## **HUMANEWATCH.ORG**

Department of the Treasury Internal Revenue Service

For the calendar year 1985, or fiscal year beginning

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

, 1985, and ending

ror t	ne cal		985, and en	ding			, 19 .	
		Name of organization		A Emplo	yer identi	fication nun	nber (see instruction L)	
Use		The National Humane Education Center		54:	60	76066	•	
Othe	) <b>-</b>	Address (number and street)		B State registration number (see instruction D)  n/a				
wise		2100 - L Street, N. W.						
print or ty		City or town, state, and ZIP code						
ur ty	pe.	Washington, D. C. 20037	C If address changed, check here			nere 🕨 🔲		
7 Ch.	ek tue	e of organization—Exempt under section ▶ \$\infty\$ 501(c)( 3 ) (insert number). OR I		45.454.3		Chook bos	e if application for	
E Ace	ca typ counti	ing method: ☐ Cash ☐XAccrual ☐ Other (specify) ►	► L sectio	n 494/(a)	(1) trust	exemption	is pending >	
		1947(a)(1) trusts filing this form in lieu of Form 1041, check here ▶ ☐ (see ii		10		<u> </u>		
					r give fo	ur digit gro	ID Avamation number	
ısı İst	his a s	group return (see instruction J) filed for affiliates?	o If "Yes" to either, give four-digit group exemption number (GEN) ▶					
_					A. (1)			
	hould	here if your gross receipts are normally not more than \$25,000 (see instruction I file a return without financial data if you were mailed a Form 990 Package (see i	ostruction (	o not nave	to file a c	ompletea re	eturn with IRS but	
		here if gross receipts are normally more than \$25,000 and line 12 is \$25,000 or						
, ר	nly th	e indicated items in Parts II and V (see instruction I). If line 12 is more than \$25,	1655. Compl 1000. comple	ete the ent	ice return	es 13-13)	, iii, iv, vi, and vii and	
		rganizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 99)					are optional—	
		Statement of Support, Revenue, and Expenses	), (See mist	actions.)	•••		ructions	
Par	t I	and Changes in Fund Balances	(A) T	otal		restricted/	(C) Restricted/	
	T .				Expe	endable	Nonexpendable	
	1	Contributions, gifts', grants, and similar amounts received:						
		a Direct public support						
		b Indirect public support					ļ	
		c Government grants				<del></del>		
	1	d Total (add lines 1a through 1c) (attach schedule—see instructions) .	ļ					
	2	Program service revenue (from Part IV, line f)						
	3	Membership dues and assessments	<b> </b>			·		
	4	Interest on savings and temporary cash investments.						
	5	Dividends and interest from securities						
	6							
5		Minus: rental expenses						
Je J	1 '	C Net rental income (loss)						
ě	7	Other investment income (Describe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Support and Revenue	8	a Gross amount from sale of Securities Other						
ta		assets other than inventory .						
ě		Minus: cost or other basis and						
를		sales expenses						
S	(	Gain (loss) (attach schedule)						
	9	Special fundraising events and activities (attach schedule—see instructions):						
	1 :	Gross revenue (not including \$						
	1	of contributions reported on line 1a)						
	1	Minus: direct expenses						
	•	Net income (line 9a minus line 9b)	,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	10:	Gross sales minus returns and allowances						
	1	Minus: cost of goods sold (attach schedule)						
	1 •	Gross profit (loss)						
		Other revenue (from Part IV, line g)						
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11).						
us	13	Program services (from line 44, column (B)) (see instructions)					<u>-</u>	
Se	14	(-,,,,,						
Expenses	15	Fundraising (from line 44, column (D)) (see instructions)						
ă	16	Payments to affiliates (attach schedule—see instructions)						
	17	Total expenses (add lines 16 and 44, column (A))						
	18	Excess (deficit) for the year (subtract line 17 from line 12)			<del></del>			
يَّةٍ جِ	19	Fund balances or net worth at beginning of year (from line 74,		1				
Fund Balances	1	column (A))						
Ba		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)	L				<u></u>	

Form 990 (1985)

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 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)							
١	23 Specific assistance to individuals							
	24 Benefits paid to or for members							
ļ	25 Compensation of officers, directors, etc				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	26 Other salaries and wages							
-	27 Pension plan contributions							
١	28 Other employee benefits							
	29 Payroll taxes			7-111				
	30 Professional fundraising fees							
	31 Accounting fees.							
	32 Legal fees							
	33 Supplies							
<u>,,</u>	34 Telephone							
Expenses	35 Postage and shipping							
힖	<b>36</b> Occupancy				-			
<u>ت</u> ا	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							
	•							
	G		-					
	d		<u> </u>					
	f							
			· · · · · · · · · · · · · · · · · · ·					
	44 Total functional expenses (add lines 22 through 43) .							
P	rt III Statement of Program Services Rendered		<del></del>		-			
	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								
	(Grants and allocations \$							
b								
	***************************************							
	(Grants and allocations \$ )							
C								
	4							
	***************************************							
	(Grants and allocations \$ )							
d								
	•••••••							
		(Grants and allocations \$ )						
e								
f	Total (add lines a through e) (should e 1 line 44, column (	(B))	<u> </u>		l			

Form	990(1985) THE NACIONAL NUMBER EQUE	cion cent	-er #34-	00/0000	Page 3
Pa	Program Service Revenue and Other Revenue (St	ate Nature)		Program service revenue	Other revenue
а	Fees from government agencies				
b	•••••				
C					
d e	······				
f B	Total program service revenue (enter here and on line 2) Total other revenue (enter here and on line 11)				
Pa	Tt V Balance Sheets If line 12 or line 59 is more than \$25,000, or less, you may complete only lines 59, 66,	complete the entire	e halance sheet. If	line 12, Part I, and I	ine 59 are \$25,000
N	Note: 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.	of year	(B) Total	(C) Unrestricted/ Expendable	(D) Restricted/ Nonexpendable
	Assets				
45	Cash—non-interest bearing			<u> </u>	
46	Savings and temporary cash investments				
47	Accounts receivable				
	minus allowance for doubtful accounts		<u> </u>	<u> </u>	
48	Pledges receivable >				
40	minus allowance for doubtful accounts			-	
49 50	Grants receivable			<del></del>	
Ju	employees (attach schedule)				
51	Other notes and loans receivable				
••	minus allowance for doubtful accounts			İ	
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) .		<b> </b>	ļ	
56	Investments—other (attach schedule)				
57	Land, buildings and equipment: basis ▶		ļ		
	minus accumulated depreciation > (attach schedule) .			-	-
58 59	Other assets   Total assets (add lines 45 through 58)			<del> </del>	
	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)		ļ	-	
64	Mortgages and other notes payable (attach schedule)		<u> </u>		
65 66	Other liabilities >  Total liabilities (add lines 60 through 65)				
00	Fund Balances or Net Worth			<del>                                     </del>	
Orga	nizations that use fund accounting, check here ► □ and complete lines 67 through 70 and lines 74 and 75.				
67	a Current unrestricted fund		<u> </u>	<b>-</b>	
	<b>b</b> Current restricted fund		<b> </b>	+	
68	Land, buildings and equipment fund			<del> </del>	
69	Endowment fund			<del>                                     </del>	- <del></del>
70	Other funds (Describe >).				
orga	anizations that do not use fund accounting, check here ► □ 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)				
<u>75</u>	Total liabilities and fund balances/net worth (see instructions)				

Pa	rt VI	List of Officers, Directors, and Trustee not.) (See Instructions)	s (List each officer, dire	ctor, and	truste	ee whether co	ompensated o	
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compens (if any)		(D) Contributions to employee benefit plans	(E) Expense account and other allowances	
• • •								
				· · · · · · · · · · · · · · · · · · ·				
		•••••					-	
Pai	t VII	Other Information					Yes No	
76 77	If "Ye Have If "Ye	s the organization engaged in any activities not previously reported to the Internal Revenue Service?  Yes," attach a detailed description of the activities.  we any changes been made in the organizing or governing documents, but not reported to IRS?  Yes," attach a conformed copy of the changes.						
78 79	b If c If sta Was ti	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?  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.  as there a liquidation, dissolution, termination, or substantial contraction during the year (see instructions)?						
80	Is the memb	es," attach a statement as described in the instructions.  e organization related (other than by association with a statewide or nationwide organization) through common bership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization (see instructions)?						
81		and check whether it is exempt OR nonexempt.						
82 83	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.  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))?							
84	Section a Initial b Grand c Do	s," enter the total amount spent for this purpose on 501(c)(7) organizations. —Enter amount of: itiation fees and capital contributions included 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)	on line 12	ions)	L	against any pers	on	
85	a Gr b Gr . ag	·	ders	other sour	ces			
86		Public interest law firms. — Attach information described in the instructions.  ist the States with which a copy of this return is filed ▶						
87								
88 89	The b	During this tax year did you maintain any part of your accounting/tax records on a computerized system?					.	
Plea Sign Her	ise I	ed at ►  Under penalties of perjury, I declare that I have examined belief it is true, correct, and complete. Declaration of prepa	this return, including accompanying si rer (other than officer) is based on all ii	chedules and information of	statemen which pre	its, and to the best o eparer has any knowl	f my knowledge and edge.	
1161	<b>-</b>	Signature of officer	Date		Title		Chastill	
Paid Preparer's Use Only		Preparer's signature			Date		Check if self- employed ▶ □	
			/ & Co., #36-213 /e.,N.W.,Wash.,D		ZIP code	20008		