Form **990**

Return of Organization Exempt from Income Tax

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

OMB No. 1545-0047

This Form is Ones

Department of the Treasury Internal Revenue Service **Note:** The organization may have to use a copy of this return to satisfy state reporting requirements.

This Form is Open to Public Inspection

A	For t	he 1999 calend	dar year,	Or tax year period beginning	,1	999, and ending		,	
В	Chec	k if:		C Name of organization			D Employer le	dentification Number	
	CI	hange of address	ge of address RS label SOCIETY OF ENVIRONMENTAL JOURNALISTS, INC. 52						
	In	itial return	or print Number 2 street for B.O. have if well is not delivered to street adds. Brown (with						
	Fi	nal return	See specific	P.O. BOX 27280			(215)	836-9970	
	Aı	mended return	instruc- tions.	City, Town or Country	State	ZIP + 4	F Check	► if exemption	
	(re	equired also for ate reporting)		PHILADELPHIA	PA	19118-0280	application	on is pending	
G	Туре	of organization	► X E	xempt under section 501(c)	3 ◄ (insert number) o ı	section 494	7(a)(1) nonex	empt charitable trust	
	Note:	: Section 5010	(c)(3) exe	mpt organizations and 4947(a)(1) nonexempt charitable	trusts Must attach	a completed	1	
		Schedule A	(Form 99	0).	, , ,		,		
Н	(a) Is	this a group re	eturn filed	for affiliates?	· · · · Yes X N	o I If either box in	H is checked 'Y	es,' enter four-digit group	
						exemption nur	mber (GEN) ►		
	(b) If	'Yes,' enter the nu	ımber of affil	iates for which this return is filed	>	J Accounting	method:	Cash X Accrual	
	(c) Is	this a separate re	turn filed by	an organization covered by a group ruling	g? Yes X N	Other (s	specify) 🕨	•	
K	Chec	k here ►	if the or	ganization's gross receipts are nor	mally not more than \$25,	000. The organization	n need not fil	e a return with the	
	IRS; I	but if it received	d a Form 9	990 package in the mail, it should f	ile a return without financ	ial data. Some state	es require a c	omplete return.	
Not	e : Fo	rm 990-EZ may	/ be used	by organizations with gross receip	ts less than \$100,000 and	d total assets less th	an \$250,000 a	at end of year.	
Pa	rt I	Revenue	, Exper	ses, and Changes in Net	Assets or Fund Ba	lances (see instru	ctions)	T	
	1			nts, and similar amounts received:	1	1			
						1a 356	,487.		
		•				1 b			
	С	Government of	contribution	ns (grants)		1 c			
	d	Total (add line		ugh 1c) (attach schedule of contrib					
		(cash \$		56,487. noncash \$		\dots L-1d.Stm			
	2	•		e including government fees and o	•	•		2,057.	
	3	•		assessments				34,905.	
	4	Interest on sav	vings and	temporary cash investments				9,526.	
	5			rom securities	Í		5	395.	
	6 a				_	6 a			
					_	6 b			
			•	ss) (subtract line 6b from line 6a) .				;	
	7	Other investm	ent incom	e (describe · · · · · ►	(A) Consulting	(D) Other) 7		
	8 a			of assets other	(A) Securities	(B) Othe	r		
R E V		•			50,323.	8a			
E				s and sales expenses	51,671.	8 b			
E N U		. , .		le) · See L-8 · Stmt. · · · <u> </u> ine line 8c, columns (A) and (B)) ·		8 c		-1,348.	
E	a u	•	, ,	vities (attach schedule)			80	-1,340.	
	9	Gross revenue							
	a		`	d on line 1a)		9 a			
	h			ther than fundraising expenses		9 b			
				m special events (subtract line 9b	_		90		
				y, less returns and allowances		1			
			-	1					
				es of inventory (attach schedule) (subtrac			100	<u>.</u>	
	11			rt VII, line 103)				24,532.	
	12		•	s 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c,				426,554.	
_	13			line 44, column (B))				322,723.	
EXPENSES	14			ral (from line 44, column (C))				48,405.	
E	15			4, column (D))				24,319.	
S	16	• ,		uttach schedule)					
S	17	•	•	nes 16 and 44, column (A))				395,447.	
Δ	18			e year (subtract line 17 from line 1				31,107.	
S	19			nces at beginning of year (from line				367,096.	
ASSET	20			sets or fund balances (attach expl				3,088.	
s	21			nces at end of year (combine lines				401,291.	

Form 990 (1999) SOCIETY OF ENVIRONMENTAL JOURNALISTS, INC. 52-0194031

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
2 Grants and allocations (attach schedule)					
(cash \$ <u>1,067.</u>					
non-cash \$)	22	1,067.	1,067.		
3 Specific assistance to individuals (attach sch)	23				
4 Benefits paid to or for members (attach sch)	24				
5 Compensation of officers, directors, etc	25	55,333.	33,200.	5,533.	16,600
6 Other salaries and wages	26	91,151.	69,461.	21,690.	0
7 Pension plan contributions	27	6,389.	4,478.	1,187.	724
8 Other employee benefits	28	17,471.	12,244.	3,247.	1,980
9 Payroll taxes	29	13,747.	9,634.	2,555.	1,558
Professional fundraising fees	30				
1 Accounting fees	31	2,500.	0.	2,500.	0
2 Legal fees	32	389.	389.	0.	0
3 Supplies	33	14,056.	12,650.	703.	703
4 Telephone	34	9,103.	7,493.	805.	805
5 Postage and shipping	35	6,584.	5,267.	988.	329
6 Occupancy	36	13,699.	12,328.	685.	686
7 Equipment rental and maintenance	37				
8 Printing and publications	38	18,195.	18,195.	0.	0
9 Travel	39	32,956.	31,612.	672.	672
O Conferences, conventions, and meetings	40	32,730.	JI, UIZ.	012.	072
I Interest	41				
	42	5,752.	0.	5,752.	0
	42 43 a	5,752.	0.	5,752.	U
3 Other expenses (itemize): a		F 730	F 720		0
b ADVERTISING/PROMOTION	43 b	5,739.	5,739.	0.	0
c AUDIO-VISUAL FEES	43 c	3,629.	3,629.	1 470	0
d BANK CHARGES	43 d	1,479.	0.	1,479.	
e See Other Expenses Stmt Total functional expenses (add lines 22 - 43).	43 e	96,208.	95,337.	609.	262
Organizations completing columns (B) - (D),		205 447	200 702	40 405	24 210
Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	395,447.	322,723.		
eporting of Joint Costs — Did you report in coucational campaign and fundraising solicitation	olumn n?	(B) (program services) an	y joint costs from a com	bined · · · · · ▶ □	Yes X No
eporting of Joint Costs — Did you report in cucational campaign and fundraising solicitation Yes,' enter (i) the aggregate amount of these j	olumn n?	(B) (program services) and services \$	y joint costs from a com	bined · · · · · · · · ► ☐ nount allocated to progr	Yes X No am services
eporting of Joint Costs — Did you report in coucational campaign and fundraising solicitation Yes,' enter (i) the aggregate amount of these in the company of the company	olumn n?	(B) (program services) and services \$	y joint costs from a com	bined · · · · · ▶ □	Yes X No am services
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Page 3

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
45 Cash — non-interest-bearing	17,949.	45	26,380.
46 Savings and temporary cash investments	118,349.	46	258,893.
47 a Accounts receivable	0.		
b Less: allowance for doubtful accounts	23,999.	47 c	0.
48 a Pledges receivable			
b Less: allowance for doubtful accounts	195,000.	48 c	100,000.
49 Grants receivable		49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
5 51 a Other notes & loans receivable (attach schedule) 51 a			
b Less: allowance for doubtful accounts		51 c	
52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges	4,418.	53	2,393.
54 Investments – securities (attach schedule)		54	
55 a Investments — land, buildings, & equipment: basis 55 a			
b Less: accumulated depreciation (attach schedule)		55 c	
56 Investments – other (attach schedule)		56	
57 a Land, buildings, and equipment: basis	71.		
b Less: accumulated depreciation (attach schedule) L = 57. Stmt 57b 35,4		57 c	14,280.
58 Other assets (describe ► <u>INVESTMENT INCOME RECEIVABLE</u>)1,897.	58	3,399.
59 Total assets (add lines 45 through 58) (must equal line 74)		59	405,345.
60 Accounts payable and accrued expenses	7,675.	60	4,054.
61 Grants payable		61	
62 Deferred revenue		62	
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	
5 65 Other liabilities (describe ►)	65	
66 Total liabilities (add lines 60 through 65)		66	4,054.
Organizations that follow SFAS 117, check here X and complete lines 67			
through 69 and lines 73 and 74.			
67 Uprostricted		67	240,599.
68 Temporarily restricted	195,000.	68	149,786.
69 Permanently restricted	9,902.	69	10,906.
Organizations that do not follow SFAS 117, check here and complete lines	S		
70 through 74.		70	
70 Capital stock, trust principal, or current funds		70	
1 /1 Paid-in or capital surplus, or land, building, and equipment fund		71	
Retained earnings, endowment, accumulated income, or other funds	• • •	72	
72 Retained earnings, endowment, accumulated income, or other funds		73	401,291.
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	374,771.	74	405,345.

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

Par	t VI	Other Information (See specific instructions.)		Yes	No
76		organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description	76		Х
77		ny changes made in the organizing or governing documents but not reported to the IRS?	77		X
		attach a conformed copy of the changes.			
78 a	Did the	organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a		Х
k	If 'Yes,	has it filed a tax return on Form 990-T for this year?	78 b		
79	Was th	ere a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach			
		ment	79		Х
80 a		organization related (other than by association with a statewide or nationwide organization) through common ership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a		Х
k	If 'Yes,	enter the name of the organization			
		and check whether it is exempt or nonexempt.			
		ne amount of political expenditures, direct or indirect, as described in the instructions			
		organization file Form 1120-POL for this year?	81 b		X
82 a	Did the substa	organization receive donated services or the use of materials, equipment, or facilities at no charge or at nially less than fair rental value?	82 a	Х	
	revenú	you may indicate the value of these items here. Do not include this amount as e in Part I or as an expense in Part II. (See instructions for reporting in Part III.)			
		organization comply with the public inspection requirements for returns and exemption applications?	83 a	Χ	
		organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X	
84 a	Did the	organization solicit any contributions or gifts that were not tax deductible?	84 a		X
	not tax	did the organization include with every solicitation an express statement that such contributions or gifts were deductible?	84 b		
		(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a		<u> </u>
k	Did the	organization make only in-house lobbying expenditures of \$2,000 or less?	85 b		
		was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a for proxy tax owed for the prior year.			
		assessments, and similar amounts from members			
		n 162(e) lobbying and political expenditures			
		ate nondeductible amount of Section 6033(e)(1)(A) dues notices			
		e amount of lobbying and political expenditures (line 85d less 85e)			
ç	Does th	ne organization elect to pay the Section 6033(e) tax on the amount in 85f?	85 g		
ŀ		on 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable te of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h		
86	. , ,	(7) organizations. Enter: a Initiation fees and capital contributions included on			
		86a			
		receipts, included on line 12, for public use of club facilities			
87	501(c)((12) organizations. Enter: a Gross income from members or shareholders			
k	against	ncome from other sources. (Do not net amounts due or paid to other sources amounts due or received from them.)			
88	or an e	time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, ntity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3?	88		Х
89 a		(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	Section	0. ; Section 4912 ► 0. ; Section 4955 ► 0.			
t	501(c) during explain	(3) and 501(c)(4) organizations. Did the organization engage in any Section 4958 excess benefit transaction the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement ing each transaction	89 b		Х
	Section	Amount of tax imposed on the organization managers or disqualified persons during the year under us 4912, 4955, and 4958			0.
c	Enter:	Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the	states with which a copy of this return is filed PENNSYLVANIA			
k	Numbe	r of employees employed in the pay period that includes March 12, 1999 (see instructions)			5
91		oks are in care of BETH PARKE Telephone number (215) 836-9	970		· — — -
	Located	at ► P.O. BOX 27280 PHILADELPHIA PA ZIP+4 ► 19118	<u>-02</u>	80_	
92		n 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here		!	► ∐
	and en	ter the amount of tax-exempt interest received or accrued during the tax year			

	1999) SOCIETY OF EN							52-	0194	031	Page 6
Part VII	Analysis of Income-	<u>Produci</u>		,		T			ı		
Enter gross	s amounts unless	_		d busines		Excluded by s	ection 512		r 514	(E)	ovemnt
otherwise in		Е	(A) Business code	Д	(B) Imount	(C) Exclusion code	A	(D) Amount		Related or e function in	
93 Pro	ogram service revenue:										
	JBSCRIPTIONS									2	2,057.
b											
С											
d											
е											
	dicare/Medicaid payments.										
_	s & contracts from government age										
	mbership dues and assessm								- 0 -	34	4,905.
	rest on savings & temporary cash i					14			526.		
	ridends & interest from secur	_				14			395.		
	rental income or (loss) from real es ot-financed property										
	debt-financed property	_									
	rental income or (loss) from pers p										
	ner investment income										
	in or (loss) from sales of asse										
oth	er than inventory					18		-1,3	348.		
101 Net	income or (loss) from special even	ıts									
102 Gros	ss profit or (loss) from sales of invento	ry									
	ner revenue: a										
b MA	AILING LIST					13		24,5	532.		
c											
d											
e	total (add columns (B), (D), and (E	<u> </u>						33,1	LOE	2.6	5,962.
104 Sub	ototal (add columns (B), (D), and (E tal (add line 104, columns (B	() (D) and	(E))					33,-	<u> </u>		0,962. 0,067.
	e 105 plus line 1d, Part I, sho									7 (7,007.
	Relationship of Acti					empt Purpos	es (See	instructio	nns)		-
Line No.				•			,			nliahmant	
▼	Explain how each activity for the organization's exemptons	of which the	s (other than	by provid	ling funds for s	uch purposes).	importan	illy to the	accom	plishment	
LINE 93	PROVIDE SERVICE	TO BOTI	H MEMBER	RS AND	NON-MEME	BERS WHICH	IN TU	RN			
	PROVIDES FOR THE										
	EXCHANGE OF INFO										
Dowl IV	Information Donardi	na Tava	bla Cubai	dianiaa	and Diago		(0 :		`		
Part IX	Information Regardi	ng raxa		diaries			es (See i		ns.)	(F)	N/A
Nomo	(A) e, address, and EIN of corpor	ration	(B)	o of	(0			(D) Total		(E)	,oor
	rtnership, or disregarded ent		Percentage ownership into		Nature of	activities	i	ncome		End-of-y asset	
	1.	•		%							
				%							
				ે							
				%							
Please	Under penalties of perjury, I declare true, correct, and complete. Declara	that I have ex	amined this retur	n, including	accompanying sche	edules and statements	, and to the b	est of my k	nowledge	and belief, it is	
Sign	mue, correct, and complete. Declara	anon or prepare	a (ouiei inan offi	ceijis basec	on an injoirnation	or writeri preparer nas :					
Here	Signature of Officer					vate		e or Print N		IRECTOR	
	Signature of Officer					Date		_ O. 1 mit 14	,	er's SSN or PTIN	
Paid	Preparer's Signature						Check if self-				
Pre-	eignature p		D	3 D 3		06/14/00	employed	▶ X	 1 / 4 -	-48-4803	
parer's Use	Firm's Name	FORD H							00	0000000	
Only	seli-employed)		SWARD NO	K.I,H			EIN	-		2225871	
	and Address WARR	INGTON				PA	ZIP + 4	▶	1897	76-2087	

Schedule A (Form 990)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

1999

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 o	completed by the above organizations a	nd attached to their Form 990 or	990-EZ.		
Name of the Org	anization			Employer Identification Nu	ımber
SOCIETY	OF ENVIRONMENTAL JOURNAL			52-0194031	
Part I	Compensation of the Five High		Than Officers,	Directors, and	Trustees
((See instructions. List each one. If there (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 over \$50,000	of other employees paid	NONE			
Part II	Compensation of the Five Higl (See instructions. List each one (whether	nest Paid Independent Con	tractors for Pro	fessional Servi	ces
(a) Nar	me and address of each independent contr	,		of service	(c) Compensation
NONE					
Total number	of others receiving over	NONE			1

Page 3

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

	ndar year (or fiscal year nning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, and contributions received. (Do not include					
	unusual grants. See line 28.)	·	220,180.	325,741.	292,198.	1,197,248.
16	Membership fees received	32,282.	31,290.	29,430.	24,910.	117,912.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc, purpose	28,234.	22,850.	16,843.	20,786.	88,713.
18	Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,713.	3,165.	7,984.	4,022.	20,884.
19	Net income from unrelated business activities not included in line 18	0.	0.	0.	0.	0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0.	0.	0.	0.	0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.		0.	0.	0.	0.
23	Total of lines 15 through 22 · · · ·		277,485.	379,998.	341,916.	1,424,757.
24	Line 23 minus line 17 · · · · ·		254,635.	363,155.	321,130.	1,336,044.
25	Enter 1% of line 23		2,775.	3,800.	3,419.	
26	Organizations described on line	•		umn (e), line 24 · · ·		
b	Attach a list (which is not open to person (other than a governmental 1998 exceeded the amount shown	public inspection) show I unit or publicly suppor in line 26a. Enter the s	ing the name of and ar ted organization) whos sum of all these excess	mount contributed by e se total gifts for 1995 th s amounts	ach nrough	
	Total support for Section 509(a)(1)		umn (e)		► 26 c	
C	Add: Amounts from column (e) for			19		
	D. I	22		26 b		
	Public support (line 26c minus line					
	Public support percentage (line		ed by line 26¢ (denoi	minator))		8
	Organizations described on line For amounts included in lines 15, 1	16, and 17 that were re	ceived from a 'disquali	fied person,' attach a li	ist to show the name o	f, and total
	amounts received in each year from					
	(1998)					
k	For any amount included in line 17 received for each year, that was m organizations described in lines 5 than the larger amount described in	ore than the larger of ((1) the amount on line individuals.) After comp	25 for the year or (2) \$ outing the difference be	5,000. (Include in the li	ist
	(1998)	(1997)	0(1996) _	0	(1995)	0.
c						
	Add: Amounts from column (e) for 17 17 18 Add: Line 27a total Public support (line 27c total minus	88,713. 20	0.	21	<u>0.</u> ▶ 27c	1,403,873.
d	Add: Line 27a total	0. ar	nd line 27b total		0 ► 27 d	0.
е	Public support (line 27c total minus	s line 27d total)			▶ 27e	1,403,873.
f	Total support for section 509(a)(2)	test: Enter amount on	line 23, column (e)	▶ 27 f 1	,424,757.	
c	Total support for section 509(a)(2) Public support percentage (line Investment income percentage (27e (numerator) divid	led by line 27f (denon	ninator))	▶ 27 a	98.53 %
h	Investment income percentage (line 18, column (e) (n	umerator) divided by	line 27f (denominato	r)) ► 27 h	1.47 %
				(==::::::::::::::::::::::::::::::::::	,, <u> =- 11</u>	

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, 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.)

Schedule A (Form 990) 1999 SOCIETY OF ENVIRONMENTAL JOURNALISTS, INC. Private School Questionnaire (See instructions.)
(To be completed Only by schools that checked the box on line 6 in Part IV)

	(10 be completed only by solicols that checked the box on line only artify)	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?	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, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that			
	makes the policy known to all parts of the general community it serves?	31		
22	Does the organization maintain the following:			
;	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	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?	32 d		
	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?	33 a		
	b Admissions policies?			
	Employment of faculty or administrative staff?			
	d Scholarships or other financial assistance?			
	e Educational policies?	33 e 33 f		
,	g Athletic programs?			
I	h Other extracurricular activities?	33 h		
	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?	34 a		
ا	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
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		

52-0194031 Schedule A (Form 990) 1999 SOCIETY OF ENVIRONMENTAL JOURNALISTS, Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed Only by an eligible organization that filed Form 5768) N/A Check here ► if the organization belongs to an affiliated group. Check here ▶ b if you checked 'a' above and 'limited control' provisions apply. (b) (a) **Limits on Lobbying Expenditures** To be completed Affiliatèd group for all electing totals (The term 'expenditures' means amounts paid or incurred.) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 38 39 39 40 Total exempt purpose expenditures (add lines 38 and 39). . 40 41 Lobbying nontaxable amount. Enter the amount from the following table If the amount on line 40 is -The lobbying nontaxable amount is -. 20% of the amount on line 40 . . . Not over \$500,000 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 41 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 42 42 Grassroots nontaxable amount (enter 25% of line 41). 43 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. 44 Caution: 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.) Lobbying Expenditures During 4 -Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year 1998 1996 Total 1999 1997 beginning in) 🕨 Lobbying nontaxable amount. 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount. 49 Grassroots ceiling amount (150% of line 48(e)) 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 Yes No **Amount** attempt to influence public opinion on a legislative matter or referendum, through the use of: **b** Paid staff or management (include compensation in expenses reported on lines **c** through **h**. d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes. g Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (add lines **c** through **h**)

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization di	rectly or indi	rectly engage in	any of the following w	rith any other organization described in sec	ction 501(c)						
of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of: Yes													
	, , ,				··	51 a (i)	.03	No X					
						a (ii)		X					
` '	transactions:					(/							
		ts with a non	charitable exem	not organization		b (i)		Х					
	•					b (ii)		X					
` ,						b (iii)		X					
` '		-				b (iv)		X					
` '	•					b (v)		X					
(v) Loans or loan guarantees													
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees													
d If the a	answer to any of the above	e is 'Yes,' co	mplete the follow	wing schedule. Columr	n (b) should always show the fair market v			Х					
the go	ods, other aśsets, or servi	ces given by	the reporting o	rganization. If the orga	n (b) should always show the fair market v inization received less than fair market val s, other assets, or services received:	ue in							
(a)	(b)				(d)								
Line no.	Amount involved	Name of	noncharitable e	exempt organization	Description of transfers, transactions, and s	haring arran	gement	.S					
52 a Is the	organization directly or ind	lirectly affilia	ted with, or rela	ted to, one or more tax	e-exempt organizations	. 🗆 🗸							
			er than section t	ou1(c)(3)) or in section	527?	► <u> </u>	s X	No					
b If Yes	s,' complete the following s	chedule:		<i>a</i> ,									
	(a) Name of organization		Type o	(b) of organization	(c) Description of relations	ship							
	- tame or organization		.,,,,,		200011911011 01 101011011								

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► See instructions.
► Attach this form to your return.

OMB No. 1545-0172

1999

Department of the Treasury Internal Revenue Service Name(s) Shown on Return

Business or Activity to Which This Form Relates

umo	(a) Chown on Return		Busine	SS OF MOUNTY to WITHOUT	THIS T STITL TREIGHES			icitarying reamber
	CIETY OF ENVIRONMEN						5	2-0194031
Par	Election to Exp (Note: If you have a	pense Certain any 'listed property	Tangible Property	(Section 179 e you complete Pa)) art I.)			
1	Maximum dollar limitation. If	an enterprise zone	e business, see instruction	ons			. 1	\$19,000
2	Total cost of Section 179 pro	perty placed in se	rvice. See instructions .				. 2	
3	Threshold cost of Section 17	9 property before	reduction in limitation .				. 3	\$200,000
4	Reduction in limitation. Subtr	act line 3 from line	e 2. If zero or less, enter	-0			. 4	
5	Dollar limitation for tax year. separately, see instructions.						. 5	
6	(a)	Description of property		(b) Cost (business	s use only)	(c) Elected of	cost	
7	Listed property. Enter amour							
8	Total elected cost of Section	179 property. Add	amounts in column (c),	lines 6 and 7			. 8	
9	Tentative deduction. Enter the							
10	Carryover of disallowed dedu							
11	Business income limitation.		,	,	•	,		
	Section 179 expense deduct		•				. 12	
	Carryover of disallowed dedu							
	e: Do not use Part II or Part III erty used for entertainment, re	below for listed pre- ecreation, or amuse	operty (automobiles, cer ement). Instead, use Pal	tain other vehicles t V for listed prop	s, cellular telej erty.	ohones, cer	tain co	omputers, or
Par	MACRS Depre (Do Not Include Li	ciation for Ass sted Property)	sets Placed in Ser	vice Only Dur	ing Your 1	999 Tax	Year	
		,	Section A — General As	set Account Ele	ction			
14	If you are making the election or more general asset account	n under Section 16	68(i)(4) to group any ass	ets placed in servi	ice during the	tax year int	o one	
	<u> </u>	Section B	- General Depreciation	System (GDS) (See instructio	ns)		1 1
	(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) Meth		(g) Depreciation deduction
15 a	3-year property							
k	5-year property		6,694.	5.0 yrs	HY	200DB		1,339.
C	7-year property		179.	7.0 yrs	HY	200DB		26.
c	1 10-year property							
e	15-year property							
f	20-year property							
ç	25-year property			25 yrs		S/	L	
ŀ	n Residential rental			27.5 yrs	MM	S/		
	property			27.5 yrs	MM	S/		
i	Nonresidential real			39 yrs	MM	S/		
	property		<u> </u>		MM	S/	L	
	01 111	Section C -	Alternative Depreciation	on System (ADS)	(See instruct		_	1
	Class life			10		S/		
	12-year			12 yrs	7/7/	S/		
	t III Other Deprecia	ation (Do Not Inc	clude Listed Property)	40 yrs	MM	S/	Ь	
	GDS and ADS deductions fo	•			9		17	4,387.
	Property subject to Section 1	•	, ,	ū			18	±,507.
	ACRS and other depreciation						19	
	t IV Summary (See i						,	1
20	Listed property. Enter amour						20	
21	Total . Add deductions on line and on the appropriate lines	e 12, lines 15 and	16 in column (g), and lin	es 17 through 20.	Enter here		21	5,752.
22	For assets shown above and	I placed in service		enter	22		1 41	5,132.
	the portion of the basis attrib							

Part V Listed Property — 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.

	columi	ns (a) through (c) of Section A,	all of Sec	tion B, a	nd Secti	ion C if a	applic	able.							
	Sec	tion A – Depre	ciation and Ot	her Info	mation ((Cautio	n: See ir	nstruc	tions t	for limi	ts for pa	assenge	er automo	obiles.)		
23 a	Do you have evider	nce to support the bu	usiness/investmen	t use claim	ed?		Yes		No 23	Bb If 'Y	es,' is the	evidence	written?.		Yes	No
Ту	(a) /pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost other b	or	(busine	(e) or deprecia ess/investm use only)		Rec	overy riod	Me	(g) ethod/ vention	Depr	(h) reciation luction	Ele Sect	(i) ected tion 179 cost
24	Property used n	nore than 50% ir		siness us	e (see in	struction	ns):				1		l			
	' '				`		,									
25	Property used 5	0% or less in a c	qualified busine	ess use (s	ee instru	ctions):										
															_	
26	Add amounts in	, ,				-						26				
27	Add amounts in	column (i). Ente												27		
				Section						S						
	plete this section for v									amplatio	a this so	ation for t	basa yabia	doo		
II you	provided vehicles to	your employees, III:	si answer ine que:	1				ехсери		этріенг			1			
				,	a)	`	b)	١.	(c)	_	(0	-	(6			f)
28		stment miles driven			icle 1	Veh	icle 2	V	'ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	cle 6
20	-	mmuting miles — se														
29	J	iles driven during th	,													
30		onal (noncommu														
31	Total miles drive															
	lines 28 through	30		V	N.	V	NI.	V-		NI.a	V	Ma	V	Na	V	Na
				Yes	No	Yes	No	Ye	S	No	Yes	No	Yes	No	Yes	No
32	Was the vehicle during off-duty h	available for pe nours?														
33	Was the vehicle than 5% owner	used primarily bor related persor	oy a more n?													
34	Is another vehic personal use?	ele available for														
		Section (C - Questions	for Emp	oloyers V	Nho Pro	vide Ve	hicle	s for	Use by	y Their	Employ	/ees			
Ansı 5% d	wer these questio owners or related	ns to determine persons.	if you meet an	exceptio	n to comp	pleting S	Section E	3 for v	ehicle	s used	by em	ployees	who are	not moi	e than	
35	Do you maintain		statement that									,			Yes	No
36	Do you maintain	a written policy	statement that	prohibits	persona	I use of	vehicles	s, exc	ept co	mmuti	ng, by y					
37	Do you treat all	e instructions for					-									
38	Do you provide	more than five ve	ehicles to your	employe	es, obtair	n inform	ation fro	m you	ur emp	loyees	s about	the use	of the			
	•	tain the informat														
39	Do you meet the Note: If your an	swer to 35, 36, 3	0 1													
Par	rt VI Amo	rtization														
	Description of costs Date amortization Amortizable Code Amortization Amor								(f) mortizatio or this yea							
40	Amortization of	costs that hasing	e during your 1	000 +02 2	oor:							201	-3-			
40	AITIOTUZAUUTI OI	costs that begins	s during your 1	Jaa lax y	cai.											
																-
41	Amortization of	costs that begai	n before 1999										. 41			
42		re and on 'Other														

Form 990 Line 8(A) and 8(B)

Schedule of Gains and Losses from Sale of Assets Other than Inventory

1999

► Attach to return

Statement Name **Employer Identification Number** 52-0194031 SOCIETY OF ENVIRONMENTAL JOURNALISTS, INC. **Securities** Part I, Line 8, Column (A) **Public Securities** Gross Sales Price Description Basis Publicly Traded Securities 51,671. 50,323. Cost Selling Expenses 51,671. Basis **Nonpublic Securities** Cost, other basis or Date Acquired Date Sold Gross FMV when donated Description and Method and to Whom Sales Price (State which on top) **Total Securities** . 50,323. 51,671. Gain or (Loss) from Sale of Securities -1,348. Other Assets Part I, Line 8, Column (B) **Date Acquired** Date Sold Gross Cost, other basis or Description and Method and to Whom Sales Price FMV when donated Cost Depreciation Basis Donation FMV Cost Depreciation **Basis** Donation FMV Cost Depreciation Basis Donation FMV Cost Depreciation **Basis** Donation FMV Gain or (Loss) from Sale of Other Assets.....

Application for Extension of Time to File Certain Excise, Income, Information, and Other F

Extension of Time to File	OMB No. 1545-0148
e, Information, and Other Returns	
o, imormation, and other iteratio	

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Please type of print. File the
original and
one copy by
the due date
for filing your
return. See

Employer Identification Number Name 52-0194031 SOCIETY OF ENVIRONMENTAL JOURNALISTS, INC. Number, Street, and Room or Suite Number (or P.O. box number, if mail is not delivered to street address)

the due dat for filing you	iir P	O.O. BOX 272							_
return. See nstructions	2	•		ode. For a Foreign Address	s, See Instructions.				
nstructions	s. P	HILADELPHIA	A, PA 19	9118-0280					
Note: Corp mus	porate ind st use Fo l	come tax return file rm 8736 to reques	ers must use l et an extension	Form 7004 to requent of time to file Form	st an extension of to 1 1065, 1066, or 10	ime to file. Partnerships, 41.	REMICs, and tr	rusts	
1 I requ	uest an e	xtension of time ur	nt <u>il</u> Aug	_15 , _2	000, to file (chec	k only one):			
F	orm 706	G-GS(D)	Form 990	0-T (Sec 401(a) or 4	108(a) trust)	Form 1120-ND (Sec 49	951 taxes)	Form 8612	
F	orm 706	GGS(T)	Form 990	0-T (trust other than	above)	Form 3520-A		Form 8613	
X F	orm 990	or 990-EZ	Form 104	41 (estate) (see inst	ructions)	Form 4720		Form 8725	
	orm 990		Form 104	41-A		Form 5227		Form 8804	
	orm 990		Form 10			Form 6069		Form 8831	
						check this box			
2a For c	alendar y	year <u>1999</u> , o	r other tax yea	ar beginning _	_ ,	and ending		,	
D IT this	s tax year	r is for less than 12	montns, cne	ck reason:	_ Initial return	Final return	Change in a	ccounting period . Yes X N	۰
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FIN	IANCIA	L STATEMENT	S TO BE	USED IN THE	PREPARATION	OF THE FEDERA	 Д. 990.		-
						, 1042, 1120-ND, 4720,			-
6069), 8612, 8	613, 8725, 8804, 0	or 8831, enter	the tentative tax, le	ss any nonrefundal	ole credits. See instruction	ons \$	C	١.
b If this estim	s form is f nated tax	for Form 990-PF, 9 payments made. I	990-T, 1041 (e nclude any pr	estate), 1042, or 880 rior year overpayme	04, enter any refund nt allowed as a cre	dable credits and dit	\$	C) .
c Balar	nce due.	. Subtract line 5b fr	rom line 5a. In	nclude your paymen	t with this form, or o	deposit with FTD			
coup	on if requ	uired. See instruction	ons			· · · · · · · · · · · · · · · · · · ·	\$	C	
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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
CATERING/FACILITIES	33,643.	33,643.	0.	0.
CONSULTANTS	43,942.	43,942.	0.	0.
INSURANCE	4,139.	3,601.	291.	247.
MEMBERSHIP MAIL LIST	2,777.	2,777.	0.	0.
MINORITY/FELLOWSHIP	1,483.	1,483.	0.	0.
RESOURCE/MEMBERSHIP	613.	280.	318.	15.
SUPPLIES & POSTAGE	8,396.	8,396.	0.	0.
TRANSPORTATION/TOUR FEES	1,215.	1,215.	0.	0.
Total	96,208.	95,337.	609.	262.

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	49,771.	35,491.	14,280.
Total	49,771.	35,491.	14,280.

COCIETV	FAL IOLIBAIALISTS INC
SOCIETT	TAL JOURNALISTS. INC.

52-0194031

2

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	3,088.
Total	3,088.