

990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

1998 98

This Form is Open to Public Inspection

9807

Department of the Treasury Internal Revenue Service

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 1999 calendar year, OR tax year beginning 8-1-97, 1999 ending 7-31-98

- B Check if: Change of address, Initial return, Final return, Amended return

C Name of organization: Humanities Foundation; D Employer identification number: 95-2664938; E Telephone number: 858-270-0680; F Check if exemption application is pending; H Enter four-digit group exemption number (GEN)

G Accounting method: Cash, Accrual, Other (specify)

I Type of organization: Exempt under section 501(c)(3) (insert number) OR section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9) \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 32.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten entries for revenue (10,336), expenses (9,135), and net assets (1,201).

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Part II Balance Sheets—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 36.)

Table with 7 rows for Balance Sheets, columns (A) Beginning of year and (B) End of year. Includes handwritten entries for total assets (4,000) and net assets (3,000).

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

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Form 990-EZ (1999)

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 36.)

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

- What is the organization's primary exempt purpose? Education, Health, Matters
- Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.
- 28 Provided 24 hour / 365 days - on line support - internet + telephone for breast implant victims - approx 4000 helped (Grants \$ 0) 28a
- 29 did many classes, seminars, speeches, expos, radio, TV shows, raising consciousness on health issues (Grants \$ 0) 29a
- 30 Sent newsletters free booklets to several thousand women (Grants \$ 0) 30a
- 31 Other program services (attach schedule) (Grants \$ 0) 31a
- 32 Total program service expenses (add lines 28a through 31a) 32

included on page 1

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 36.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| <u>A.A. Zaffuto 6965 El Camino Rd #103 Ilena Rosenthal 1380 Garnet #444 SD, CA 92109</u> | <u>CEO</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| <u>Rozann R.O.B. 7795 Royal Ln. Dallas, TX 75230</u> | <u>Sec. 2/hr</u> | <u>0</u> | <u>0</u> | <u>0</u> |

Part V Other Information (See Specific Instructions on page 37.)

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | <input checked="" type="checkbox"/> |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a certified copy of the changes. | | <input checked="" type="checkbox"/> |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | <input checked="" type="checkbox"/> |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | | <input checked="" type="checkbox"/> |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | <input checked="" type="checkbox"/> |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) | | <input checked="" type="checkbox"/> |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | <input checked="" type="checkbox"/> |
| b Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | <input checked="" type="checkbox"/> |
| b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b | | <input checked="" type="checkbox"/> |
| 39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a | | <input checked="" type="checkbox"/> |
| b Gross receipts, included on line 9, for public use of club facilities 39b | | <input checked="" type="checkbox"/> |
| 40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | <input checked="" type="checkbox"/> |
| b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. | | <input checked="" type="checkbox"/> |
| c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ | | <input checked="" type="checkbox"/> |
| d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ | | <input checked="" type="checkbox"/> |
| 41 List the states with which a copy of this return is filed. ▶ | | <input checked="" type="checkbox"/> |
| 42 The books are in care of ▶ <u>Ilena Rosenthal</u> Telephone no. ▶ <u>(858) 270-0680</u> Located at ▶ <u>1380 Garnet #444 San Diego, CA 92109</u> ZIP + 4 ▶ <u>92109-3103</u> | | <input checked="" type="checkbox"/> |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43 | | <input checked="" type="checkbox"/> |

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. (Important: See General instruction U, page 34.)

Ilena Rosenthal
Signature of officer

Date

Ilena Rosenthal
Type or print name and title.

| | | |
|-----------|-------------------------------------------------|------------------------|
| Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN |
| EIN ▶ | | |
| ZIP + 4 ▶ | | |