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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EDUCATIONAL CHARITABLE AND HUMANITARIAN Number and street (or P O box, if mail is not delivered to street address) Room/suite P O BOX 4120 City or town, state or country, and ZIP + 4 SANTA CLARA, CA 95056	D Employer identification number 71-0913828 E Telephone number (408) 238-1457 F Group Exemption Number
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G Accounting Method Cash Accrual Other (specify) _____
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.ECHO-US.ORG
J Tax-exempt status (check only one) 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 142,423**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	142,423
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	
c Less direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	142,423	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	125,750
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,115
	16 Other expenses (describe in Schedule O)	16	14,562
17 Total expenses. Add lines 10 through 16	17	141,427	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	996
	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)	19	231,358
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-528
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	231,826

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	203,940	22 200,620
23 Land and buildings		23
24 Other assets (describe in Schedule O)	27,418	24 31,206
25 Total assets	231,358	25 231,826
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	231,358	27 231,826

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

PRIMARY EXEMPT PURPOSE OF ECHO IS TO HELP THE PEOPLE OF DEVELOPING COUNTRIES IN THE FOLLOWING WAYS A TO EDUCATE AND PROVIDE TECHNICAL TRAINING TO DISADVANTAGED CHILDREN AND YOUTHS, B TO PROVIDE STARVING PEOPLE WITH FOOD, CLOTHIING, AND HEALTHCARE, C TO HELP DISADVANTAGED PEOPLE IN EARNING SELF-RELIANCE AND SELF-SUPPORT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 MISSION A TO PROVIDE EDUCATION TO DIADVANTAGED YOUTHS AND ENABLE THEM TO ESTABLISH THEIR CAREER B TO PROVIDE TECHNICAL TRAINING IN SEWING, KNITTING, & EMBROIDERY TO POOR AND DESTITUTE WOMEN SO THAT THEY CAN BECOME EARNING MEMBERS AND CONTRIBUTE TO THEIR FAMILIES C TO PROVIDE FREE TREATMENT AND FREE MEDICINE TO LESS ADVANTAGED PEOPLE D TO PROVIDE FINANCIAL SUPPORT TO DISADVANTAGED ENTREPRENEURS SO THAT THEY CAN ESTABLISH THEIR OWN SMALL BUSINESS AND BECOME SELF-SUPPORTING AND SELF-RELIANT E TO DISTRIBUTE RELIEF AMONG THE VICTIMS OF COLD SPILL DURING WINTER AND THE HANDICAPPED PEOPLE DURING THE DISASTER OF GARMENT INDUSTRY Table below shows the list of activities ECHO has undertaken through other NGO's Project Location Project funding BeneficiaryScholarship Bangladesh \$22,000 225Healthcare for Mother & Children Dhaka \$10,500 14,500Skill Development Dhaka \$9,000 205Skill Development Rangpur \$5,850 125Skill Development Jessore \$5,400 145Skill Development Chittagong \$18,000 195Arsenic Free Water Lohalia \$7,000 2,300Qurbanı Bangladesh \$2,000 1,850Fitra Bangladesh \$1,000 245Women's Development DHAKA \$13,800 425Eye Surgery RANGPUR \$1,500 155HEALTH PROVIDER TRAINING DHAKA \$2,000 125SOCIAL ENTREPRENEURSHIP Bangladesh \$8,200 55ADOPT A SCHOOL Bangladesh \$12,000 225EDUCATION & HEALTHCARE BURMA \$5,000 85GET ON THE BUS BERKELEY, USA \$500 55ECHO SPONSORED A HEALTHCARE PROJECT IN DHAKA SPECIFICALLY DESIGNED TO HELP PREGNANT MOTHERS AND CHILDRENECHO ASSISTED IN SETTING UP FOUR SKILL DEVELOPMENT CENTERS IN DHAKA, CHITTAGONG, RANGPUR AND JESSORE TO PROVIDE TECHNICAL TRAINING IN COMPUTER, DRIVING, HEATING VENTILLATION AND AIR-CONDITIONING, SEWING, KNITTING AND EMBROIDERY FUTURE GOALS 1 ECHO IS DEDICATED TO ALLEVIATE POVERTY IN BANGLADESH AND OTHER DEVELOPING COUNTRIES THE DONATION IT RAISES FROM INDIVIDUALS THROUGHOUT THE SILICON VALLEY AND THE USA FUNDS ITS CHARITABLE AND HUMANITARIAN PROJECTS IN BANGLADESH AND OTHER COUNTRIES OF THE WORLD ECHO HAS FOCUSED IN IMPROVING THE LIVES OF POOR AND DISADVANTAGED PEOPLE THROUGH EDUCATION, VOCATIONAL TRAINING, HEALTHCARE, SANITATION, AND SELF-RELIANCE PROGRAMS

(Grants \$ 126,093) If this amount includes foreign grants, check here

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

28a 126,093

29 (Grants \$) If this amount includes foreign grants, check here

29a

30 (Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 126,093

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a No

b If "Yes," was the related organization a section 527 organization? 49b No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here ***** Signature of officer MUHAMMAD ZAMAN Treasurer Type or print name and title 2013-08-14 Date

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Muhammad A Haroon Date Check if self-employed PTIN P00206115 Firm's name MICRO TAX AUDIT & ACCOUNTING SERVICES LLP Firm's EIN Firm's address 3030 SCOTT BLVD SANTA CLARA, CA 950543301 Phone no (408) 986-9829

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID: 12000229

Software Version: 2012v2.0

EIN: 71-0913828

Name: EDUCATIONAL CHARITABLE AND HUMANITARIAN

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHAKHAWAT HOSSAIN BOARD MEMBER	1 50	0		
ALIYA SHAFQUAT BOARD MEMBER	1 00	0		
RUBAYAT RAIHAN BOARD MEMBER	1 00	0		
SOHEL IMTIAZ BOARD MEMBER	1 50	0		
MUHAMMAD Q ZAMAN Treasurer	4 00	0		
KHALID AZIM Secretary	2 50	0		
SHAHEEN SYED Vice President	2 00	0		
M ZIAUL KARIM President	2 00	0		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization

EDUCATIONAL CHARITABLE AND HUMANITARIAN

Employer identification number

71-0913828

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 - Non-functionally integrated
- e 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 received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	109,462	137,434	117,451	152,313	142,423	659,083
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	109,462	137,434	117,451	152,313	142,423	659,083
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)						0
6 Public support. Subtract line 5 from line 4						659,083

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	109,462	137,434	117,451	152,313	142,423	659,083
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total support (Add lines 7 through 10)						659,083
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	100.000 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	99.370 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

Name of the organization
EDUCATIONAL CHARITABLE AND HUMANITARIAN

Employer identification number

71-0913828

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 2	Other Assets 2	UNDEPOSITED FUNDS - Beginning \$1332 UNDEPOSITED FUNDS - Ending \$0
Form 990-EZ, Part II, Line 24 1	Other Assets 1	INVESTMENTS - Beginning \$25167 INVESTMENTS - Ending \$30667
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$919 Machinery and Equipment - Ending \$539
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	FILING FEES \$81
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Supplies \$150
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Bank Services Charge \$214
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	WEB HOSTING AND MAINTENANCE \$239
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	WEB DESIGN AND DEVELOPMENT \$400
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Honorarium \$500
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Professional Fees \$990
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Merchant Fee \$2390
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	FUNDRAISING BANQUET \$8675
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$380
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$543
Form 990-EZ, Part I, Line 10 1	Grants and Similar Amounts Paid In Excess of \$5,000 1	Class of Activity Social, Health ,Education Donee's Name MUSLIM AID Donee's Address HOUSE 23, ROAD 3, SECTOR 3, UTTRA DHAKA, ASIA 1207 Bangladesh Relationship of Donee NONE Cash Amount Given \$118750