Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990 All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

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Form 990-EZ (2009)

Α	For the 2009 calendar year, or tax year beginning Jul 1 , 2009, and ending Jun 30			, 2010					
В	The state of the s	D Emp	loyer	identification number					
┖	Address change Please HUMAN HEALTH PROJECT	71	08	91805					
\vdash	label or Ferritain Control of the Co	E Tele	phone	number					
⊢	Initial return type	/2	221	226-0216					
\vdash	Specific City or town, state or country, and 7IP + 4								
<u> </u>	A Amended return Institutions F Group Exemption								
بــــــــــــــــــــــــــــــــــــــ	Application pending LOS ANGELES CA 90065		nber						
_	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting m Other (specif		. <u>x</u>	Cash Accrual					
I	Website: ► www.humanhealthproject.org H Check ► required to a	ttach S	Sche	ganization is not dule B (Form 990,					
J	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 99	90-PF))						
K		norma e sure	lly no	ot more than le a complete return					
	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990								
	Instead of Form 990-EZ	not:	- \$ at:a:	25,051.					
L	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in	<u>ustru</u>	<u>uuor</u>						
	1 Contributions, gifts, grants, and similar amounts received	 -	ᆛ	25,000.					
	Program service revenue including government fees and contracts	-	2						
	3 Membership dues and assessments	-	3						
	4 Investment income	_ 	4	51.					
	5a Gross amount from sale of assets other than inventory 5a		,						
_	b Less: cost or other basis and sales expenses		_						
Ë	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	-, ├	5 c						
RE>#2UE	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	┙ ╽							
NU	a Gross revenue (not including \$ of contributions								
Ē			- [
	b Less direct expenses other than fundraising expenses 6b								
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	⊢	6c						
	7a Gross sales of inventory, less returns and allowances 7a								
	b Less cost of goods sold 7b								
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c						
	8 Other revenue (describe >	- ⁾ .	8						
_	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	25,051.					
	10 Grants and similar amounts paid (attach schedule) RECEIVED	⊢	10						
Е	11 Benefits paid to or for members		11						
X	12 Salaries, other compensation, and employee benefits	-	12						
EXPENSE	13 Professional fees and other payments to independent pontactors 1 9 2010	-	13	13,442.					
Š	14 Occupancy, rent, utilities, and maintenance	<u> </u>	14	<u>15.</u>					
5	15 Printing, publications, postage, and snipping	L	15						
			16	<u>72.</u>					
_	17 Total expenses. Add lines 10 through 16		17	13,529.					
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	L	18	11,522.					
N S	Al 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye	ar							
N S E E	figure reported on prior year's return)	-	19	392.					
٠ - آ	20 Other changes in net assets or fund balances (attach explanation)		20						
	21 Net assets or fund balances at end of year Combine lines 18 through 20	▶	21	11,914.					
P	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in	nstead	of F	orm 990-EZ					
	(See the instructions for Part II) (A) Beginning of	of year		(B) End of year					
22	2 Cash, savings, and investments	353.		11,729.					
23	<u> </u>	0.	-	0.					
24	4 Other assets (describe ► See L-24 Stmt)	39.	24	185.					
25	5 Total assets	392.	25	11,914.					
	6 Total liabilities (describe ►)		26	0.					
2	7 Net assets or fund balances (line 27 of column (B) must agree with line 21)	392.	27	11,914.					

TEEA0812 01/30/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED SEP 1 0 2010

			N HEALTH PR				<u>-089</u>	1805	Page 2
Par	t III	Statement o	f Program Se	rvice Accomplishments	s (See the instruction	ons.)		Expens	ses
What	is the org	anization's primary ex	empt purpose? PU	BLIC AND CHARITABI	LE PURPOSES		(Reg	uired for se c)(3) and (4 nizations ar (a)(1) trust	ction
Desc	Nbe wh	at was achieved	in carrying out the	e organization's exempt purpo persons benefited, or other re	ses In a clear and con	cise manner,	organ	nizations ar	nd section
desc	ribe the ram title	services provide	d, the number of	persons benefited, or other re	elevant information for e	each	4947	(a)(1) trust: thers)	s, optional
							101 01	11613)	
28	ASSIS	STING INDIVID	UALS WHO ARE I	LL, ALONG WITH THEIR FAM	ILLY, FRIENDS & PRAC	CTICIONERS IN:			
	1) RESE	EARCHING THE OPTI	ONS AVAILABLE TO	THEM FOR THE TREATMENT OF THE	EIR ILLNESS 2) OBTAINING	A SECOND OPINION			
	3) RESE	EARCHING AVAILAB	LE RESOURCES THE	Y MAY NOT HAVE BEEN AWARE OF	(ESTIMATED PERSONS BE	ENEFITED, 50-100)			
	(Grant	s \$	25,000.) If th	iis amount includes foreign gr	ants, check here	▶□	28 a		13,529.
29		•							
	(Grant	s \$) If th	is amount includes foreign gr	ants, check here	>	29 a		
30			_						
	(Grant) If th	is amount includes foreign gra	ants, check here		30 a		
31			(attach schedule						
٠.	(Grants	. •	•	, is amount includes foreign gra	ants check here	▶ □	31 a		
22				nes 28a through 31a)	arits, criccit fiere		32		13,529.
					mlavaga ti ti i i i				
Par	t IV	LIST OF OTHER	ers, Directors	Trustees, and Key Em					
		(a) Name and add	droce	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar	to and	(e) Expen	se account allowances
	'	(a) Name and add	uiess	to position	not paid, enter -0)	deferred compensa		and other	allowalices
рит	T.TD 1	HARRINGTON							
						1	ļ		
		TIC_DRIVE_		PRESIDENT & SECRETARY					
LOS	ANG	ELES	CA 90065	10.00	0.		0.		
JOH	N KO	TICK							
495	6 LA	CALANDRIA	DRIVE	DIRECTOR			ľ		
	ANG		CA 90032	5.00	٥.		٥.		
		CLARKE	0.130032	3.00					
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SAN	TA M	ONICA	CA 90402	2.00	0.		0.		
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Form **990-EZ** (2009)

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	rt V Other Information (Note the statement requirements in the instrs for Part V.)			age 3
<u>ı a</u>	Cuter information (Note the statement requirements in the matis for rare v.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
3/1	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33	-	X
		-		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
;	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	25-		_w
	reporting, and proxy tax requirements? b If 'Yes.' has it filed a tax return on Form 990-T for this year?	35a 35b	-	X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the			
	year? If 'Yes,' complete applicable parts of Schedule N	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	-		
	b Did the organization file Form 1120-POL for this year?	37b		X
38	a 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 outstanding at the end of the period covered by this return?	38 a		х
l	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter	1.		
	a Initiation fees and capital contributions included on line 9		İ	
J	b Gross receipts, included on line 9, for public use of club facilities 39b			
40	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ►, section 4912 ►; section 4955 ►		ļ	
1	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		x
(Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed.	40 e		х
42	The organization's books are in care of PHILIP HARRINGTON Telephone no (323) Located at 479 RUSTIC DRIVE LOS ANGELES CA ZIP + 4 90065	226	-021	L6
	Contact at 475 Robito Dativi		- ~ -	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	401	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:	42b		Х
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country.	42 c		x
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		<u> </u>	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	45		x

	Z (2003) HUMAN HEALITH PRODUC			71 0051			age -
Part VI	Section 501(c)(3) organization	s and section 4947(a)(1) nonexemp	t charitable trusts only	. All se	ection	1
	501(c)(3) organizations and sec	ction 494/(a)(1) non	exempt charitat	ole trusts must answer	questic	ns	
•	46-49b and complete the tables	s for lines 50 and 51	•				
46 0 111				·		Yes	No
for n	ne organization engage in direct or indirecublic office? If 'Yes,' complete Schedule C	t political campaign activ Part I	illes on benan or or	in opposition to candidates	46		х
	he organization engage in lobbying activiti				47		X
	e organization a school as described in sec			edule F	48		X
	ne organization a school as described in second			oddie E	49a		X
		•	ated organization		49b		
D II TE	s,' was the related organization a section	527 Organization,			450		<u> </u>
50 Comp	plete this table for the organization's five h	ighest compensated emp	loyees (other than o	officers, directors, trustees ar	id key		
emple	oyees) who each received more than \$100						
(a)	Name and address of each employee paid	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and	accou	pense int and	
	more than \$100,000	devoted to position		deferred compensation	other all	lowance	<u>s</u>
NONE _							
							
·		-		*			
f Total	number of other employees paid over \$10	0.000					
1 Total	Tidifiber of other employees paid over \$10						
51 Comr	olete this table for the organization's five h	ighest compensated inde	nendent contractors	who each received more tha	n \$100 (വവ of	
comp	ensation from the organization of there is	none, enter 'None '	pendent contractors	who caer received more tha	π φτου,	,00 01	
							
	(a) Name and address of each independent contri	actor paid more than \$100,000	 _	(b) Type of service	(c) Comp	ensatio	<u>n</u>
NONE -							
							
							
d Total	number of other independent contractors	each receiving over \$100	,000	>			
		-					
	Under penalties of perjury, I rectare that I have exam	ned this return, including accomp	panying schedules and star	tements, and to the best of my knowle	dge and be	lief, it is	;
	true, correct, and complete. Peclaration of preparer (c	ther than officer) is based on all	information of which prepa	arer has any knowledge			
o'				18/16/201	0		
Sign Here	Signature of officer			Date Date			—
nere		100001	(6)				
	- MILIP HARR	NGIN					
	Type or print name and title					NI	
Paid	Preparer's		Date		rer's Identif nstructions)	ying Nui	nber
Pre-	signature		08/10/1	0 employed ► X			
parer's	Firm's name (or CHRISTOPHER FAN) yours if self-	K, CPA					
Use	employed), address, and	ROAD, SUITE 20		EIN ►			
Only	ZIP + 4 CALABASAS		CA 91302	Phone no ► (818)	225-	8481	<u>. </u>
May the IRS	S discuss this return with the preparer sho	wn above? See instruction	ons	<u> </u>	Yes	х	No
BAA	- 			F	orm 990)-EZ (2009)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

OMB No 1545-0047

HUM	ΔN	N HEALTH PROJECT 71-0891805											
Part		Reason for Pu	iblic Charity Statu	ıs (All organızatıons	must g	comple	ete this	part.) See i	<u>nstruct</u>	lions		_
The o	r <u>ga</u> r	nization is not a pri	vate foundation becaus	se it is (For lines 1 throu	gh 11, c	heck on	ly one b	ox)					
1		A church, conventi	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2		A school described	i in section 170(b)(1)(A	A)(ii). (Attach Schedule E	.)								
3			•	e organization described i				-					
4		A medical research	h organization operate	d in conjunction with a ho	spital de	escribed	ın secti	ion 170	(b)(1)(A)	(iii). Ente	er the hosp	ıtal's	
_	_	name, city, and sta	ate			· – – -					-,		_
5		170(b)(1)(A)(iv). (Complete Part II)	of a college or university					mental u	ınıt desci	ribed in se d	tion	
6 7	Ħ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9	_	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10		•	•	exclusively to test for put		-			-				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
		a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other											
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f		If the organization check this box	received a written dete	ermination from the IRS to	hat is a	Type I,	Гуре II о	r Type	lil suppo	rting org	janization,]
g		Since August 17, 2	2006, has the organizat	tion accepted any gift or	contribu	ition fror	n any of	the foll	owing p	ersons?			
												Yes No	
	1	below, the go	overning body of the su	•	ogether v	with pers	sons des	scribed	ın (ıı) an	d (III)	11 g (i)		_
	-	• • •	nber of a person descr	**							11 g (ii)		_
		` '		described in (i) or (ii) ab							11 g (iii)		_
<u>h</u>		Provide the following	ng information about th	ne supported organization	ns.		,						_
	(1)	Name of Supported Organization	(II) EIN	(in) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizal (i) lister	Is the tion in cold in your erning ment?	the organ	ou notify nization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amour	nt of Support	
					Yes	No	Yes	No	Yes	No			
													_
					ļ								_
												_	
													_
													-

Pa	rt II Support Schedule for				(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
_	(Complete only if you check				(-)(-)(-)() =-		,
Sec	ction A. Public Support						
	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		-				
	Public support. Subtract line 5 from line 4				<u> </u>		
Sec	tion B. Total Support				т		
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ties, etc (see inst	tructions)			12	
13	First five years. If the Form 990 a organization, check this box and	s for the organizat	tion's first, second	l, third, fourth, oi	r fifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 200		-	11, column (f)		14	<u>%</u>
15	Public support percentage from 2	.008 Schedule A, F	Part II, line 14			15	%
16 a	33-1/3 support test — 2009. If the and stop here. The organization of	organization did i qualifies as a publ	not check the box icly supported org	on line 13, and i anization	the line 14 is 33-1/	3 % or more, check	this box
Ł	33-1/3 support test — 2008. If the and stop here. The organization of	organization did i qualifies as a publ	not check a box or icly supported org	n line 13, or 16a, anization	and line 15 is 33-	1/3% or more, chec	k this box
17 a	10%-facts-and-circumstances te or more, and if the organization n the organization meets the 'facts-	neets the 'facts-an	id-circumstances'	test, check this b	ox and stop here.	Explain in Part IV I	% now ► 🗍
t	10%-facts-and-circumstances te or more, and if the organization n organization meets the 'facts-and	neets the 'facts-an	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part IV I	is 10% now the ▶ □
18	Private foundation. If the organiz		-			-	ctions H

Schedule A (Form 990 or 990-EZ) 2009 HUMAN HEALTH PROJECT

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support Calendar year (in text) y beginning in)* (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (in text) y beginning in)* (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (in text) y beginning in)* (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (in text) y beginning in)* (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (in this public with a school of the organization's benefit and estimated in a school of the organization's benefit and estimated in a control of the organization's benefit and estimated in a control of the organization's benefit and estimated in a control of the organization's benefit and estimated in the public of the organization's benefit and estimated in the public of the organization's benefit and estimated in the public of the organization's benefit and estimated part of the organization's first, second, third, fourth, or fifth tax year as a section of (in the organization's first, second, third, fourth, or fifth tax year as a section of (in the organization's first, second, third, fourth, or fifth tax year as a section of (in the organization's first, second, third, fourth, or fifth tax year as a section of (in the organization's first, second, third, fourth, or fifth tax year as a section of (in the organizat		(Complete only if you chec	ked the box on lir	ne 9 of Part I)					
1 Gris, grants, contributions and market prices received (Control Incided unissual grants) 2 Control Incided unissual grants) 3 Cross receives performed, or services or ser	Sec	tion A. Public Support							
not include funusual grants ? 2 Gross receipts from or services performed, or facilities furnished or a activity that is related to the conganizations benefit and extensive that are related to the organizations benefit and either paid to or expended on the organizations benefit and either paid to or expended on the organizations benefit and either paid to or expended on the organizations benefit and either paid to or expended on the organizations benefit and either paid to or expended on the organization without change organization or the propose of orm disqualified persons of the distribution of the propose of orm disqualified persons of the organization or the propose of the distribution of the propose of the propose of the distribution of the propose of the propose of the distribution of the propose of the propose of the distribution of the propose of	Caler	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009)	(f) Total
admissions, meritanides Sold or services performed, or suppose performed, or suppose performed, or suppose organizations size-exempt programmed to the performed organization size-exempt programmed to the performed organization size-exempt organization without charge organization size-exempt organization without charge organization organizat	1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')			40,000.	25,000.	25,0	00.	90,000.
3 Gross receipts from activities that are not an unrelated trade or bismass under section \$13\$ 1 Tax reveruses (evend for the event of the control of the point of the point of the point of the point of experied on its behalf of the organization without charge \$1.50 to the point of the poin	2	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt							
4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf or services or or the state of the paid to organization without charge of the programmation of the	3	Gross receipts from activities that are not an unrelated trade or business							
facilities furnished by a governmental unit to the organization without charge governmental unit to the organization without charge governmental unit to the organization without charge (a) and a governmental unit to the organization without charge (b) and a governmental unit to the organization without charge (b) and a governmental unit to the organization of investment income percentage from 2008 Schedule A, Part III, line 13, column (f)) 6 Total support (Subtract line 7 and 7 b 8 and 10 b 12 and 10 b 13 and 10 b 13 and 10 b 14 and 10 b 14 and 10 b 15 and 10 b 15 and 10 b 16 and 10 b 17 and 10 b 17 and 10 b 18 and 10 b 18 and 10 b 19 and 10 b 10 and 10		organization's benefit and either paid to or expended on its behalf							
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Schedule A	(Form 990	or 990-EZ	2) 2009	HUMAN	HEALTH	PROJECT	ſ		71-0891805_	Page 4
Part IV	Supplem	ental Ir	format	tion. Com	plete this	part to p	rovide the e	xplanations r	equired by Part II, ormation. See inst	line 10;
	Part II, II	ne 17a	or 17b;	and Pari	t III, line	12. Provid	le any other	additional inf	ormation. See inst	ructions.
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Form 990-EZ Part II

Other Assets and Liabilities

2009

Name as Shown on Return HUMAN HEALTH PROJECT	Employer Identification No. 71-0891805			
Line 24 - Other Assets:	Beginnir of Year		End of Year	
LOAN TO/FROM OFFICER		39.	185.	
Totals to Form 990-EZ, Part II, line 24		39.	185.	
Line 26 - Total Liabilities:	Beginnir of Year		End of Year	

TEEW1801 SCR 02/11/10

Totals to Form 990-EZ, Part II, line 26

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
WEBSITE/SOFTWARE DEVELOPMENT	9,080.
FUND RAISING	3,520.
ACCOUNTING	842.

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
TAX & LICENSE	15.
Total	15.