGH S. MADDEN			SEC.	RETARY					
	30 QUEEN ANNES LANE									
	SHINGTON, DC 20037			0-1		0.		0.		<u>0.</u>
	TRICIA A. GATONS		. <b></b>	ASS'	T. SEC.				1	
	440 MEADOW POND PLACE				_		l	-		_
	ITHERSBURG, MD 20886			0 - 1		0.		0.		<u>0.</u>
	LL DE ROSA			EXE	CUTIVE DIR	ECTOR				
	00 L STREET, NW		<b></b>							
<u>WA</u>	SHINGTON, DC 20037			0 - 1	0	0.		0.		<u>0.</u>
			. <b></b>							
	<b></b>									
						!	}			
				<u> </u>						
							<u> </u>			
75	Did any officer, director trustee or key employee re	cen	e aggregate compensati	on of m	ore than \$100,000 from	m your organization				
(	organizations, of which more than \$10,000 was pro	vide	ed by the related organiza	stions?	if "Yes," attach schedu	ie 🕨 🗶 Yes 🛚	No.		Form 990	(2002)

THE NATIONAL ASSOCIATION FOR HUMANE AND

		3-132753	37	Page :
Pa	rt-VI Other Information		Ye:	s No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	y <u>7</u> 1	5	Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	7	7	X
	If "Yes," attach a conformed copy of the changes			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78	a	Х
b	N	I/A 78	<u>b   _</u>	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79	9	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,		1.	
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80	a X	Ì
ь	If "Yes" enter the name of the organization  See Stateme			1
		nonexempt	ł	
81 a		0.		
		81	ь	X
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less the			
	fair rental value?	82	a	X
ħ	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an		1-	
-		I/A -		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83	a X	
		83		T
84 a		I/A 84		1
	If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not	,	<u> </u>	
J	tax deductible?	I/A 84	<b>,</b>	
85		/A 85		
ь	37	/A 85		
J	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for p			
	owed for the prior year	JIUAY ILAA		
c		/A		
d		/A		
8	37	/A		
1	138-13	/A		
		/A 85	a	
•	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimated to the amount on line 85f to its reasonable estimated.	·	*	+ -
"		/A 85	.	
86	and the first term of the period of the peri	/A	"	1.
	17/17 13	/A		
87		/A		
•	Gross income from other sources (Do not net amounts due or paid to other sources	<del></del>		
·		/A	-	
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership,	<del>/</del>	t	
~	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			
	If "Yes," complete Part IX	88	.	Х
8Q a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	<u> </u>		1
u	section 4911 ► O • , section 4912 ► O • section 4955 ►	0.		
b		<del></del>		1
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			1
	If "Yes" attach a statement explaining each transaction	89	ь	x
C.	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under		···-	· <del></del>
٠	sections 4912 4955, and 4958	•		0.
ų	Enter Amount of tax on line 89c, above, reimbursed by the organization	<b>•</b>		0.
90 a	List the states with which a copy of this return is filed DISTRICT OF COLUMBIA	-		
-	Number of employees employed in the pay period that includes March 12, 2002  90b			0
91	The books are in care of ► CONTROLLER Telephone no ►	(202) 45	2-11	00
		<u></u>		<u> </u>
	Located at ► PAGE ONE ADDRESS	ZIP + 4 ▶ <u>•</u>		
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here	_	▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N	/A	
22304 01 22	າ ຜ	Fo	ım 990	(2002)

# THE NATIONAL ASSOCIATION FOR HUMANE AND

Form 990 (2002) **ENVIROMENTAL EDUCATION** 

23-7327537

Page 6

Part VII Analysis of Income-F	Producing A					· · · · · · · · · · · · · · · · · · ·
Note Enter gross amounts unless otherw	vise		ted business income		ded by section 512 513 or 514	(E)
Indicated	l	(A) Business	(8) Amount	(C) Exclu-	(D) Amount	Related or exempt
93 Program service revenue		code	Amount	code	Amount	tunction income
a					<u> </u>	
b						
C						
d						<u></u>
e						
f Medicare/Medicaid payments	<u>[</u>					<u></u>
g Fees and contracts from government age	ncies					
94 Membership dues and assessments	Ł					
95 Interest on savings and temporary cash in	nvestments					
96 Dividends and interest from securities	Į.					
97 Net rental income or (loss) from real estat	te [		<u></u>		^	
a debt-financed property	Ĺ					<u>                                     </u>
b not debt-financed property	Ĺ				<u> </u>	
98 Net rental income or (loss) from personal	l property					_
99 Other investment income	Ĺ					
100 Gain or (loss) from sales of assets	l					
other than inventory	L		-			
101 Net income or (loss) from special events	Į.					
102 Gross profit or (loss) from sales of invent-	lory					
103 Other revenue				-		
a OTHER INCOME						15.
b		_				
c						
đ						
e	[					
104 Subtotal (add columns (B) (D) and (E))	Ĺ		(	0.	0.	
105 Total (add line 104, columns (B) (D) and	J (E))				•	15.
Note Line 105 plus line 1d, Part I, should						
Part VIII Relationship of Activ	uties to the A	Accompl	ishment of Exer	mpt Pui	rposes (See page 32 of th	e instructions )
Line No Explain how each activity for whic				uted impor	tantly to the accomplishment	of the organization's
exempt purposes (other than by p						
103a SALE OF LITERATU	JRE AND C	THER	INCOME			
	T	N	i	_d	-Aisi /C 00 -61b-	
Part IX Information Regardin	ng raxable s (B)	Subsidiar	(C)	raea Er	(D)	(E)
Name address and EIN of corporation,	Percentage of		Nature of activities		Total income	End-of-year
partnership, or disregarded entity of	<u>ownership interest</u>	· ·				assets
	9/	1				<u> </u>
N/A	%		<del> </del>			
	9	<del></del>			-	
		<u> </u>			<b></b>	
Part X Information Regarding						
(a) Did the organization, during the year, rec	•	-				Yes X No
(b) Did the organization, during the year pay	="	=		rt contract?	,	Yes X No
Note If "Yes" to (b), file Form 8870 and	Form 4720 (see	instruction		and etaters	ate and to the heat of any beauti-	ton and halist it is thin
				parer has arr	ints and to the best of my knowled y knowledge	
			ੀ।₹\ <i>ਕ</i> ੋ	<u>6</u>	your Deste 2	- THERMAL
			<del>"</del>		Check if	Description of the Company
				Date	OHECK II	Preparer's SSN or PTIN

### **SCHEDULE A**

(Form 990 or 990-EZ)

# Organization Exempt Under Section 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-(See separate instructions.)

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

Department of the Treasury Internal Revenue Service

2002

OMB No 1545-0047

THE NATIONAL ASSOCIATION FOR HUMANE AND Employer identification number Name of the organization ENVIROMENTAL EDUCATION 23 7327537 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none. enter "None.") (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (b) Title and average hours (a) Name and address of each employee paid (c) Compensation per week devoted to more than \$50,000 position allowances None Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over

\$50 000 for professional services

THE NATIONAL ASSOCIATION FOR HUMANE AND

Sche	dule A (F	orm 990 or 990-EZ) 2002 ENVIROMENTAL EDUCATION 23-	<u>-732753</u>	7	age 2
Pa	rt III	Statements About Activities (See page 2 of the instructions )		Yes	No
1	During th	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence		Ţ	
1	oublic op	inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the	İ	1	
I	obbying	activities 🕨 \$ \$ (Must equal amounts on line 38, Part \	/I-A,		
•	or line i d	f Part VI-B )	1_1_		X
1	Organizal	ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking	ŀ		
•	Yes," mu	st complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		3	
2	Dunng th	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			
(	rustees,	directors officers, creators, key employees, or members of their families, or with any taxable organization with which any such		2.5	٠.
1	erson is	affiliated as an officer, director, trustee imajority owner, or principal beneficiary? (If the answer to any question is "Yes,"		355	ν,
	attach a	detailed statement explaining the transactions)		10	1
a :	Sale, excl	hange or leasing of property?	2a	ļ	<u> X</u>
					v
b I	Lending (	of money or other extension of credit?	2b		<u> </u>
		and another control by 0			v
CI	·umishin	g of goods, services, or facilities?	20		<u>X</u>
	)	of componentian (or naument or raimburgement of averages of more than \$1,000.00	62		Х
0 1	rayment	of compensation (or payment or reimbursement of expenses if more than \$1 000)?	2d		_
	r		٠,		х
e	ransier	of any part of its income or assets?	2e	<del> </del>	
2 1	loon the	arganizating make greate for cohelarching, fallowshipp, ctudent lagon, etc. 2 (See Note helow.)	3		Х
		organization make grants for scholarships-fellowships-student loans-etc ? (See Note below ) ave a section 403(b) annuity plan for your employees?	4		X
	_	ave a section 403(b) annuity plan for your employees? • a statement to explain how the organization determines that individuals or organizations receiving grants or loans	"	<del></del>	
		therance of its chantable programs "qualify" to receive payments			
	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions )	L		
		on is not a private foundation because it is. (Please check only ONE applicable box.)			
5		A church convention of churches or association of churches Section 170(b)(1)(A)(i)			
6	一	A school Section 170(b)(1)(A)(ii) (Also complete Part V )			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8	7	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9	一	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, c	itv.		
•		and state	,,		
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)	(A)(IV)		
		(Also complete the Support Schedule in Part IV-A.)	1-71-7		
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
		Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqui	red		
		by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)			
	_				
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations	described in		
		(1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)	(3))		
		Provide the following information about the supported organizations (See page 5 of the instructions )			
		(a) Name(s) of supported organization(s)		e num	
		fal. canadal a. cabbanca a. Bameanantal		om abo	ve
		· · · · · · · · · · · · · · · · · · ·			
			-		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)		-	
			(Form 990 or	000 E3	3000
		2 custons A	ום מפב יווים ין	<b>ユコハ・ビ</b> ヤ	, 2002

THE NATIONAL ASSOCIATION FOR HUMANE AND Page 3 Schedule A (Form 990 or 990-EZ) 2002 ENVIROMENTAL EDUCATION 23-7327537 Part IV-A | Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (a) 2001 (b) 2000 (c) 1999 (d) 1998 (e) Total beginning in) Gifts, grants, and contributions received (Do not include unusual grants See line 28) 2,291,345. 2,375,912. 2,373,514. 684,548. 7,725,319. 16 Membership fees received Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization s chantable, etc. purpose 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 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income Attach a schedule See Statement 5 Do not include gain or (loss) from sale of capital assets 10,862. 766 156. 11,823. 2,375,951. 2,302,207. 2,374,280. 7,737,142 684,704 23 Total of lines 15 through 22 2,375,951. 2,302,207. 2,374,280. 684,704 7,737,142 24 Line 23 minus line 17 23,760. 6,847 25 Enter 1% of line 23 154,743.26 26a Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return. Enter the sum of all these excess amounts 26b 26c 7,737,142. Total support for section 509(a)(1) test. Enter line 24, column (e) Add Amounts from column (e) for lines 11,823 26d 26e e Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 261 27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person". Do not file this list with your return. Enter the sum of such amounts for each year (2001)(2000)(1999)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (1998)Add Amounts from column (e) for lines N/A N/A 27d Add Line 27a total Public support (line 27c total minus line 27d total) 27e N/A Total support for section 509(a)(2) test. Enter amount on line 23. column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 270 h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h

Unusual Grants For an organization described in line 10, 11 or 12 that received any unusual grants during 1998 through 2001 prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with

None

9 2002.05030 THE NATIONAL ASSOCIATION FO 70061 1

Schedule A (Form 990 or 990-EZ) 2002

223121 01 22 03

your return. Do not include these grants in line 15

Schedule A (Form 990 or 990-EZ) 2002 ENVIROMENTAL EDUCATION

1975-2 C B 587 covering racial nondiscrimination? If "No " attach an explanation

Private School Questionnaire (See page 7 of the instructions )

23-7327537 Page 4

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		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			Τ, υ
••	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		, i
31	Has the organization publicized its racially condiscriminatory 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?	31	1	
	If "Yes," please describe if "No," please explain (If you need more space, attach a separate statement)			
		_		
32	Does the organization maintain the following	-		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student			
	admissions programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	324		
	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	-		
а	Students' rights or privileges?	33a		
þ	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33¢		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	331		
g	Athletic programs?	33g		
h	Other extracurricular activities?	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		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement		Ì	
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,		i I	

Schedule A (Form 990 or 990-EZ) 2002

Sc	hedule A (Form 990 or 990-EZ) 2002 EN	VIROMENTAL EDUCATION			2	3-7327537_ Page:
F		tures by Electing Public Charities (	(See pag	ge 9 of	the instructions )	N/A
_	(To be completed ONLY by	an eligible organization that filed Form 5768)			<u> </u>	
Ch	eck 🕨 a 💹 if the organization belone	gs to an affiliated group Check b		you che	ecked "a" and "limited contr	of provisions apply
		Lobbying Expenditures			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
_	(The term "expendi	tures" means amounts paid or incurred )				electing organizations
36 37 38 39 40 41	Total lobbying expenditures to influence Total lobbying expenditures (add lines 3) Other exempt purpose expenditures Total exempt purpose expenditures (add	a legislative body (direct lobbying) 6 and 37) I lines 38 and 39)	)	36 37 38 39 40	N/A	
42 43 44	Over \$1 000 000 but not over \$1,500,000 Over \$1 500 000 but not over \$17 000 000 Over \$17 000 000 Grassroots nontaxable amount (enter 25 Subtract line 42 from line 36 Enter -0- if Subtract line 41 from line 38 Enter -0- if	\$175 000 plus 10% of the excess over \$1 000 000 \$225 000 plus 5% of the excess over \$1 500 000 \$1 000 000 % of line 41) line 42 is more than line 36	}	41 42 43 44		"
	(Some arga	4-Year Averaging Period Under Sec anizations that made a section 501(h) election do not below. See the instructions for lines 45 through 50 on	have to	compl		

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2002	( <b>b)</b> 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))				,	0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots tobbying expenditures					0

Part VI-B | Lobbying Activity by Nonelecting Public Charities

(For reporting only by	organizations that did not com	plete Part VI-A) (See page	11 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
- b Paid staff or management (Include compensation in expenses reported on lines a through h)
- c Media advertisements
- d Mailings to members, legislators or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g. Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches lectures or any other means
- 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
		,
<u> </u>	<u> </u>	, ,
-		
		0.

223141 01 22 03

Schedule A (Form 990 or 990-EZ) 2002

	VII Information Reg	garding Transfers To and	d Transactions and			<u>'</u>	, age o
5	id the reporting organization di 01(c) of the Code (other than s	rectly or indirectly engage in any of ection 501(c)(3) organizations) or in	the following with any other n section 527, relating to po		_		NI-
аT	(i) Sales or exchanges of assets with a noncharitable exempt organization  (ii) Purchases of assets from a noncharitable exempt organization  (iii) Rental of facilities equipment, or other assets  (iv) Reimbursement arrangements  (v) Loans or loan guarantees  (vi) Performance of services or membership or fundraising solicitations  c Sharing of facilities, equipment, mailing lists, other assets, or paid employees  d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization if the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets or services received  (a) (b) (c) (d)						
(	i) Cash					<u> </u>	
(i	h) Other assets				a(11)		X
<b>b</b> 0	ther transactions				1		
(	(i) Sales or exchanges of asset	ts with a noncharitable exempt organ	nization		b(1)		
(1	ii) Purchases of assets from a	noncharitable exempt organization			b(ii)		Х
-	•				b(III)		Х
•					b(iv)		Х
-			b(v)		Х		
							Х
-							Х
	•			dways show the fair market value of the	L	·	
g-	oods, other assets, or services	given by the reporting organization	If the organization received	less than fair market value in any		N/A	
			talo goods, caller access of			,	
Line no		Name of noncharitable ex	empt organization		haring ar	rangen	nents
			,				
				<u> </u>			
	1						
				·			
	1		******				
С	ode (other than section 501(c)	(3)) or in section 527?	one or more tax-exempt org.	anizations described in section 501(c) of the		X	] No
(a)		(b) Type of organization	(c) Description of relationsh	пр			
		•					
	<del> </del>						
-	·		<del>                                     </del>				
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			<del></del>				
					<u>-</u> -		
	<u> </u>						
	<del>=</del>						

Expenses

1,444,665.

Form 990	Other Expenses			Statement 1
	(A)	(B) Program	(C) Management	(D)
Description	Total	Services	and General	Fundraising
CONSULTING & OTHER SERVICES	93,937.	93,937.		
EDUCATIONAL PUBLICATIONS INDIRECT COST	423,946.	423,946.		
ALLOCATION ADMINISTRATIVE	855,766.		232,589.	623,177.
EXPENSES	509,009.	509,009.		
Total to Fm 990, ln 43	1,882,658.	1,026,892.	232,589.	623,177.
Form 990 Statemen	t of Program S	Service Accomp	lishments	Statement 2

## Description of Program Service One

To Form 990, Part III, line a

NAHEE IS THE YOUTH EDUCATION DIVISION OF THE HSUS, WHICH CONTINUES ITS COMMITMENT TO ENSURE THAT YOUTH ARE INSTRUCTED IN HUMANE EDUCATION, INCLUDING AN APPRECIATION FOR ENVIRON-MENTAL PROBLEMS AND THEIR IMPACT ON BOTH PEOPLE AND ANIMALS.

	:				
Form 990	Part V - Officer Compensation Related Organizations	from	Statement 3		
Officer's Name	Name of Related Organization	Compen- sation	Employee Ben Plan Contrib	Expense Account	
PATRICIA A. FORKAN	HUMANE SOCIETY OF THE UNITED STATES 53-0225390	168,869.	10,348.	0.	
PAUL G. IRWIN	HUMANE SOCIETY OF THE UNITED STATES 53-0225390	296,953.	18,945.	0.	
G. THOMAS WAITE II	HUMANE SOCIETY OF THE UNITED STATES 53-0225390	147,419.	13,054.	0.	

Grants

rm 990 Identification of Related Organizations Part VI, Line 80b			ions St	Statement 4		
Name of Organization			Exempt	NonExe	mpt	
THE HUMANE SOCIETY OF THE UNCENTER FOR RESPECT OF LIFE A EARTHVOICE INTERNATIONAL HUMANE SOCIETY INTERNATIONAL THE HUMANE SOCITY OF THE USMEADOWCREEK, INC. WORLDWIDE NETWORK, INC. EARTHKIND USA THE ARK, INC	ND THE ENVIRONM		X X X X X X X			
Schedule A	Other Inc	ome	St	atement	5	
Description	2001 Amount	2000 Amount	1999 Amount	1998 Amount		
MISCELLANEOUS	39.	10,862.	766.	156.		
Total to Schedule A, line 22	39.	10,862.	766.	15	56.	