

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

1986

Department of the Treasury
Internal Revenue Service

Note. You may be required to use a copy of this return to satisfy state reporting requirements. See instruction D.

For the calendar year 1986, or fiscal year beginning . 1986, and ending . 19

| | | |
|---|---|---|
| Use IRS label. Otherwise, please print or type. | Name of organization The National Humane Education Center | A Employer identification number (see instruction I) 54 : 6076066 |
| | Address (number and street) 2100 - L Street, N. W. | B State registration number (see instruction D) n/a |
| | City or town, state, and ZIP code Washington, D. C. 20037 | C Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here <input type="checkbox"/> (see instruction C10). |

D Check type of organization—Exempt under section 501(c) (**3**) (insert number), OR section 4947(a)(1) trust Check here if application for exemption is pending

E Accounting method: Cash Accrual Other (specify)

F Is this a group return (see instruction J) filed for affiliates? Yes No
If "Yes," enter the number of affiliates for which this return is filed _____

G If "Yes" to either, give four-digit group exemption number (GEN)

Is this a separate return filed by a group affiliate? Yes No

H Check here if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS but should file a return without financial data if you were mailed a Form 990 Package (see instruction A). Some states may require a completed return.

I Check here if gross receipts are normally more than \$25,000 and line 12 is \$25,000 or less. Complete Parts I (except lines 13-15), III, IV, VI, and VII and only the indicated items in Parts II and V (see instruction I). If line 12 is more than \$25,000, complete the entire return.

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

| Part I Statement of Support, Revenue, and Expenses and Changes in Fund Balances | | (A) Total | These columns are optional—see instructions | |
|---|---|-----------|---|------------------------------|
| | | | (B) Unrestricted/Expendable | (C) Restricted/Nonexpendable |
| Support and Revenue | 1 Contributions, gifts, grants, and similar amounts received: | | | |
| | a Direct public support | | | |
| | b Indirect public support | | | |
| | c Government grants | | | |
| | d Total (add lines 1a through 1c) (attach schedule—see instructions). | | | |
| | 2 Program service revenue (from Part IV, line f) | | | |
| | 3 Membership dues and assessments | | | |
| | 4 Interest on savings and temporary cash investments | | | |
| | 5 Dividends and interest from securities | | | |
| | 6a Gross rents | | | |
| | b Minus: rental expenses | | | |
| | c Net rental income (loss) | | | |
| 7 Other investment income (Describe <input type="checkbox"/> Securities <input type="checkbox"/> Other) | | | | |
| | 8a Gross amount from sale of assets other than inventory | | | |
| | b Minus: cost or other basis and sales expenses | | | |
| c Gain (loss) (attach schedule) | | | | |
| 9 Special fundraising events and activities (attach schedule—see instructions): | a Gross revenue (not including \$ _____ of contributions reported on line 1a) | | | |
| | b Minus: direct expenses | | | |
| | c Net income (line 9a minus line 9b) | | | |
| 10a Gross sales minus returns and allowances | | | | |
| | b Minus: cost of goods sold (attach schedule) | | | |
| | c Gross profit (loss) | | | |
| 11 Other revenue (from Part IV, line g) | | | | |
| 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11) | | | | |
| Expenses | 13 Program services (from line 44, column (B)) (see instructions) | | | |
| | 14 Management and general (from line 44, column (C)) (see instructions) | | | |
| | 15 Fundraising (from line 44, column (D)) (see instructions) | | | |
| | 16 Payments to affiliates (attach schedule—see instructions) | | | |
| | 17 Total expenses (add lines 16 and 44, column (A)) | | | |
| Fund Balances | 18 Excess (deficit) for the year (subtract line 17 from line 12) | | | |
| | 19 Fund balances or net worth at beginning of year (from line 74, column (A)) | | | |
| | 20 Other changes in fund balances or net worth (attach explanation) | | | |
| | 21 Fund balances or net worth at end of year (add lines 18, 19, and 20) | | | |

Form **2758**
(Rev. October 1986)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File

U.S. Partnership, Fiduciary, and Certain Exempt Organization Returns

► File a separate application for each return.

OMB No 1545-0148
Expires 08/31/88

| | | |
|---|---|---|
| Please type or print. File the original and one copy by the due date for filing your return. (See instructions on back.) | Name THE NATIONAL HUMANE EDUCATION CENTER | Employer identification number 54-6076066 |
| | Number and street (or P.O. Box number if mail is not delivered to street address) 2100 - L STREET, N.W. | |
| | City or town, state, and ZIP code WASHINGTON D.C. 20037 | |

(S corporations filing Form 1120S, political or exempt organizations filing Form 1120-POL, corporate exempt organizations filing Form 990-T, or farmers' cooperative associations filing Form 990-C, use Form 7004.)

1 An extension of time until NOVEMBER 15, 1987 is requested in which to file (check only one):

| | | | | |
|---|--------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> Form 1065 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 990-T (401(a) trust) | <input type="checkbox"/> Form 990-BL |
| <input type="checkbox"/> Form 1041 (estate) | <input type="checkbox"/> Form 1041S | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 1041 (trust) | <input type="checkbox"/> Form 3520-A | <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (other than 401(a) trust) | |

Check here if organization does not have an office or place of business in the United States.

2 For calendar year 19 86 or other tax year beginning _____ and ending _____

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension. ADDITIONAL TIME IS STILL NEEDED IN ORDER TO COMPLETE THE AUDIT OF THE FINANCIAL STATEMENTS, WHICH ARE NECESSARY IN THE PREPARATION OF FORM 990 AS SOON AS THE REMAINING OPEN ITEMS ARE RESOLVED. A COMPLETE AND ACCURATE RETURN WILL BE PROMPTLY FILED.

5a If this form is for Form 1041, 4720, 5227, 6069, 990-BL, 990-PF, or 990-T, enter the total unpaid tax estimated to be due on the return \$ N/A

b If an estate, filing this form for a tax year beginning before January 1, 1987, enter at least 1/4 of the amount on line 5a and pay with this form. \$ N/A

c All others (other than estates using line 5b), enter the total amount from line 5a and pay with this form (see the instructions) \$ N/A

Caution: Interest will be charged on any tax not paid by the regular due date of the returns filed on forms listed on line 5a above until the tax is paid.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature Craig A Stevens CPA Date 10-13-87
IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

- We HAVE approved your application. (Please attach this form to your return.)
- We HAVE NOT approved your application. (Please attach this form to your return.)
However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.
- We HAVE NOT approved your application.
After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)
- We cannot consider your application because it was filed after the due date of your return.
- Other _____

Director _____
By _____
Date _____

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

| | |
|----------------------|--|
| Please Type or Print | Name THOMAS HAVEY & CO. |
| | Number and street (or P.O. Box number if mail is not delivered to street address) 4301 CONNECTICUT AVE., N.W., SUITE 432 |
| | City or town, state, and ZIP code WASHINGTON D.C. 20008 |

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for most sections 501(c)(3) and (c)(4) organizations and 4947(a)(1) trusts but optional for others. (See instructions.)

Do not include amounts reported on lines 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) | | | | |
| 23 Specific assistance to individuals | | | | |
| 24 Benefits paid to or for members | | | | |
| 25 Compensation of officers, directors, etc. | | | | |
| 26 Other salaries and wages | | | | |
| 27 Pension plan contributions | | | | |
| 28 Other employee benefits | | | | |
| 29 Payroll taxes | | | | |
| 30 Professional fundraising fees | | | | |
| 31 Accounting fees | | | | |
| 32 Legal fees | | | | |
| 33 Supplies | | | | |
| 34 Telephone | | | | |
| 35 Postage and shipping | | | | |
| 36 Occupancy | | | | |
| 37 Equipment rental and maintenance | | | | |
| 38 Printing and publications | | | | |
| 39 Travel | | | | |
| 40 Conferences, conventions, and meetings | | | | |
| 41 Interest | | | | |
| 42 Depreciation, depletion, etc. (attach schedule) | | | | |
| 43 Other expenses (itemize): a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f | | | | |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15. | | | | |

Part III Statement of Program Services Rendered

List each program service title on lines a through d; for each, identify the service output(s) or product(s), and report the quantity provided. Enter the total expenses attributable to each program service and the amount of grants and allocations included in that total. (See instructions for Part III.)

Expenses (Optional for some organizations—see instructions)

| | | |
|---|------------------------------|--|
| a | (Grants and allocations \$) | |
| b | (Grants and allocations \$) | |
| c | (Grants and allocations \$) | |
| d | (Grants and allocations \$) | |
| e Other program service activities (attach schedule) | (Grants and allocations \$) | |
| f Total (add lines a through e) (should equal line 44, column (B)) | | |

| Part IV Program Service Revenue and Other Revenue (State Nature) | | Program service revenue | Other revenue |
|--|--|-------------------------|---------------|
| a | Fees from government agencies | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |
| f | Total program service revenue (enter here and on line 2) | | |
| g | Total other revenue (enter here and on line 11) | | |

Part V Balance Sheets If line 12 or Column (B) of line 59 is more than \$25,000, complete the entire balance sheet. If line 12, Part I, and Column (B) of line 59 are \$25,000 or less, you may complete only lines 59, 66, 74, and 75. See instructions.

| Note: Columns (C) and (D) are optional. Columns (A) and (B) must be completed to the extent applicable. Where required, attached schedules should be for end-of-year amounts only. | (A) Beginning of year | End of year | | |
|--|--|-------------|-----------------------------|------------------------------|
| | | (B) Total | (C) Unrestricted/Expendable | (D) Restricted/Nonexpendable |
| Assets | | | | |
| 45 | Cash—non-interest bearing | | | |
| 46 | Savings and temporary cash investments | | | |
| 47 | Accounts receivable ▶ _____ minus allowance for doubtful accounts ▶ _____ | | | |
| 48 | Pledges receivable ▶ _____ minus allowance for doubtful accounts ▶ _____ | | | |
| 49 | Grants receivable | | | |
| 50 | Receivables due from officers, directors, trustees, and key employees (attach schedule) | | | |
| 51 | Other notes and loans receivable ▶ _____ minus allowance for doubtful accounts ▶ _____ | | | |
| 52 | Inventories for sale or use | | | |
| 53 | Prepaid expenses and deferred charges | | | |
| 54 | Investments—securities (attach schedule) | | | |
| 55 | Investments—land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule) | | | |
| 56 | Investments—other (attach schedule) | | | |
| 57 | Land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule) | | | |
| 58 | Other assets ▶ _____ | | | |
| 59 | Total assets (add lines 45 through 58) | | | |
| Liabilities | | | | |
| 60 | Accounts payable and accrued expenses | | | |
| 61 | Grants payable | | | |
| 62 | Support and revenue designated for future periods (attach schedule) | | | |
| 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | | |
| 64 | Mortgages and other notes payable (attach schedule) | | | |
| 65 | Other liabilities ▶ _____ | | | |
| 66 | Total liabilities (add lines 60 through 65) | | | |
| Fund Balances or Net Worth | | | | |
| Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75. | | | | |
| 67a | Current unrestricted fund | | | |
| b | Current restricted fund | | | |
| 68 | Land, buildings and equipment fund | | | |
| 69 | Endowment fund | | | |
| 70 | Other funds (Describe ▶ _____) | | | |
| Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75. | | | | |
| 71 | Capital stock or trust principal | | | |
| 72 | Paid-in or capital surplus | | | |
| 73 | Retained earnings or accumulated income | | | |
| 74 | Total fund balances or net worth (see instructions) | | | |
| 75 | Total liabilities and fund balances/net worth (see instructions) | | | |

Part VI List of Officers, Directors, and Trustees (List each officer, director, and trustee whether compensated or not.) (See instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if any) | (D) Contributions to employee benefit plans | (E) Expense account and other allowances |
|----------------------|--|---------------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Part VII Other Information

| | Yes | No |
|--|-----|----|
| 76 Has the organization engaged in any activities not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of the activities. | | |
| 77 Have any changes been made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes. | | |
| 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? c If the organization has gross sales or receipts from business activities not reported on Form 990-T, attach a statement explaining your reason for not reporting them on Form 990-T. | | |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions. | | |
| 80 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? (See instructions.) If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt. | | |
| 81 a Enter amount of political expenditures, direct or indirect, as described in the instructions _____ b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year? | | |
| 82 Did your organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as support in Part I or as an expense in Part II. See instructions for reporting in Part III. ▶ _____ | | |
| 83 Section 501(c)(5) or (6) organizations.—Did the organization spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).) If "Yes," enter the total amount spent for this purpose _____ | | |
| 84 Section 501(c)(7) organizations.—Enter amount of. a Initiation fees and capital contributions included on line 12 _____ b Gross receipts, included in line 12, for public use of club facilities (see instructions) _____ c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.) _____ | | |
| 85 Section 501(c)(12) organizations.—Enter amount of. a Gross income received from members or shareholders _____ b Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them) _____ | | |
| 86 Public interest law firms.—Attach information described in the instructions. | | |
| 87 List the states with which a copy of this return is filed ▶ _____ | | |
| 88 During this tax year did you maintain any part of your accounting/tax records on a computerized system? | | |
| 89 The books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ | | |

Please Sign Here

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.

Signature of officer: Thomas Havey Date: _____ Title: _____

Paid Preparer's Use Only

Preparer's signature: Thomas Havey Date: 11/8/87 Check if self-employed

Firm's name (or yours, if self-employed) and address: Thomas Havey & Co. #36-2131790 ZIP code: 20008
4301 Conn. Ave., N.W., Wash., D.C.