

**Return of Organization Exempt from Income Tax**

**2000**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2000 calendar year, or tax year period beginning , 2000, and ending , 20**

**B Check if applicable:**

- Change of address
- Change of name
- Initial return
- Final return
- Amended return

Please use IRS label or print or type. See specific instructions.

**C Name of organization**  
**SOCIETY OF ENVIRONMENTAL JOURNALISTS, INC.**

**D Employer Identification Number**  
 52-0194031

**E Telephone number**  
 (215) 884-8174

**F Check**  if application pending

Number & street (or P.O. box if mail is not delivered to street addr) Room/suite  
 P.O. BOX 2492

City, Town or Country State ZIP code  
 JENKINTOWN PA 19046

**G Organization type (check only one)**  501(c) 3 (insert no.)  527 or  4947(a)(1)

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**J Accounting method:**  Cash  Accrual  Other (specify) ▶

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**Note: H and I are not applicable to section 527 orgs.**

**H (a)** Is this a group return for affiliates?  Yes  No

**H (b)** If "yes," enter number of affiliates. ▶

**H (c)** Are all affiliates included?  Yes  No (If "no," attach a list. See instructions)

**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit group exemption no. (GEN) ▶

**L** Check this box if the organization is **not** required to attach Schedule B (Form 990 or 990-EZ)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see instructions)

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1 a</b>	1,013,177.	
	<b>b</b> Indirect public support	<b>1 b</b>		
	<b>c</b> Government contributions (grants)	<b>1 c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 1,013,177. noncash \$ )	<b>1 d</b>	1,013,177.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	1,731.	
	<b>3</b> Membership dues and assessments	<b>3</b>	28,852.	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	13,593.	
	<b>5</b> Dividends and interest from securities	<b>5</b>	1,609.	
	<b>6 a</b> Gross rents	<b>6 a</b>		
	<b>b</b> Less: rental expenses	<b>6 b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6 c</b>		
<b>7</b> Other investment income (describe: )	<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	20,828.	<b>8 a</b>		
	21,325.	<b>8 b</b>		
	-497.	<b>8 c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8 d</b>		-497.	
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9 a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9 b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9 c</b>		
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10 a</b>		
	<b>b</b> Less: cost of goods sold	<b>10 b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10 c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	24,770.		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	1,083,235.		
<b>EXPENSES</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	489,932.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	59,623.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	29,010.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	578,565.	
<b>ASSETS</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	504,670.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	401,291.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	-4,176.	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	901,785.	



**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) . . . . .	22				
23 Specific assistance to individuals (attach sch) . . . . .	23				
24 Benefits paid to or for members (attach sch) . . . . .	24				
25 Compensation of officers, directors, etc . . . . .	25	62,500.	37,500.	6,250.	18,750.
26 Other salaries and wages . . . . .	26	118,164.	91,252.	26,912.	0.
27 Pension plan contributions . . . . .	27	7,638.	5,443.	1,402.	793.
28 Other employee benefits . . . . .	28	21,863.	15,580.	4,014.	2,269.
29 Payroll taxes . . . . .	29	17,173.	12,239.	3,152.	1,782.
30 Professional fundraising fees . . . . .	30				
31 Accounting fees . . . . .	31	2,500.	0.	2,500.	0.
32 Legal fees . . . . .	32				
33 Supplies . . . . .	33	20,835.	18,751.	1,042.	1,042.
34 Telephone . . . . .	34	7,388.	5,509.	939.	940.
35 Postage and shipping . . . . .	35	9,686.	7,719.	1,475.	492.
36 Occupancy . . . . .	36	18,278.	16,450.	914.	914.
37 Equipment rental and maintenance . . . . .	37				
38 Printing and publications . . . . .	38	29,655.	29,655.	0.	0.
39 Travel . . . . .	39	51,635.	48,470.	1,583.	1,582.
40 Conferences, conventions, and meetings . . . . .	40	7,343.	7,343.	0.	0.
41 Interest . . . . .	41				
42 Depreciation, depletion, etc (attach schedule) . . . . .	42	7,319.	0.	7,319.	0.
43 Other expenses (itemize):					
a AUDIO-VISUAL FEES . . . . .	43a	561.	561.	0.	0.
b BANK CHARGES . . . . .	43b	1,618.	0.	1,618.	0.
c CATERING/FACILITIES . . . . .	43c	21,250.	21,250.	0.	0.
d CONFERENCE MNGMT/MARKETING . . . . .	43d	50,162.	50,162.	0.	0.
e See Other Expenses Stmt . . . . .	43e	122,997.	122,048.	503.	446.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 . . . . .	44	578,565.	489,932.	59,623.	29,010.

**Reporting of Joint Costs** — Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation? . . . . .  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to program services \$ \_\_\_\_\_; (iii) the amount allocated to management and general \$ \_\_\_\_\_; and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ► ENVIRONMENTAL JOURNALISM All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a SPONSORSHIP OF AN ANNUAL NATIONAL CONFERENCE TO EDUCATE JOURNALISTS ENGAGED IN REPORTING ON THE ENVIRONMENT.  (Grants and allocations \$ 0.)	260,500.
b SPONSORSHIP OF VARIOUS REGIONAL CONFERENCES TO EDUCATE JOURNALISTS ENGAGED IN REPORTING ON THE ENVIRONMENT.  (Grants and allocations \$ 0.)	66,251.
c DATABASE MANAGEMENT INFORMATION ON JOURNALISTS, STUDENTS, AND EDUCATORS WHO HAVE AN INTREST IN ENVIRONMENTAL ISSUES WHICH IS DISTRIBUTED TO BOTH MEMBERS AND NON-MEMBERS.  (Grants and allocations \$ 0.)	80,738.
d PUBLICATION OF NEWSLETTER ADDRESSING ISSUES RELEVANT TO ENVIRONMENTAL JOURNALISM FOR DISTRIBUTION TO MEMBERS AND SCHOOLS OF JOURNALISM.  (Grants and allocations \$ 0.)	82,443.
e Other program services. . . . . (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services). . . . .	489,932.



**Part IV Balance Sheets** (See instructions)

**Note:** 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
ASSETS	45 Cash — non-interest-bearing . . . . .	26,380.	45	60,589.
	46 Savings and temporary cash investments . . . . .	258,893.	46	375,720.
	47 a Accounts receivable . . . . .	47 a 3,212.		
	b Less: allowance for doubtful accounts . . . . .	47 b 0.	0.	47 c 3,212.
	48 a Pledges receivable . . . . .	48 a 430,000.		
	b Less: allowance for doubtful accounts . . . . .	48 b 0.	100,000.	48 c 430,000.
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51 a Other notes & loans receivable (attach schedule) . . . . .	51 a		
	b Less: allowance for doubtful accounts . . . . .	51 b		51 c
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .		2,393.	53 7,984.
	54 Investments — securities (attach schedule) . . . . .	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments — land, buildings, & equipment: basis . . . . .	55 a		
	b Less: accumulated depreciation (attach schedule) . . . . .	55 b		55 c
	56 Investments — other (attach schedule) . . . . .		56	
	57 a Land, buildings, and equipment: basis . . . . .	57 a 70,939.		
	b Less: accumulated depreciation (attach schedule) . . . . . L-57. Stmt . . . . .	57 b 42,810.	14,280.	57 c 28,129.
	58 Other assets (describe ▶ <u>INVESTMENT INCOME RECEIVABLE</u> ) . . . . .		3,399.	58 6,165.
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		405,345.	59 911,799.	
LIABILITIES	60 Accounts payable and accrued expenses . . . . .	4,054.	60	10,014.
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64 a Tax-exempt bond liabilities (attach schedule) . . . . .		64 a	
	b Mortgages and other notes payable (attach schedule) . . . . .		64 b	
	65 Other liabilities (describe ▶ _____) . . . . .		65	
66 <b>Total liabilities</b> (add lines 60 through 65) . . . . .		4,054.	66 10,014.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .	240,599.	67	354,095.
	68 Temporarily restricted . . . . .	149,786.	68	538,599.
	69 Permanently restricted . . . . .	10,906.	69	9,091.
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) . . . . .	401,291.	73	901,785.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) . . . . .	405,345.	74	911,799.

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.

BAA



**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . . ▶	<b>a</b>	1,079,059.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$ -4,176.		
(2)	Donated services and use of facilities . . . \$		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4) . . . ▶	<b>b</b>	-4,176.
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	1,083,235.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) . . . ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	1,083,235.

<b>a</b>	Total expenses and losses per audited financial statements . . . . . ▶	<b>a</b>	578,565.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 . . . \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4) . . . ▶	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	578,565.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 . . . . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) . . . ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	578,565.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
BETH PARKE ----- ELKINS PARK, PA.	EXEC. DIR. 40	62,500.	3,125.	0.
SEE ATTACHED LIST ----- OF OTHER OFFICERS	SEE LIST 00	0.	0.	0.
-----				
-----				
-----				
-----				
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If 'Yes,' attach schedule — see instructions.



Part VI Other Information (See specific instructions.)

N/A Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b If 'Yes,' has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a 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? 80b If 'Yes,' enter the name of the organization and check whether it is exempt or nonexempt. 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions. 81b Did the organization file Form 1120-POL for this year? 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b If 'Yes,' you may indicate the value of these items here. 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 501(c)(4), (5), or (6) organizations. 85a Were substantially all dues nondeductible by members? 85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85c Dues, assessments, and similar amounts from members. 85d Section 162(e) lobbying and political expenditures. 85e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices. 85f Taxable amount of lobbying and political expenditures (line 85d less 85e). 85g Does the organization elect to pay the Section 6033(e) tax on the amount in 85f? 85h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 86 501(c)(7) organizations. 86a Enter: a Initiation fees and capital contributions included on line 12. 86b Gross receipts, included on line 12, for public use of club facilities. 87 501(c)(12) organizations. 87a Enter: a Gross income from members or shareholders. 87b Gross income from other sources. 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911; Section 4912; Section 4955. 89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? 90a List the states with which a copy of this return is filed. 90b Number of employees employed in the pay period that includes March 12, 2000. 91 The books are in care of; Telephone number; Located at; ZIP code. 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.



**Part VII Analysis of Income-Producing Activities** (See instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a SUBSCRIPTIONS					1,731.
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees & contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					28,852.
95 Interest on savings & temporary cash invmnts.			14	13,593.	
96 Dividends & interest from securities . . . . .			14	1,609.	
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 pers prop . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	-497.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a					
b MAILING LIST			13	24,770.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				39,475.	30,583.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					70,058.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
LINE 93	PROVIDES SERVICE TO BOTH MEMBERS AND NON-MEMBERS WHICH IN TURN
	AND PROVIDES FOR THE CONTRIBUTIONS THAT ARE MADE WHICH PROMOTE THE
LINE 94	EXCHANGE OF INFORMATION ON CURRENT ENVIRONMENTAL ISSUES.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to b, file Form 8870 and Form 4720 (see instructions).

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (See instructions.)	
	Signature of Officer _____ Date _____	EXECUTIVE DIRECTOR Type or Print Name and Title
<b>Paid Preparer's Use Only</b>	Preparer's Signature _____	Date 06/19/01
	Firm's name (or yours if self-employed) and address, and ZIP code CLIFFORD H. PALM CPA 1650 MEETINGHOUSE ROAD HARTSVILLE PA 18974-1034	Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN 174-48-4803 EIN 23-2225871 Phone no (215) 343-9654



Schedule A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

2000

IRS use only - Do not write or staple in this space.

(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.)

OMB No. 1545-0047

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

Table with 2 columns: Name of the Organization (SOCIETY OF ENVIRONMENTAL JOURNALISTS, INC.) and Employer Identification Number (52-0194031)

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.')

Table with 5 columns: (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. Row 1 contains 'NONE'.

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Row 1 contains 'NONE'.



**Part III Statements About Activities**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? . . . . . If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . . . ▶ \$ _____  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	X
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	X
<b>e</b> Transfer of any part of its income or assets? . . . . . If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.	<b>2e</b>	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? . . . . .	<b>3</b>	X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>4a</b>	X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

The organization 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  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7  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  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 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 instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



**27 Organizations described on line 12:**

**a** For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year:

(1999)	(1998)	(1997)	(1996)
--------	--------	--------	--------

**b** For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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:

(1999)	(1998)	(1997)	(1996)
--------	--------	--------	--------

<b>c</b> Add: Amounts from column (e) for lines:	<b>15</b>	<b>16</b>	
	<b>17</b>	<b>20</b>	<b>21</b>
			<b>27 c</b>

<b>d</b> Add: Line 27a total		and line 27b total	<b>27 d</b>
------------------------------	--	--------------------	-------------

<b>e</b> Public support (line 27c total minus line 27d total)		<b>27 e</b>
---	--	-------------

<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	<b>27 f</b>	
--	-------------	--

<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))	<b>27 g</b>	%
---	-------------	---

<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	<b>27 h</b>	%
---	-------------	---

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)



**Part V Private School Questionnaire** (See instructions.)  
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
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, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	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.		
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. . . . .		



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check here  **a** if the organization belongs to an affiliated group.  
 Check here  **b** if you checked 'a' above and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39). . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table — <b>If the amount on line 40 is —</b> <b>The lobbying nontaxable amount is —</b> Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000 . . . . .	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41). . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots non-taxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See 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:		Amount
	Yes	No	
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines <b>c</b> through <b>h</b> ). . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes. . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> ). . . . .			

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







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

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach this form to your return.

**2000**  
**67**

Name(s) Shown on Return <b>SOCIETY OF ENVIRONMENTAL JOURNALISTS, INC.</b>	Business or Activity to Which This Form Relates <b>Form 990, page 2</b>	Identifying Number <b>52-0194031</b>
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**Part I Election to Expense Certain Tangible Property (Section 179)**

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

1 Maximum dollar limitation. If an enterprise zone business, see instructions . . . . .	<b>1</b>	\$20,000.
2 Total cost of Section 179 property placed in service. See instructions . . . . .	<b>2</b>	
3 Threshold cost of Section 179 property before reduction in limitation . . . . .	<b>3</b>	\$200,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter amount from line 27 . . . . .	<b>7</b>	
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8. . . . .	<b>9</b>	
10 Carryover of disallowed deduction from 1999. See instructions . . . . .	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. . . . .	<b>12</b>	
13 Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12. . . . . ▶	<b>13</b>	

**Note:** Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year**  
(Do not include listed property.)

**Section A – General Asset Account Election**

14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions . . . . . ▶

**Section B – General Depreciation System (GDS) (See instructions)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property . . . . .						
b 5-year property . . . . .		6,222.	5.0 yrs	HY	200DB	1,245.
c 7-year property . . . . .		9,645.	7.0 yrs	HY	200DB	1,378.
d 10-year property . . . . .						
e 15-year property . . . . .						
f 20-year property . . . . .						
g 25-year property . . . . .			25 yrs		S/L	
h Residential rental . . . . .			27.5 yrs	MM	S/L	
property . . . . .			27.5 yrs	MM	S/L	
i Nonresidential real . . . . .	06/00	5,300.	39 yrs	MM	S/L	74.
property . . . . .				MM	S/L	

**Section C – Alternative Depreciation System (ADS) (See instructions)**

16a Class life . . . . .					S/L	
b 12-year . . . . .			12 yrs		S/L	
c 40-year . . . . .			40 yrs	MM	S/L	

**Part III Other Depreciation (Do not include listed property.) (See instructions)**

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000 . . . . .	<b>17</b>	4,622.
18 Property subject to Section 168(f)(1) election . . . . .	<b>18</b>	
19 ACRS and other depreciation . . . . .	<b>19</b>	

**Part IV Summary (See instructions)**

20 Listed property. Enter amount from line 26 . . . . .	<b>20</b>	
21 <b>Total.</b> Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions . . . . .	<b>21</b>	7,319.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs. . . . .	<b>22</b>	



**Part V**

**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

23 a Do you have evidence to support the business/investment use claimed? . . . . .										<input type="checkbox"/> Yes		<input type="checkbox"/> No		23 b If 'Yes,' is the evidence written? . . . . .										<input type="checkbox"/> Yes		<input type="checkbox"/> No											
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected Section 179 cost																													
24 Property used more than 50% in a qualified business use (see instructions):																																					
25 Property used 50% or less in a qualified business use (see instructions):																																					
26 Add amounts in column (h). Enter the total here and on line 20, page 1 . . . . .																																					
27 Add amounts in column (i). Enter the total here and on line 7, page 1 . . . . .																																					

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

28 Total business/investment miles driven during the year (do not include commuting miles – see instructions) . . . . .	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
29 Total commuting miles driven during the year . . . . .												
30 Total other personal (noncommuting) miles driven . . . . .												
31 Total miles driven during the year. Add lines 28 through 30 . . . . .												
32 Was the vehicle available for personal use during off-duty hours? . . . . .												
33 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
34 Is another vehicle available for personal use? . . . . .												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See instructions.

35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
37 Do you treat all use of vehicles by employees as personal use? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b> If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year (see instructions):					
41 Amortization of costs that began before 2000 . . . . .					
42 Total. Add amounts in column (f). See instructions for where to report . . . . .					



▶ Attach to return

Name SOCIETY OF ENVIRONMENTAL JOURNALISTS, INC.	Employer Identification Number 52-0194031
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**Part I, Line 8, Column (A) Securities**

**Public Securities**

Description	Gross Sales Price	Basis	
Publicly Traded Securities	20,828.	Cost	21,325.
		Selling Expenses	
		Basis	21,325.

**Nonpublic Securities**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
<b>Total Securities</b> . . . . .			20,828.	21,325.
<b>Gain or (Loss) from Sale of Securities</b> . . . . .				-497.

**Part I, Line 8, Column (B) Other Assets**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----				Cost	_____
-----				Depreciation	_____
-----				Basis	_____
-----				Donation FMV	_____
-----				Cost	_____
-----				Depreciation	_____
-----				Basis	_____
-----				Donation FMV	_____
-----				Cost	_____
-----				Depreciation	_____
-----				Basis	_____
-----				Donation FMV	_____
<b>Total Other Assets</b> . . . . .					
<b>Gain or (Loss) from Sale of Other Assets</b> . . . . .					



Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
CONSULTANTS	56,973.	56,973.	0.	0.
INSURANCE	4,923.	4,301.	339.	283.
MEMBERSHIP MAILING LIST	2,610.	2,610.	0.	0.
MINORITY/FELLOWSHIP	11,552.	11,552.	0.	0.
REGISTRATION SERVICES	7,635.	7,635.	0.	0.
RESOURCE/MEMBERSHIP	3,256.	2,929.	164.	163.
SUPPLIES & POSTAGE	10,524.	10,524.	0.	0.
TRANSPORTATION/TOUR FEES	13,442.	13,442.	0.	0.
WEBSITE DEVELOPMENT	12,082.	12,082.	0.	0.
<b>Total</b>	<u>122,997.</u>	<u>122,048.</u>	<u>503.</u>	<u>446.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
SEE ATTACHED STATEMENT	70,939.	42,810.	28,129.
<b>Total</b>	<u>70,939.</u>	<u>42,810.</u>	<u>28,129.</u>



**Supporting Statement of:**

Form 990 p 1/Line 20

Description	Amount
NET UNREALIZED LOSS ON INVESTMENTS	-4,176.
Total	<u>-4,176.</u>