

Form **990**

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

1983

For the calendar year 1983, or fiscal year beginning , 1983, 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 L) 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 If address changed, check here <input type="checkbox"/>

D Check applicable box—Exempt under section 501(c) (**3**) (insert number), OR section 4947(a)(1) trust

E Accounting method: Cash Accrual Other (specify)

F Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here (see instruction C10).

G Is this a group return (see instruction J) filed for affiliates? Yes No If "Yes" to either, give four-digit group exemption number
Is this a separate return filed by a group affiliate? Yes No (GEN)

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

Check here if gross receipts are normally not more than \$25,000. (See instruction B11.) You are not required to complete and file this return with IRS but may have to file it with one or more States.

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	(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 1(a) through 1(c)) (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			
	6 (a) Gross rents			
	(b) Minus: Rental expenses			
	(c) Net rental income (loss)			
7 Other investment income (Describe <input type="checkbox"/> Securities <input type="checkbox"/> Other)				
8 (a) 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 1(a))				
(b) Minus: direct expenses				
(c) Net income (line 9(a) minus line 9(b))				
10 (a) 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 1(d), 2, 3, 4, 5, 6(c), 7, 8(c), 9(c), 10(c), and 11)				
Expenses	13 Program services (from line 44(B)) (see instructions)			
	14 Management and general (from line 44(C)) (see instructions)			
	15 Fundraising (from line 44(D)) (see instructions)			
	16 Payments to affiliates (attach schedule—see instructions)			
	17 Total expenses (add lines 16 and 44(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(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 990 (1983)

PART II.—Statement of Functional Expenses

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

Do not include amounts reported on line 6(b), 8(b), 9(b), 10(b), or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Expenses				
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)				

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) _____ _____ _____ _____	
(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(B)) _____ (Grants and allocations \$ _____)	

PART IV.—Program Service Revenue and Other Revenue (State Nature)

Program Service 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, Part I, and line 59 are \$25,000 or less, you should complete only lines 59, 66, and 74 and, if you do not use fund accounting, line 73. If line 12 or line 59 is more than \$25,000, complete the entire balance sheet. 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
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.			
67 Current funds			
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
.....				
.....				
.....				
.....				
.....				
.....				
.....				

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 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 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: William P. Roche Date: 5/1/84 Title: _____

Paid Preparer's Use Only

Preparer's signature: William P. Roche Date: 5/1/84 Check if self-employed

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