HUMANEWATCH.ORG

Department of the Treasury

Return of Organization Exempt from Income Tax

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

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

OMB No. 1545-0047 าเด84

Internal Revenue Service For the calendar year 1984, or fiscal year beginning , 1984, and ending A Employer Identification number (see instruction L) Use IRS Name of organization 54 : 6076066 label. The National Humane Education Center Other-Address (number and street) B State registration number (see instruction D) wise, N/A 2100 L Street, N.W. please City or town, State, and ZIP code print C If address changed, check here 20037 Washington, D.C. or type. D Check applicable box—Exempt under section ▶ 4501(c) ( ) (insert number), OR ▶□ section 4947(a)(1) trust |□ Check here if application E Accounting method: ☐ Cash ☐ Accrual ☐ Other (specify) ▶ exemption is pending F Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here ▶ ☐ (see instruction C10). If "Yes" to either, give four-digit group exemption number G Is this a group return (see instruction J) filed for affiliates? ☐ Yes 🖾 No Is this a separate return filed by a group affiliate? . . . ☐ Yes 🔀 No (GEN) 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. 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.) These columns are optional see instructions Statement of Support, Revenue, and Expenses (B) Unrestricted/ Expendable (C) Restricted/ Nonexpendable (A) Total and Changes in Fund Balances 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 . . Support and Revenue (c) Net rental income (loss) . . . . . . 7 Other investment income (Describe Securities 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) 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)) 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)

• • • • • • • •

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.)

		Tallotional Expenses			<u>,                                     </u>	· · · · · · · · · · · · · · · · · · ·	
	-6(	o not include amounts reported on lines (b), 8(b), 9(b), 10(b), or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
	22	Grants and allocations (attach schedule)					
		Specific assistance to individuals					
	1	Benefits paid to or for members					
	ľ	•					
		Compensation of officers, directors, etc					
		Other salaries and wages.					
		Pension plan contributions					
		Other employee benefits		<del></del>		<del></del>	
	29	Payroll taxes					
	30	Professional fundraising fees					
		Accounting fees					
	1	Legal fees					
		Supplies					
		• •					
Expenses		Telephone				<del></del>	
Ë		Postage and shipping					
붉		Occupancy					
تت		Equipment rental and maintenance			ļ		
	38	Printing and publications			_		
	39	Travel					
		Conferences, conventions and meetings			l		
		Interest					
		Depreciation, depletion, etc. (attach schedule).	l .				
				(			
	43	Other expenses (itemize): (a)					
		(b)					
	l	(c)					
	1	(d)					
		(e)	<del></del>	<del></del>	_	ļ	
		(f)					
	44	Total functional expenses (add lines 22					
		through 43)  Statement of Program Services Render	L			<u> </u>	
Р	art	Statement of Program Services Render	red ·			,	
	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.)						
(a)	)						
•			•••••				
				••••••	•••••		
	• • •			ants and allocation	- <del>6</del>	ł	
<i>.</i>	_		(G)	ants and anocation	э <b>ф</b> )		
(b	'		•••••				
			(Ğr	ants and allocation	s\$ )		
(c)	)						
			************	************			
	•••						
	(Grants and allocations \$						
a							
(d							
	•••	••••					
	(Grants and allocations \$ )						
		her program service activities (attach schedule)	(Gr	ants and allocation	s\$ )		
(f)	To	tal (add lines (a) through (e)) (should equal line 44(B))					

Form		

_	
Page	

Par	t IV	Program Service Revenue and Other Revenue (St	ate Nature)		Program service revenue	Other revenue
(a)	Fee:	s from government agencies				
(b)		••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		_
(c)		• • • • • • • • • • • • • • • • • • • •				
(d)	• • • •			• • • • • • • • • • • • • • • • • • • •		
(e)	_	4				
(f) (g)	Tota	al program service revenue (enter here and on line 2)				
_						4 and, if you do not
Par	t V	Balance Sheets use fund accounting, line 73. If line 13 instructions.	2 or line 59 is more	e than \$25,000, c	omplete the entire	balance sheet. See
No	te:	Columns (C) and (D) are optional. Columns (A) and (B) must be			End of year	
		completed to the extent applicable. Where required, attached schedules should be for end-of-year amounts only.	(A) Beginning of year	(B) Total	(C) Unrestricted/ Expendable	(D) Restricted/ Nonexpendable
		Assets				
45	Casl	h—non-interest bearing		4 <del></del>		
46		ngs and temporary cash investments				<u></u>
47		ounts receivable				i
		us allowance for doubtful accounts				
48		lges receivable ▶				
		us allowance for doubtful accounts				
49		nts receivable				
50		eivables due from officers, directors, trustees and key				
51	•	oloyees (attach schedule)				
31		us allowance for doubtful accounts >				
52		entories for sale or use				
53		paid expenses and deferred charges				
54	-	stments—securities (attach schedule)				
55		stments—land, buildings and equipment: basis				
		us accumulated depreciation ▶(attach schedule)				
56		stments—other (attach schedule)				
57	Land	d, buildings and equipment: basis ▶				
	min	us accumulated depreciation >(attach schedule)				<del> </del>
58		er assets >				
<u>59</u>	Tota	al assets (add lines 45 through 58)				
		Liabilities			•	
60		ounts payable and accrued expenses				
61		nts payable				
62		port and revenue designated for future periods (attach schedule) .				
63		ns from officers, directors, trustees and key employees				
64		ach schedule)				
65		er liabilities >				
66	Tota	al liabilities (add lines 60 through 65)				
Orga		Fund Balances or Net Worth tlons that use fund accounting, check here ▶ □ and come lines 67 through 70 and lines 74 and 75.				
67	a. (	Current unrestricted fund				
68 .		d, buildings and equipment fund				
69		owment fund				
70		er funds (Describe ►)				
Orga		ilons that do not use fund accounting, check here 🕨 🗆				
_		complete lines 71 through 75.				
71	Сар	ital stock or trust principal			ļ	
72		d-in or capital surplus			<u> </u>	
73		ained earnings or accumulated income			<del>[</del>	<u> </u>
74		al fund balances or net worth (see instructions)			<u> </u>	<del> </del>
75	Tota	al liabilities and fund balances/net worth (see instructions)		L	<u> </u>	L

		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if any)	(D) Contributions to employee benefit plans	(É) Expense account and other allowances		
• • •	• • • • •							
	••••							
•••	• • • • •							
Pa	rt VII	Other Information				Yes No		
76 77	If "Ye Have	ne organization engaged in any activities not previous." attach a detailed description of the activities any changes been made in the organizing or gove			ce?			
78	(a) Di (b) If (c) If	es," attach a conformed copy of the changes.  If the organization have unrelated business gross "Yes," have you filed a tax return on Form 990- the organization has gross sales or receipts to aterment explaining your reason for not reporting	f, Exempt Organization Builfrom business activities	siness Income Tax	Return, for this y	urn? ear?		
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	memb	e organization related (other than by association pership, governing bodies, trustees, officers, etc., to es," enter the name of organization	any other exempt or none	empt organization (s	see instructions)?			
81		nter amount of political expenditures, direct or in id you file Form 1120-POL, U.S. Income Tax Ret	direct, as described in the	instructions				
82	Did y	our organization receive donated services or t antially less than fair rental value?		ipment or facilities				
	in Par		or reporting in Part III .					
opinion about legislative matters or referendums (see instructions and Regulations section 1.162-20(c))?						blic		
84	Section	es, —enter the total amount spent for this purpose on 501(c)(7) organizations. —Enter amount of: hitiation fees and capital contributions included						
	(b) G (c) D	ross receipts, included in line 12, for public use oes the club's governing instrument or any writt ecause of race, color, or religion (see instructions	of club facilities (see inst en policy statement provi	ructions) de for discriminatio	n against any pe	rson		
85	(a) G	on 501(c)(12) organizations.—Enter amount of: ross income received from members or sharehold ross income received from other sources (do no	ders					
86 87	ag Public	gainst amounts due or received from them). c interest law firms.—Attach information descrit	ed in instructions.		L			
88 89	During this tax year did you maintain any part of your accounting/tax records on a computerized system?							
	Locat	ed at ▶				VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Plea Sign Her	)	Under penalties of perjury, I declare that I have examined belief it is true, correct, and complete. Declaration of preparation of preparatio	rer (other than taxpayer) is based	on all information of whic	nents, and to the best ch preparer has any kr	of my knowledge and lowledge.		
		Signature of officer	Date	Title Check if				