Form 990

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)

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service , 2004, and ending A For the 2004 calendar year, or tax year beginning C Name of organization THE CENTER FOR THE RESPECT OF LIFE D Employer identification number 52-1520451 AND ENVIRONMENT label or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change print or type. See (202)452-1100Final return 2100 L STREET, NW City or town, state or country, and ZIP + 4 Cash Application nending Other (specify) WASHINGTON, DC 20037 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations. trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes X No H(b) If "Yes," enter number of affiliates Website: WWW.CRLE.ORG H(c) Are all affiliates included? Organization type (check only one) ▶ 🗶 | 501(c) (3) ◀ (insert no) 4947(a)(1) or (If "No." attach a list. See instructions. if the organization's gross receipts are normally not more than \$25,000 The H(d) Is this a separate return filed by an organization need not file a return with the IRS, but if the organization received a Form 990 Package organization covered by a group ruling? in the mail, it should file a return without financial data. Some states require a complete return. Group Exemption Number Check | if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF) Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Contributions, gifts, grants, and similar amounts received: 1 a Direct public support 129,591 460,041. 589,632. 589,632. noncash \$ d Total (add lines 1a through 1c) (cash \$ 2 Program service revenue including government fees and contracts (from Part VII, line 93) . 1,557 Interest on savings and temporary cash investments 3,663 5 Dividends and interest from securities 6a . . [6b Net rental income or (loss) (subtract line 6b from line 6a) Other investment income (describe (B) Other 8 a Gross amount from sales of assets other (A) Securities 8a than inventory 8b **b** Less: cost or other basis and sales expenses 8c Gain or loss) (attach schedule) RECE Valuet gain or (loss) (combine line 8c, columns (A) and (B))............. 8d Special events and activities (attach schedule). If any amount is from gaming, check here @rosΩevenue (not including \$ AUG 1 s: direct expenses other than fundraising expenses 9b OGDEN et incode or (loss) from special events (subtract line 9b from line 9a) c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 594,852. 13 Program services (from line 44, column (B)) 13 483,473.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Management and general (from line 44, column (C))

Fundraising (from line 44, column (D))

Other changes in net assets or fund balances (attach explanation)

Total expenses (add lines 16 and 44, column (A)).......

Net assets or fund balances at beginning of year (from line 73, column (A))

Form 990 (2004)

59,385.

51,994

594,852.

16

17

19



14

15

16

17

19

Pa			tions must complete column 4947(a)(1) nonexempt chari			
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program	(C) Management	(D) Fundraising
			(79.000)	services	and general	(2), and any
22	• •	22	01 252	81,253.		
23	(cash \$ 81,253. noncash \$ Specific assistance to individuals (attach schedule		81,253.	81,455.		
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc		118,629.	107,562.	6,733.	4,334
26	Other salaries and wages	26	135,709.	123,047.		
27	Pension plan contributions	27	1337703.	225/01/1	77700	2,000
28	Other employee benefits	28	5,637.		3,102.	2,535
29	Payroll taxes	29	1,621.		1,015.	606
30	Professional fundraising fees	30		<u> </u>		
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	4,158.	3,317.	595.	246
34	Telephone	34	7,371.	6,566.	620.	185
35	Postage and shipping	35	11,247.	9,838.	410.	999
36	Occupancy	36	1,828.	125.	1,521.	182
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	67,558.	63,142.	3,417.	999.
40	Conferences, conventions, and meetings .	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	1,722.		1,496.	226
43	Other expenses not covered above (itemize) STMT _2	43a	158,119.	88,623.	32,773.	36,723.
b	o	<u>43b</u>				
C	>	43c				-
d	^j					
•		_ 43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	144				
	nt Costs. Check if you are follow	. 44	594,852.	483,473.	59,385.	51,994.
				oitation reported in (P) Pro	arom condece?	No. Was W No.
AI B	any joint costs from a combined educationa (es," enter (i) the aggregate amount of these	i camp	aigh and fundraising solic	citation reported in (b) Fro	ated to Program services	e les [X] NO
	the amount allocated to Management and ge				Illocated to Fundraising \$	
	art III Statement of Program Servi					
_	at is the organization's primary exempt purpor			70 page 20 0. a.o		Program Service
						Expenses (Required for 501(c)(3) and
	organizations must describe their exempt clients served, publications issued, etc. Dis-					(4) orgs , and 4947(a)(1)
	anizations and 4947(a)(1) nonexempt charit					trusts, but optional for others.)
a	SEE EXHIBIT 1					· · · · · · · · ·
			(Grants a	ind allocations \$	81,253.)	483,473
b						
			(Grants a	and allocations \$)	
C						
			(Grants a	and allocations \$)	
d						
				and allocations \$		
	Other program services (attach schedul			and allocations \$)	L
<u>f</u>	Total of Program Service Expenses (s	nould	equal line 44, column ((B), Program services)	<u></u> ▶	483,473

P	art IV	Balance Sheets (See page 25 of the instructions.)			
N	ote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable			
ŀ	b	Less: allowance for doubtful accounts		47c	
- 1					
		Pledges receivable			
ł	b	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			
		(attach schedule)		50	
- 1	51a	Other notes and loans receivable (attach			
s		schedule)			
Assets	b	Less: allowance for doubtful accounts		51c	
Asi	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
l	54	Investments - securities (attach schedule) ▶ _ Cost _ FMV _		54	
1	55a	Investments - land, buildings, and			
		equipment: basis			
	b	Less: accumulated depreciation (attach			
- 1		schedule)55b		55c	
-	56	Investments - other (attach schedule)	- · · · · · · · · · · · · · · · · · · ·	56	
		Land, buildings, and equipment: basis 57a			
	b	Less: accumulated depreciation (attach			
		schedule)		57c	
ļ	58	Other assets (describe ▶)		58	
	5 0	Tabel access (add lines 45 through 50) (much access line 74)			
	59	Total assets (add lines 45 through 58) (must equal line 74)	· · · · · · · · · · · · · · · · · · ·	59	
i	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
Ę.	63	Loans from officers, directors, trustees, and key employees (attach		0.0	
Liabilities	0.4 -	schedule)		63 64a	
림		Tax-exempt bond liabilities (attach schedule)		64b	
		Mortgages and other notes payable (attach schedule)		1	
1	65	Other liabilities (describe ▶)		65	
	66	Total liabilities (add lines 60 through 65)		66	
\dashv		inizations that follow SFAS 117, check here X and complete lines			
	∵. ya	67 through 69 and lines 73 and 74.			
اي	67	Unrestricted		67	
ğ	68	Temporarily restricted		68	
Fund Balances	69	Permanently restricted		69	
m		inizations that do not follow SFAS 117, check here	 		· · · · · · · · · · · · · · · · · · ·
핕	Orga	complete lines 70 through 74.			
Ę,	70	Capital stock, trust principal, or current funds		70	
s or	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Assets	72	Retained earnings, endowment, accumulated income, or other funds		72	· · · · · · · · · · · · · · · · · · ·
Ast	73	Total net assets or fund balances (add lines 67 through 69 or lines			
Net /	. •	70 through 72;			
Z		column (A) must equal line 19; column (B) must equal line 21)		73	
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		74	• • • • • • • • • • • • • • • • • • • •

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.

	rt IV-A	Reconciliation of Revenu- Financial Statements with Return (See page 27 of the	e per Audited h Revenue per le instructions.)	Par	t IV-B	Financial State Return NOT	of Expenses per ements with Expe APPLICABLE	enses per
а	Total reve	enue, gains, and other support	THE RESERVE	а		•	sses per	
	-	ed financial statements >	CONTRACTOR OF STREET CONTRACTOR C			financial statemer	227 10886 3220	
b		included on line a but not on		b		s included on line	a but not	
	line 12, F	Form 990:			on line 1	17, Form 990:		
(1)		lized gains NOT APPLICABLE		(1)	Donated			
		nents \$				of facilities \$	k 44	
(2)	Donated s			(2)	•	r adjustments		
		f facilities \$			•	on line 20,		
(3)	Recoveries	•	排動性 数字) <u>\$</u>		
		s <u>\$</u>	医假甲基 经计	(3)		eported on		
(4)	Other (spe	ecify)	医铁头 机熔铁 化			form 990 \$		
				(4)	Other (sp	ecity):		
	Add	S (4) through (4) b		6.50				
	Add amo	ounts on lines (1) through (4)	D		Add =====	→ → → → → → → → → → → → → → → → → → →	b	
_	l ma a mi	inus line b				unts on lines (1) thro ninus line b		
С		inus line b ▶ s included on line 12,	· C			s included on line		
d		0 but not on line a:	/計算数 模型	ď		90 but not on line	\$30.93 B	
/43						ent expenses	••	
(1)	not include	nt expenses		(1)		ded on line		
		990 \$				990 \$		
(2)	Other (spe		计算数数 跨級	(2)	Other (sp	· · · · · · · · · · · · · · · · · · ·		
(2)	Other (spe	cary)	11. 13. 13. 13. 13. 13. 13. 13. 13. 13.	(2)	Other (sp	ecity)		新新 编版
		<u> </u>				s		
	Add amo	ounts on lines (1) and (2) >	d		Add am	ounts on lines (1)	and (2) b d	
е		enue per line 12, Form 990		e e		penses per line 17		
•		us line d) · · · · · · · · >				lus line d) · · · ·		
Pa	t V L	ist of Officers, Directors,	Frustees, and Key	Employ	yees (Lis	st each one even	if not compensate	d; see page 27 of
		e instructions.)		•				
	เก	e instructions.)						
	<u>tn</u>	(A) Name and address		hours p		(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
		(A) Name and address			er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEF				hours p	er week	(If not paid, enter	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SEI		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
SE1		(A) Name and address		hours p	er week	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
	STATE	(A) Name and address		hours p devoted t	er week o position	(If not paid, enter -0) 118, 629	employee benefit plans & deferred compensation 15,319.	account and other allowances NONI
	Did any of	(A) Name and address	ployee receive aggrega	hours p devoted t	er week o position	(If not paid, enter -0) 118,629	employee benefit plans & deferred compensation 15,319.	account and other allowances

<u>Forr</u>	rm 990 (2004) 52-1520451		Pag	e 5
Pa	art VI Other Information (See page 28 of the instructions.)		Yes N	
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each ac	tivity . 76	х	
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	x	<u>. </u>
	If "Yes," attach a conformed copy of the changes.			
78 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<u> </u>	<u>:</u>
b	b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	x	
80 a	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	
b	b If "Yes," enter the name of the organization▶ SEE ATTACHMENT #1			
	and check whether it is X exempt or nonexempt.		X.	
81 a	a Enter direct and indirect political expenditures. See line 81 instructions	NONE		
b	b Did the organization file Form 1120-POL for this year?	81b	x	<u>. </u>
82 a	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	l		
	or at substantially less than fair rental value?	82a	l x	
b	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.)	I/A		
83 a	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	
b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A	
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions			: <u>.</u>
	or gifts were not tax deductible?	<u>84b</u>	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
	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	c Dues, assessments, and similar amounts from members	I/A		
d	d Section 162(e) lobbying and political expenditures	//A		
е	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	/A		
f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	/A //		
-	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<u>85</u> g	N/A	—
h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable			
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86		I/A		
		I/A		
		I/A		
b	b Gross income from other sources (Do not net amounts due or paid to other			
	· · · · · · · · · · · · · · · · · · ·	I/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	- 1		
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
00-	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88	N/A	
89 a	a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶ N/A ; section 4955 ▶ N/A			
	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	I/A		
Ľ	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
		896	. ,	•
	a statement explaining each transaction c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under	1030	<u>' </u>	
			N/A	
,	d Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A	
	a List the states with which a copy of this return is filed DISTRICT OF COLUMBIA		A7/ FA	
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	901	<u> </u>	—
91				_
<i>3</i> 1	Located at > 2100 L STREET, NW, WASHINGTON, DC ZIP+4 > 20			_
92	Section 4947(a)(1) nonexempt charitable 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	

Form **990** (2004)

A Program service revenue: a SALE OF VIDEOTAPES b SALE OF LITERATURE c SUBSCRIPTIONS d d d f Medicare/Medicaid payments. g Fees and contracts from government agencies. 94 Membership dues and assessments . 95 Interest on sawngs and temporary cash mestiments . 96 Dividends and interest from securities . 97 Net rental income or (loss) from real estate: a debt-financed property . b not debt-financed property . 98 Net rental income or (loss) from pesconal property . 99 Other investment income . 101 Ganar (loss) from sales of inventory . 101 Net income or (loss) from sales of inventory . 102 Gross profit or (loss) from sales of inventory . 103 Other revenue a b c d d e Relation to the debt financed property . 104 Subtotal (add columns (B), (D), and (E)) . 105 Total (add line 104, columns (B), (D), and (E)) . 106 Total (add line 104, columns (B), (D), and (E)) . 107 Total (add line 104, columns (B), (D), and (E)) . 108 Total (add line 104, columns (B), (D), and (E)) . 109 Total (add line 104, columns (B), (D), and (E)) . 109 Total (add line 104, columns (B), (D), and (E)) . 100 Financed property . 101 Subtotal (add columns (B), (D), and (E)) . 102 Total (add line 104, columns (B), (D), and (E)) . 104 Subtotal (add columns (B), (D), and (E)) . 105 Total (add line 104, columns (B), (D), and (E)) . 106 Total (add line 104, columns (B), (D), and (E)) . 107 Total (add line 104, columns (B), (D), and (E)) . 108 Total (add line 104, columns (B), (D), and (E)) . 109 Total (add line 104, columns (B), (D), and (E)) . 109 Total (add line 104, columns (B), (D), and (E)) . 100 Total (add line 104, columns (B), (D), and (E)) . 101 Total (add line 104, columns (B), (D), and (E)) . 102 Total (add line 104, columns (B), (D), and (E)) . 103 Other revenue a 104	Part VII	Analysis of Income-Produc	,	ties (See page 33 lated business income			(E)
a SALE OF VIDROTAPES b SALE OF LITERATURE c SUBSCRIPTIONS d e f Medicare/Medicaid payments , g Fees and contracts from government agencies and statements, and to the basis of my fees agencies and based enemy and from 4720 (see instructions) , g Feet VI Fees from 8870 and Form 4720 (see instructions) and companies and based contracts from governments and to the basis of my year and belief to entirectly on inderectly, on a personal benefit contract? Yee Note:		gross amounts unless otherwise	(A)	I	(C)	(D)	Related or exempt function
b SALE OF LITERATURE C SUBSCRIPTIONS d d e f Medicare/Medicaid payments . g Fees and contracts from government agences . g Fees and contracts from government agence . g Fees and contracts from gover	93 Progra	am service revenue:	Dusilless Code	Amount	Exclusion code	Amount	income
c SUBSCRIPTIONS d d f Medicarn/Medicald payments g Fees and contracts from government agencies g Fees and contracts from securities g Fees possible							19,
f Medicare/Medicaid payments . g Fees and contracts from government agenoes . 94 Membership dues and assessments . 95 Interest a samp and temporary cash newtomes . 95 Interest on samp and temporary cash newtomes . 96 Dividends and interest from securities . 97 Net rental income or (loss) from real estates . 98 a debt-financed property . 99 Other investment income . 99 Other investment income . 99 Other investment income . 90 Gen or (loss) from sales of sease to the fram mentary . 101 Net income or (loss) from sales of existed the same of the same . 102 Gross profit or (loss) from sales of existed the same of the same . 103 Other revenue a . 104 Subbotal (add columns (B), (D), and (E)) . 105 Total (add line 104, columns (B), (D), and (E)) . 106 Total (add line 104, columns (B), (D), and (E)) . 107 Total (add line 104, columns (B), (D), and (E)) . 108 Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I. 109 Total (add line 104, columns (B), (D), and (E)) . 100 Total (add line 104, columns (B), (D), and (E)) . 101 Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I. 108 Total (add line 104, columns (B), (D), and (E)) . 109 Total (add line 104, columns (B), (D), and (E)) . 100 Total (add line 104, columns (B), (D), and (E)) . 101 Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I. 108 Total (add line 104, columns (B), (D), and (E)) . 109 Total (add line 104, columns (B), (D), and (E)) . 100 Total (add line 104, columns (B), (D), and (E)) . 101 Total (add line 104, columns (B), (D), and (E)) . 102 Total (add line 104, columns (B), (D), and (E)) . 103 Total (add line line 104, columns (B), (D), and (E)) . 109 Total (add line 104, columns (B), (D), and (E)) . 100 Total (B), (D), and (E) . 100 Total (B), (D), and (E) . 101 Total (B), (D), and (E) . 102 Total (B), (D), and (E) . 103 Total (B), (D), and (E) . 103 Total (B), (D), and (E) . 104 Total (B), (D), and (E) . 105 Total (B), (D), and (E) . 106 Total (B), (D), and (E) . 107 Total							700.
f Medicare/Medicaled payments. g Fees and contracts from government agencies. g Fees and contracts from governments. g Fees and contracts from gove	c <u>SUB</u>	SCRIPTIONS	<u> </u>				838.
f Medicare/Medicaid payments genomes genomes genomes genomes and contracts from government agenomes genomes ge	d		<u> </u>				
9 Membership dues and assessments							
9.4 Membership dues and assessments	f Medica	are/Medicaid payments					
95 Interest on servings and temporary cash meetings in the process of the final income or (loss) from real estates a debt-financed property bnot death financed property bnot death financed property bnot death financed property bnot death financed property bnot financed	_					<u> </u>	
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Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instruct (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions). Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my kn and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know Please Sign Bate				t	 		
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kr and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know Please Sign Bate Date					15 54	2 1 1 2	1 (1)
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kr and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know Signature of officer Date	Part X	Information Regarding Tra	nsters Ass	sociated with Pers	onal Benefit	Contracts (See page 3	
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know Signature of officer Date					•		••
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know Signature of officer Date					lirectly, on a p	ersonal benefit contrac	t? Yes X No
Please Sign Here and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know Date Date	Note: If "				 		
Please Sign Here Signature of officer Date		Under penalties of perjury, I decli	are that I have	examined this return, inclu	iding accompanying	schedules and statements, and	d to the best of my knowledge
Sign Signature of officer Date	Diasea		complete De	ciaration in preparer (office	than oncer, is bas	ed on all information of which pr	aparer has any knowledge.
Here		1000	-U	10 LO		8/15	105
nere 1. 1- Thomas diale TI (FC HSUS contralling entity		, -	, ,			Date	
- ' C.O 11-12-11-11-11-11-11-11-11-11-11-11-11-1	<u> Here</u>	1. G. Thomas	diante	TII ('F/)	HSUSI	intolling rn	titu
1					1)	· · · · · · · · · · · · · · · · · · ·
Date Check if Preparer's SSN or PTIN (Si				~ ^ ^	Date	Check if Po	eparer's SSN or PTIN (See Gen Inst. W

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Name of the organization

THE CENTER FOR THE RESPECT OF LIFE

AND ENVIRONMENT

Employer identification number

52-1520451

Part 1 Compensation of the Five Highe (See page 1 of the instructions. List e	st Paid Employ each one. If there	ees Other Thar are none, enter "	Officers, Directo None.")	ors, and Trustees
(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	NONE			
Part II Compensation of the Five Highe (See page 2 of the instructions. List	est Paid Indepe each one (wheth	ndent Contracto er individuals or fi	ors for Profession	nal Services one, enter "None.")
(a) Name and address of each independent contractor paid	more than \$50,000	(b) Туре	e of service	(c) Compensation
NONE		_		
				-
	· · ·			
Total number of others receiving over \$50,000 for professional services	NONE	-E7.	Schedul	le A (Form 990 or 990-EZ) 2004

Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	ruring the year, has the organization attempted to influence national, state, or local legislation, including any		
	ttempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid	ŀ	ŀ
	r incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,		
	art VI-A, or line I of Part VI-B.)		X
	rganizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of ne lobbying activities.		
2	puring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any		
	ubstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or	1.81	
	rith any taxable organization with which any such person is affiliated as an officer, director, trustee, majority		
	wner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining		
	ne transactions.)		
а	ale, exchange, or leasing of property?	-	X
b	ending of money or other extension of credit?		x
	and the last of south and the		_
С	urnishing of goods, services, or facilities?	+	X
d	SEE FORM 990 PART V ayment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	x	
_	ayment of compensation (or payment of remissional or expenses a more shall vijese).	1	
e	ransfer of any part of its income or assets?		x
3a	o you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how		
	ou determine that recipients qualify to receive payments)		X
b	o you have a section 403(b) annuity plan for your employees?	-	X
4a	id you maintain any separate account for participating donors where donors have the right to provide advice		
ь	n the use or distribution of funds? 4a o you provide credit counseling, debt management, credit repair, or debt negotiation services? 4b		x
		<u> </u>	
Pa	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
	anization 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 7	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).		
8	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)		
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city	,	
	and state ▶		
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)	(iv).	
	(Also complete the Support Schedule in Part IV-A.)		
11a		n	
446	170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)		
11b 12	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross		
12	receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of		
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired		
	by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)		
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations		
	described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See		
	section 509(a)(3).)		_
	Provide the following information about the supported organizations (See page 5 of the instructions.)	h	-
	(a) Name(s) of supported organization(s) (b) Line num from abov		
			-
			_
			-
	7.		
14	An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions.)		

Schedule A (Form 990 or 990-EZ) 2004

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (d) 2000 \triangleright (a) 2003 **(b)** 2002 (c) 2001 (e) Total 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 889,864. 1,067,058. 970,309. 1,144,482. 4,071,713. 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 8,199. 61,111. 69,310. 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 6,912 6,912. 19 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 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 Other income. Attach a schedule. Do not STMT 7 include gain or (loss) from sale of capital assets 249. 88. 337. Total of lines 15 through 22 904,975. 1,067,307. 970,397. 1,205,593. 4,148,272. 896,776. 1,067,307. 970,397. 1,144,482. 4,078,962 9,050. 10,673. 9,704. 12,056. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 81,579 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts > c Total support for section 509(a)(1) test. Enter line 24, column (e) 26c ≥ 26c 4,078,962. d Add Amounts from column (e) for lines: 18 ______ 6,912. 19 22 ______**337.** 26b _____**506,842.** ▶ **26d 514,091**. 3,564,871. f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2003) (2002) (2001) **NOT APPLICABLE** (2000) For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2003) _____ (2002) ____ (2001) ____ (2000) _____ d Add: Line 27a total Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15.

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Pai	Private School Questionnaire (See page 7 of the instructions.) NOT APPLICATION (To be completed ONLY by schools that checked the box on line 6 in Part IV)	'ABLI	3	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing 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, and other written communications with the public dealing with student admissions,	30		
31	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		
٠.	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		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
			1	
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b	ļ	
С		32c		
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32d		<u> </u>
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
22	Does the organization discriminate by race in any way with respect to:			
33	Does the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
_	Employment of faculty or administrative staff?	222		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		ļ
е	Educational policies?	33e		ļ
	11			
T	Use of facilities?	33f		
a	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	-	ļ
_	Has the constant with the web at a conductive or the transfer of the transfer			
t	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
	ii you answered Tes to either 54a or b, piease 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		

		orm 990 or 990-					520451			Page
Р	art VI-A			ecting Public Charitie						
_				eligible organizatio						
, Ch	neck ▶ a	if the organ	ization belongs to an af	filiated group. Check	< ▶ b	if you check			ed cor	trol" provisions appl
			imits on Lobbyin	-			Affiliate	a) ed grou tals	3Þ	(b) To be completed for ALL electing
		•		ns amounts paid or incu						organizations
36				blic opinion (grassroots						
37				egislative body (direct			ļ			
38				nd 37)						
39										
40			expenditures (add lin			40	2.00 feet 4.00 to 3.00		23 C 22 C 2	
41		-		ount from the following	-					
		nount on line		obbying nontaxable a		7 17.3	1.3			
				f the amount on line 40		500000000000000000000000000000000000000				
				000 plus 15% of the excess		\ 1				
				000 plus 10% of the excess		000000000000000000000000000000000000000				
				000 plus 5% of the excess o		\$100 CONTRACTOR 100 C				
42	Gracero	ote nontavable		o,000	• • • • • •	. J 42				
43	Subtract	line 42 from I	line 36 Enter -0- if hr	e 42 is more than line	36	43				
44				e 41 is more than line					-	<u> </u>
77	Oubtido		mic oo. Linci -o- n m	e 41 is more than line	30		7. 7. 1 . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
	Caution:	If there is an	amount on either lin	e 43 or line 44, you mus	st file Form	4720				
				r Averaging Period				5. 23 380 385 386	***	San Carlo Maria Carlo Ca
	(Sc	ome organizat		tion 501(h) election do				ve col	umns	below.
		_		ions for lines 45 throug		-				
									riod	
		-		Lobbying Expendi	itures Dur	ing 4-1 ear	Averagii	ig Pei	riou	
		year (or fiscal	(a)	(b)		c)	(d)		(e)
		nning in) 🕨	2004	2003	20	02	20	001		Total
		nontaxable								
<u>45</u>			W W							
		ceiling amount								
46	(150% of	line 45(e))	666 V 8821 BB 18 N.				Carlo Ministry			
4							}			
4/		ing expenditures ts nontaxable								
40		ts nontaxable								
40				Carlotte St. St. St. St. St. St.				- S	100	
40	(150% of li	ceiling amount		14.1 1 表面传		the large and	A STATE OF			
43		ts lobbying		CONTRACTOR SERVICES			K Sec X Sec X			
50		res								
	art VI-B		ctivity by Nonelec	ting Public Charities	<u>'</u>		NOT	A PPT	TCAL	RIJE
_				ations that did not co		rt VI-A) (S				
Du	ring the yea			ence national, state or loc						
				atter or referendum, throug			•	Yes	No	Amount
а	Voluntee	ers								1 4 4 5 1 7 1
k	Paid sta	ff or managen	nent (Include comper	sation in expenses rep	orted on line	es c throug	h h .)			1 1 7 (4.8)
C		-				_				
C	I Mailings	to members,	legislators, or the pul	olic						
е	Publicati	ons, or publisl	hed or broadcast stat	ements						
f	Grants to	o other organi	zations for lobbying p	urposes		 .				
g				government officials, o						
ŀ				ions, speeches, lecture						
i			itures (Add lines c thr					1		
_		to any of the a	bove, also attach a s	statement giving a deta	ailed descrip	otion of the	lobbying ac	tivities		· · · · · · · · · · · · · · · · · · ·
JSA 4E1	1240 1 000							Sched	iule A	(Form 990 or 990-EZ) 200

Schedule A (Fo	orm 990 or 990-EZ) 2004		52-1520451	Page 6
Part VII		Transfers To and Transactions an (See page 11 of the instructions.)	d Relationships With Noncharitable	
51 Did the r	reporting organization direc	tly or indirectly engage in any of the follo	owing with any other organization described	in section
	= '		n 527, relating to political organizations?	
		zation to a noncharitable exempt organiz		Yes No
(i) Cas	sn			
b Other tra				X
		with a noncharitable exempt organization	b(i)	x
(ii) Pur	rchases of assets from a no	oncharitable exempt organization	b(ii)	x
(iii) Rei	ntal of facilities, equipment,	or other assets	b(iii)	
(iv) Rei	imbursement arrangements		<u>b(iv)</u>	х
(v) Loa	ans or loan guarantees 🚬		<u>b(v)</u>	X
(vi) Per	rformance of services or me	embership or fundraising solicitations 🚬	<u>b(vi)</u>	x
		iling lists, other assets, or paid employee		X
			(b) should always show the fair market value of the	
		by the reporting organization. If the organization of the goods, other		
(a)	(b)	(c)	(d)	·
Line no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing an	rangements
N/A				
				· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·				·
				
		-	L	
describe	ed in section 501(c) of the 6 complete the following sch	'' '' 	n section 527?	es X No
Na	(a) ame of organization	(b) Type of organization	(c) Description of relationship	
		1		
N/A				
				
	· · · · · · · · · · · · · · · · · · ·	 		
			Schedule A (Form 990 or	990-F7) 2004

	PURPOSE OF GRANT OR CONTRIBUTION	EDUCATIONAL	EDUCATIONAL	EDUCATIONAL	TOTAL CONTRIBUTIONS PAID 18 STATEMENT
RING THE YEAR	RELATIONSHIPS	MONE	NOME	NOME	VIENA - 52-1520451
FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR	RECIPIENT NAME AND ADDRESS GRANTS PAID	University for peace	FLORIDA GULF COAST UNIVERSITY 10501 FGCU BLVD., SOUTH, FORT MYERS FL 33965	COLUMBIA UNIVERSITY 61 WEST 62ND STREET NEW YORK, NY 10023	717442 649C 08/04/2005 14:02:54

81,253.

STATEMENT 1

3,000.

24,595.

AMOUNT

52-1520451

THE CENTER FOR THE RESPECT OF LIFE

53,658.

THE CENTER FOR THE RESPECT OF LIFE

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DESCRIPTION	NOI	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONSULTANTS	CONSULTANTS & CONTRACTED SVCS EDUCATIONAL	69,494.	54,341.	12,406.	2,747.
PUBLICATIONS	IONS	38,064.	34,282.	2,114.	1,668.
INVESTME	INVESTMENT EXPENSES	9,026.		9,026.	
PROFESSI	PROFESSIONAL FEES	927.		875.	52.
INSURANCE	₽.	546.		546.	
PROPERTY TAXES	TAXES	531.		518.	13.
MAILING COSTS	COSTS	39,531.		7,288.	32,243.
TOTALS		158,119.	88,623.	32,773.	36,723.
		M H H H H H H H H H H	76 12 14 16 16 16 16 16 16 16 16 16 16 16 16 16	11 11 11 11 11 11 11 11)) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1)

STATEMENT

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ANIMAL AND ENVIRONMENTAL PROTECTION.

THE CENTER FOR THE RESPECT OF LIFE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
THOMAS BERRY 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-5	NONE	NONE	NONE
ANITA COUPE 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-5	NONE	NONE	NONE
JOHN GRIM 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-5	NONE	NONE	NONE
JAN HARTKE 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-5	NONE	NONE	NONE
DIETER HESSEL 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-5	NONE	NONE	NONE
JOHN A. HOYT 2100 L STREET, NW WASHINGTON, DC 20037	SEC/TREAS/DIRECTOR 0-5	NONE	NONE	NONE
STEPHANIE KAZA 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-5	NONE	NONE	NONE
FRED KIRSCHENMANN 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-5	NONE	NONE	NONE

VIENNA - 52-1520451

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

			SWOT TETTET GRING	サンシャ ひかいひんから
NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	TO EMPLOYEE BENEFIT PLANS	
RANDALL LOCKWOOD 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-5	NONE	NONE	NONE
JAY MCDANIEL 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-5	NONE	NONE	NONE
DAVID ORR 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-5	NONE	NONE	NONE
LEWIS REGENSTEIN 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-5	NONE	NONE	NONE
VICTORIA STACK 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-5	NONE	NONE	NONE
MARY EVELYN TUCKER 2100 L STREET, NW WASHINGTON, DC 20037	CHAIRMAN 0-5	NONE	NONE	NONE
RICHARD CLUGSTON 2100 L STREET, NW WASHINGTON, DC 20037	EXECUTIVE DIRECTOR	118,629.	15,319.	NONE
	GRAND TOTALS	118,629.	15,319.	NONE

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THE CENTER FOR THE RESPECT OF LIFE

ORGANIZATION	
RELATED	
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PROVIDED	
COMPENSATION	
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FOR))))))

NAME AND ADDRESS		COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HUMANE SOC 53-0225390	HUMANE SOCIETY OF THE UNITED STATES 53-0225390			
JAN HARTKE 2100 L STREET, WASHINGTON, DC	KE FREET, NW DN, DC 20037	126,918.	15,319.	NONE
HUMANE SOC: 53-0225390	HUMANE SOCIETY OF THE UNITED STATES 53-0225390			
RANDALL LOCKWOOD 2100 L STREET, N WASHINGTON, DC 2	RANDALL LOCKWOOD 2100 L STREET, NW WASHINGTON, DC 20037	87,555.	15,262.	NONE

PHOUSE BEAUTHER THE STREET OF THE STREET STR

214,473.

GRAND TOTALS

30,581.

VIENNA - 52-1520451

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52-1520451	
CENTER FOR THE RESPECT OF LIFE	SCHEDULE A, PART IV-A - OTHER INCOME
THE	SCHEL

TOTAL	! ! !		337.	H H H H H H
2000	1 1 1		 	12 11 11 11 11 11 11 11 11
2001	!	888		88 80 81 81 81 81 81 81
2002	! ! !	249.	249.	HANGERIA
2003	1 1 1 1 1		1 1 1 1 1 1 1 1 1	
CON		SALE OF LITERATURE		
DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SALE OF	TOTALS	

STATEMENT 7

The Center for the Respect of Life and Environment EIN: 52-1520451 Form 990 12/31/04

Program Service Accomplishments

Please note that this 990 covers the activities of the entity incorporated as the Center for Respect of Life and the Environment (CRLE). The organization is an affiliate of The Humane Society of the United States (The HSUS). Other affiliates that have an international reach include Earthvoice International, Inc. and Humane Society International (HSI). For a combined report of the financial activities and status of the HSUS and its affiliates, interested persons may look ath the organization's Annual Report on www.hsus.org.

THE CENTER FOR THE RESPECT OF LIFE AND ENVIORONMENT Support for Humane Sustainable Development

The Center for Respect of Life and the Environment supports initiatives involving the Earth Charter, the group known as University leaders for a Sustainable Future, and an outreach to representatives of faith who are interested in and supportive of humane sustainable activities.

Program Expense: 483,473 Gifts and Grants: 81,253

HSUS – THE CENTER FOR RESPECT OF LIFE AND ENVIRONMENT

EIN: 52-1808517 12/31/2004

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
THE NATL ASSOC. FOR HUMANE AND ENVIRONMENTAL EDUCATION	ı x	
EARTHVOICE INTERNATIONAL	X	
THE HUMANE SOCIETY OF THE UNITED STATES	X	
EARTHKIND USA	X	
HUMANE SOCIETY INTERNATIONAL	X	
HUMANE SOCIETY OF THE US WILDLIFE LAND TRUST	X	
MEADOWCREEK, INC.	X	
THE HSUS FUND FOR ANIMALS	X C4	
HUMANE SOCIETY OF HONG KONG LIMITED I	NTERNATION	AL NOT FOR PROFIT
THE HUMANE SOCIETY INTERNATIONAL UK	NTERNATION	AL NOT FOR PROFIT
THE HUMANE SOCIETY INTERNATIONAL GERMANY I	NTERNATION	AL NOT FOR PROFIT
	NTERNATION	AL NOT FOR PROFIT
HUMANE SOCIETY INTERNATIONAL, INC. (AUSTRALIA)	NTERNATION	AL NOT FOR PROFIT

Form **8868**

(Rev. December 2004)

Department of the Treasury Internal Revenue Service

Application for Extension of Time 10 File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

 If you are f Do not comp 	illing for an Additional (not lete Part II unless you have	onth Extension, complete only Part I and check this borautomatic) 3-Month Extension, complete only Part II (already been granted an automatic 3-month extension on a pension of Time—Only submit original (no copies ne	on page 2 of this form). previously filed Form 8868.		
Form 990-T	corporations requesting ar	automatic 6-month extension-check this box and comp	lete Part I only ▶ □		
All other corp	porations (including Form 9	90-C filers) must use Form 7004 to request an extension o use Form 8736 to request an extension of time to file Form	f time to file income tax returns.		
retums noted (not automat	below (6 months for corpo	n be filed electronically if you want a 3-month automatic ex rate Form 990-T filers). However, you cannot file it electron ead you must submit the fully completed signed page 2 (m, visit www.irs.gov/efile.	nically if you want the additional		
Type or	Name of Exempt Organization	n	Employer identification number		
print	THE CENTER FOR THE	RESPECT OF LIFE AND ENVIRONMENT	52-1520451		
File by the		suite no. If a P.O. box, see instructions.			
due date for filing your	2100 L STREET, I				
retum. See	num. See City town or post office state and ZIP code. For a foreign address, see instructions				
instructions.	WASHINGTON, DC	20037			
Chook time					
Sorm 990	•	separate application for each return):	□ Farm 4700		
☐ Form 990		Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720 ☐ Form 5227		
					
☐ Form 990		Form 990-T (trust other than above) Form 1041-A	☐ Form 6069		
☐ Form 990	J-PF	LI FORM 1041-A	☐ Form 8870		
Telephone If the orga If this is for the wh	or a Group Return, enter th	office or place of business in the United States, check this be organization's four digit Group Exemption Number (GE □ . If it is for part of the group, check this box	N) If this		
1 I reque	st an automatic 3-month (6-	months for a Form 990-T corporation) extension of time ur	til AUGUST 15 .20 05		
to file the table to file the	he exempt organization return calendar year 20 <u>0</u> 4or tax year beginning	m for the organization named above. The extension is for th	e organization's return for:, 20		
nonrefi	undable credits. See instruc	0-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative to	\$ 0.00		
made.	Include any prior year over	PF or 990-T, enter any refundable credits and estimated ta payment allowed as a credit	\$ 0.00		
with F		m line 3a. Include your payment with this form, or, if requi , by using EFTPS (Electronic Federal Tax Payment Sy			
	ou are going to make an el instructions.	ectronic fund withdrawal with this Form 8868, see Form 84			
For Privacy	Act and Paperwork Reduction	Act Notice, see Instructions.	Form 8868 (Rev. 12-2004)		