

Form **990**

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

OMB No. 1545-0047

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.

1985

For the calendar year 1985, or fiscal year beginning, 1985, 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 type of organization—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) ▶

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

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 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 ▶)				
8a Gross amount from sale of assets other than inventory	Securities	Other		
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)			

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 lines 6b, 8b, 9b, 10b, 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	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	(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 line 59 is more than \$25,000, complete the entire balance sheet. If line 12, Part I, and 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.				
67	a 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)

Table with 5 columns: (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

Form with questions 76-89 regarding organization activities, changes, income, liquidation, related organizations, political expenditures, donated services, 501(c)(5) and (7) organizations, 501(c)(12) organizations, public interest law firms, and record keeping.

Signature section including 'Please Sign Here' and 'Paid Preparer's Use Only' with fields for signature, date, title, firm name, and address.