

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

125160 *****AUTO**3-DIGIT 046
 INTERNATIONAL INSTITUTE FOR HUMANE
 % RAE SIKORA
 PO BOX 260
 SURRY ME 04684-0260

P 178
B 250I
R
S

D Employer identification number

01-0530866

E Telephone number

(207) 667-1025

F Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶

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

G Web site ▶

J Organization type (check only one) ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527K 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.

H and I are not applicable to section 527 organizations

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 GEN ▶

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 125,741

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

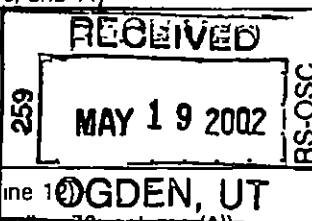
1 Contributions, gifts, grants, and similar amounts received					
a	Direct public support	1a		93,390	
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 93,390 noncash \$)	1d			93,390
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			24,528
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			1,130
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d		8d			
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a		6,693	
b	Less cost of goods sold	10b		1,787	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			4,906
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			123,954
13	Program services (from line 44, column (B))	13			89,311
14	Management and general (from line 44, column (C))	14			13,554
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17			102,965
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			20,989
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			32,366
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			53,355

I FILMED JUL 16 2002

Revenue

Expenses

Net Assets



7

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. (See Specific Instructions on page 21.)

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 \$ <u>23,000</u> noncash \$ _____)	22 23,000	23,000		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26 40,156	40,156		
27	Pension plan contributions	27			
28	Other employee benefits	28 835	835		
29	Payroll taxes	29 3,071	3,071		
30	Professional fundraising fees	30			
31	Accounting fees	31 2,649		2,649	
32	Legal fees	32 24		24	
33	Supplies	33 1,037		1,037	
34	Telephone	34 2,944		2,944	
35	Postage and shipping	35 3,889		3,889	
36	Occupancy	36 895	895		
37	Equipment rental and maintenance	37			
38	Printing and publications	38 6,045	6,045		
39	Travel	39 7,948	7,948		
40	Conferences, conventions, and meetings	40 245	245		
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 1,499	1,499		
43	Other expenses not covered above (itemize) a	43a			
b	See attached schedule	43b			
c		43c 8,728	5,617	3,011	
d		43d			
e		43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 102,965	89,311	13,554	

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ 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 (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? WORKSHOPS TEACHING NONVIOLENCE IN SCH	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)
a WORKSHOPS FOR PEOPLE WANTING TO TEACH NONVIOLENCE IN SCHOOLS OPEN TO THE PUBLIC. SPEAKING ENGAGEMENTS IN SCHOOLS TO DISCUSS NON-VIOLENCE ISSUES	
(Grants and allocations \$ <u>23,000</u>)	89,311
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	89,311

Part IV Balance Sheets (See Specific Instructions on page 24)

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	-	3,720	45	17,311
	46	Savings and temporary cash investments	-	30,477	46	53,593
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b	236	47c	
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable	-		49	
	50	Receivables from officers, directors, trustees and key employees (attach schedule)	-		50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use	-		52	
	53	Prepaid expenses and deferred charges	-		53	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	-		54	
	55a	Investments—land, buildings, and equipment basis	55a	7,787		
	b	Less accumulated depreciation (attach schedule)	55b	2,457	3,834	55c
56	Investments—other (attach schedule)	-		56		
57a	Land, buildings, and equipment basis	57a				
b	Less accumulated depreciation (attach schedule)	57b			57c	
58	Other assets (describe <input type="checkbox"/>)	-			58	
59	Total assets (add lines 45 through 58) (must equal line 74)	-		38,267	59	76,234
Liabilities	60	Accounts payable and accrued expenses	-	5,901	60	22,879
	61	Grants payable	-		61	
	62	Deferred revenue	-		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	-		63	
	64a	Tax-exempt bond liabilities (attach schedule)	-		64a	
	b	Mortgages and other notes payable (attach schedule)	-		64b	
	65	Other liabilities (describe <input type="checkbox"/>)	-			65
66	Total liabilities (add lines 60 through 65)	-		5,901	66	22,879
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	-	32,366	67	53,355
	68	Temporarily restricted	-		68	
	69	Permanently restricted	-		69	
	Organizations that do not follow SFAS 117, check here <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	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	-	32,366	73	53,355
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	-	38,267	74	76,234

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a Total revenue, gains, and other support per audited financial statements ▶	a <i>N/A</i>	a Total expenses and losses per audited financial statements ▶	a <i>N/A</i>
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments . . \$ _____		(1) Donated services and use of facilities \$ _____	
(2) Donated services and use of facilities \$ _____		(2) Prior year adjustments reported on line 20, Form 990 . . \$ _____	
(3) Recoveries of prior year grants . . \$ _____		(3) Losses reported on line 20, Form 990 . . \$ _____	
(4) Other (specify) _____ _____ \$ _____		(4) Other (specify) _____ _____ \$ _____	
Add amounts on lines (1) through (4) ▶	b	Add amounts on lines (1) through (4) ▶	b
c Line a minus line b . . ▶	c	c Line a minus line b . . ▶	c
d Amounts included on line 12, Form 990 but not on line a		d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 . . \$ _____		(1) Investment expenses not included on line 6b, Form 990 . . \$ _____	
(2) Other (specify) _____ _____ \$ _____		(2) Other (specify) _____ _____ \$ _____	
Add amounts on lines (1) and (2) ▶	d	Add amounts on lines (1) and (2) ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 26)

[illegible]

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 Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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?	80a	X
b If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures. See line 81 instructions 81a 	81a	
b Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b	
c Dues, assessments, and similar amounts from members 85c 	85c	
d Section 162(e) lobbying and political expenditures 85d 	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e 	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a 	86a	
b Gross receipts, included on line 12, for public use of club facilities. 86b 	86b	
87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a 	87a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b 	87b	
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? If "Yes," complete Part IX	88	
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4955 ▶		
b 501(c)(3) and 501(c)(4) orgs 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? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶		
90a List the states with which a copy of this return is filed ▶ MAINE		
b Number of employees employed in the pay period that includes March 12, 2001 (See instructions) 90b 	90b	2
91 The books are in care of ▶ MARILYN SMITH Telephone no ▶ (207) 374-9985		
Located at ▶ BLUE HILL MAINE ZIP + 4 ▶ 04614		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)**Note** Enter gross amounts unless otherwise indicated

		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	
93	Program service revenue					
a	TUITIONS/WORKSHOP FEES					24,528
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	1,130	
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 personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory			3	4,906	
103	Other revenue a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				6,036	24,528
105	Total (add line 104, columns (B), (D), and (E))					30,564

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 Specific Instructions on page 32.)

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)
93A	TUITION/WORKSHOP FEES PROVIDE FOR THE VERY NATURE OF WHICH
93A	ORGANIZATION IS EXEMPT-TO TEACH NON-VIOLENCE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

- (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).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge.

Date

5/13/02

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

2001

Name of the organization

IIHE

Employer identification number

01-0530866

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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				

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) 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	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X

Note. 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

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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)
- 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 page 5 of the 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 page 6 of the instructions)

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Schedule A (Form 990 or 990-EZ) 2001

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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 page 9 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☒ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	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—		
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	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 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0	0

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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 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))					
50 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 page 12 of the instructions)

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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545 0047

2001

Name of organization

Employer identification number

IIHE

01 0530866

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule see instructions)

General Rule—

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules—

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- ☐ For a section 501(c)(7) (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization IIHE	Employer identification number 01 0530866
-------------------------------------	---

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	\$ <u>68,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>	\$ <u>8,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Form 990	SUPPLEMENTAL SCHEDULE Summary Schedule for Depreciation	For Tax Year 2001
Name IIHE		Federal ID Number 01-0530866

Business activity

*** Unclassified ***											
Description	Date Acq	Cost/ Basis	Bus Pct	Sec 179 Special	Depr Prior Yrs	Basis for Depr	Mth	Rec Prd	Current Deduction	Excess Depr	Depr Next Year
POWERBOOK	01/2001	1,995	100			1,995	SLD 5		200		399
TV & VCR	10/2001	1,000	100	300		700	SLD 7		50		100
OFFICE EQUIPMENT	06/2000	4,630	100		926	4,630	SLD 5		926		926
FURNITURE	06/2000	162	100		32	162	SLD 7		23		23
TOTALS		7,787		300	958	7,487			1,199		1,448

Form 990	Supplemental Schedule	For Tax Year 2001
Name IIHE		Employer ID Number 01-0530866

Page 1, part I, line 10c

<u>Type of inventory:</u>	<u>Gross sales.</u>
	6,693
Gross sales	6,693
Less returns and allowances	
Net sales	6693
Less cost of goods sold	1,787
Total gross profit / loss	\$ 4,906

Page 2, part II, Line 22

Cash

Class of activity	HUMANE EDUCATION	
Donees name	MELLISA FELDMAN	
Donees address	14 DARTMOUTH PL APT 6	
Donees csz	BOSTON, MA 02116	
Amount given		23,000
Relationship	NONE	
Description of property		
Book value		
How BV determined		
Fair market value		
How FMV determined		
Total		\$ 23,000

Form 990	Supplemental Schedule	For Tax Year 2001
Name IIHE		Employer ID Number 01-0530866

Page 2, part II, line 43

	<u>Total</u>	<u>Program Services</u>	<u>Management and general</u>	<u>Fundraising</u>
ADVERTISING	156	156		
BANK SERVICE CHARGES	52		52	
CONTRIBUTION	110		110	
FEES & LICENSES	25		25	
INSURANCE	600		600	
LIBRARY RESOURCE MATERIALS	3,782	3,782		
MEMBERSHIPS/DUES	116	116		
MISC	79	79		
COMPUTER CONSULTANT	924		924	
M/E	189		189	
WORKSHOP	1,484	1,484		
REPAIRS	1,111		1,111	
SMALL EQUIPMENT	100			
	<u>\$ 8,728</u>	<u>\$ 5,617</u>	<u>\$ 3,011</u>	<u>\$</u>

Page 3, part IV, line 55

	<u>Cost or other basis</u>	<u>Accumulated depreciation</u>	<u>Book value</u>
EQUIPMENT/FURNITURE	7,787	2,457	5,330
Total	<u>\$ 7,787</u>	<u>\$ 2,457</u>	<u>\$ 5,330</u>

INTERNATIONAL INSTITUTE FOR HUMANE EDUCATION

EIN: 01-0530866

Attachment I

IRS Form 990

Page 1

#1. Activities and Operational Information

1 Humane Education Workshops

- a) **Purpose and nature** 2-3 day Training Workshops for people wanting to teach non-violence programs in schools. The workshops are open to the public. They are held approximately three times a year. The purpose of the activity is to teach educational techniques for leading activities that teach critical thinking about violence prevention toward all life. (See Exhibit 2, "Sowing Seeds Workbook," and Exhibit 3, "Sowing Seeds Workshop Schedule.")
- b) **When initiated:** January, 2000
- c) **Where and by whom conducted:** In California, Chicago, Maine, Pennsylvania and Canada, by Institute staff working as the Center for Compassionate Living

2 Humane Education Certification Program

- a) **Purpose and nature** A two-year training program done through a correspondence course. The course trains people to teach all forms of non-violence and conflict resolution. The purpose of the activity is to certify instructors after training them as qualified educators in the area of violence prevention.
- b) **When initiated:** January, 2000
- c) **Where and by whom conducted:** In Surry, Maine, by Institute staff working as the Center for Compassionate Living

3 Speaking Engagements and Day-Long Workshops

- a) **Purpose and nature** Various schools and organizations bring either Zoe or Rae to speak on non-violence issues. The purpose of the activity is to educate groups on the many ways we can prevent violence as individuals and communities.
- b) **When initiated:** January, 2000
- c) **Where and by whom conducted:** North America, by Institute staff working as the Center for Compassionate Living

4 Telephone and E-Mail Mentoring and Consulting

- a) **Purpose and nature** This service is provided for those working as educators in the area of non-violence. No fee is charged for this service. The purpose of the activity is to support educators teaching programs on violence prevention.

INTERNATIONAL INSTITUTE FOR HUMANE EDUCATION

EIN 01-0530866

Attachment 1

IRS Form 990-EZ

Page 2

- b) **When initiated:** January, 2000
- c) **Where and by whom conducted:** In Surry, Maine, by Institute staff working as the Center for Compassionate Living

#3 Fundraising Plan of the International Institute for Humane Education

The Institute has a mailing list of 5,000 people who receive and update on Institute activities and a request for a donation on at least an annual basis

The Institute will, after receiving a determination letter stating that it is entitled to tax-exempt status, initiate a series of presentations to potential large donors. These presentations may include videotapes of actual presentations and testimonials from participants

#4a. Names, Addresses & Titles of Directors

Zoe Weil	RR 1 Box 4067, Surry ME 04684	President
Sydney Thomas	388 College Ave , Orono ME 04473	Vice-President
Mike Brzezowski	RR 3 Box 338, Holden ME 04429	Secretary
Mary Pat Champeau	60 Riverside Ln , Ellsworth ME 04065	Treasurer
Steve Gross	2304 Paulsen Rd , Harvard IL 60033	Director
Pamela Frasch	7325 SE 28 th Ave , Portland OR 97202	Director
Edwin Barkdoll	RR 1 Box 4067, Surry ME 04684	Director
Heather Burt	RR 1 Box 100, Edgcomb ME 04556	Director

#5 Explanation of the Relationship Between the International Institute for Humane Education and Listen Unlimited.

The International Institute for Humane Education carries on most of its work as the Center for Compassionate Living. The Center for Compassionate Living was originally a program of Listen Unlimited, a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code. The Center's activities became so extensive that it became appropriate for it to form an organization devoted entirely to this work.

The International Institute for Humane Education is an entirely independent organization. There is no overlap whatsoever between its Board of Directors of and that of Listen Unlimited. The Institute is not accountable in any way to Listen Unlimited and there are no contractual relationships at all between the two organizations. They do not share staff, space or resources.

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2001

Attachment
Sequence No. **67**

► See separate instructions ► Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

IIHE **01-0530866**

Part I Election To Expense Certain Tangible Property Under Section 179

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

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	\$24,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562.	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12 ►	13	

Note Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see page 3 of the instructions)	14	300
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	949
18	If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(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
19a 3-year property						
b 5-year property						
c 7-year property		700	7 yr	HY	SLD	50
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

Part IV Summary (See page 6 of the instructions)

21	Listed property Enter amount from line 28	21	200
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr	22	1,499
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A—Depreciation and Other Information (Caution See page 8 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No **24b** If "Yes" is the evidence written? ☒ Yes ☐ No

(a) Type of property (first 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
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use (see page 7 of the instructions)						25		
26 Property used more than 50% in a qualified business use (see page 7 of the instructions)								
POWERBOOK	01/2001	100 %	1,995	1,995	5 YR	HY	200	
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 7 of the instructions)		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	200	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles—see page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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 page 8 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do 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
42 Amortization of costs that begins during your 2001 tax year (see page 9 of the instructions)					
43 Amortization of costs that began before your 2001 tax year				43	
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report				44	

