

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

1999

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.

This Form is Open to Public Inspection

▶ 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 8-1-98, 1999, and ending 7-31-99

B Check if:
 Change of address
 Initial return
 Final return
 Amended return (required also for state reporting)

C Name of organization: Humanities Foundation
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: 1380 Garnet Ave. 444
 City or town, state or country, and ZIP + 4: San Diego, CA 92109

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) \$
 if \$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.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21						
Revenue	1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)																																
	2	Program service revenue including government fees and contracts																																
	3	Membership dues and assessments																																
	4	Investment income																																
	5a	Gross amount from sale of assets other than inventory																																
	5b	Less: cost or other basis and sales expenses																																
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																																
	6	Special events and activities (attach schedule):																																
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																																
	6b	Less: direct expenses other than fundraising expenses																																
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																																	
7a	Gross sales of inventory, less returns and allowances																																	
7b	Less: cost of goods sold																																	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																																	
8	Other revenue (describe ▶ _____)																																	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																																	
Expenses	10	Grants and similar amounts paid (attach schedule)																																
	11	Benefits paid to or for members																																
	12	Salaries, other compensation, and employee benefits																																
	13	Professional fees and other payments to independent contractors																																
	14	Occupancy, rent, utilities, and maintenance																																
	15	Printing, publications, postage, and shipping																																
	16	Other expenses (describe ▶ <u>gas, travel</u>)																																
17	Total expenses (add lines 10 through 16)																																	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																																
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																
	20	Other changes in net assets or fund balances (attach explanation)																																
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																																

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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	\$4000	3000
26 Total liabilities (describe ▶ _____)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	\$4000	3000

For Paperwork Reduction Act Notice, see page 1 of the separate instructions. Cat. No. 10642I Form 990-EZ (1999)

SCANNED MAR 22 2000
 5/2/00
 11/11/00
 11/11/00

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A

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

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.

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

28	Provided 24 hour / 365 days - on line support - internet + telephone for breast implant victims - approx 4000 helped	(Grants \$)	28a	included on page 1
29	Did many classes, seminar, speeches, expos, radio, TV shows raising consciousness on health issues	(Grants \$)	29a	
30	Sent newsletters free booklets to several thousand women	(Grants \$)	30a	
31	Other program services (attach schedule)	(Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)			32

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
A.A. Zaffuto 6965 El Camino Blvd #103 Ilena, Rosenthal	CEO	0	0	0
Ilena Rosenthal 1380 Garnet #444 SD, CA 92109	CEO-Bohr	0	0	0
Rozenn ROB 7795 Royal Ln Dallas, TX 75230	Sec. 2/hr	0	0	0

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 conformed 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 ▶ Ilena Rosenthal Telephone no. ▶ (858) 270-0680 Located at ▶ 1380 Garnet #444 San Diego, CA 92109 ZIP + 4 ▶ 92109-3103		<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ 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 14.)
 Signature of officer: Ilena Rosenthal Date: 11.11.00
 Type or print name and title: Ilena Rosenthal

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