

Click on the question-mark icons to display help windows
The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2020**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. **2012**

A For the 2020 calendar year, or tax year beginning 01 January, 2020, and ending 31 December, 20 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **?**
Humanity Beyond Barriers, Inc

Number and street (or P O box if mail is not delivered to street address) **?** Room/suite
1803 Arena Drive

City or town, state or province, country, and ZIP or foreign postal code **03**
Davis, CA 95618

D Employer identification number **?**
474067812

E Telephone number
530 758 0360

F Group Exemption Number ▶ **?**

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.humanitybeyondbarriers.org

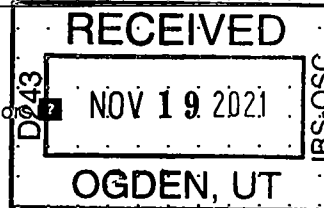
J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 141,113

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits ?	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors ?	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O) ?		
6	Gaming and fundraising events:	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	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)				
6c	Less: direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2020)

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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	193,912	22 240,813
23 Land and buildings	-0-	23 -0-
24 Other assets (describe in Schedule O)	-0-	24 -0-
25 Total assets	193,912	25 240,813
26 Total liabilities (describe in Schedule O)	-0-	26 -0-
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	193,912	27 240,813

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 ☒**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? Public charity

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 Feed the Needy project A COVID-19 relief Fund Drive project aimed to reach the most vulnerable poor population in 24 districts of Bangladesh at the height of COVID-19 pandemic in that region The program distributed 5240 food bags containing various dry food items, all free of charge to thousands of COVID-19 pandemic victim families (Grants \$30,500) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	30,500
29 Provided two (High Flow Oxygen Delivery System) to Chittagong Medical College and General Hospital COVID-19 unit in Bangladesh to save lives of critically ill COVID-19 patients Saved lives of approximately 1,200 acute cases of patients in this public hospital where members of underserved poor community seek treatment (Grants \$ 12,000) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	12,000
30 Chal-dal project - a COVID-19 relief project for the poorest city community group in Dhaka (city slums and underserved poor community groups like transgender groups of people and poor members from religious minority This project also included Dhaka suburb (Pubail area) poor victims of COVID-19 Thousands of dry food packages worth of 2 weeks of a family food distributed (Grants \$ 9,900) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	9,900
31 Other program services (describe in Schedule O) (Grants \$ 37,003) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	37,003
32 Total program service expenses (add lines 28a through 31a)	32	89,403

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
Sheikh A Selim President	7	-0-	-0-	-0-
Raymond L Rodriguez Vice President	0 1	-0-	-0-	-0-
Aqeem Kabir General Secretary	3	-0-	-0-	-0-
Mohammed M Khandaker Treasurer	3	-0-	-0-	-0-
Halima Karim Assistant Secretary	4	-0-	-0-	-0-
James S Cullor Assistant Treasurer	1	-0-	-0-	-0-
Saayma Shahid Director of Youth Programs	3	-0-	-0-	-0-
Zaodat H Rahman Director of Technology and Media	2	-0-	-0-	-0-
Sirajul Chowdhury Director of PR and Communications	2	-0-	-0-	-0-

ABO

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 ☐

Yes No

33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	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		✓
37a	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		✓
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 outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	-0-	
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a	-0-	
b	Gross receipts, included on line 9, for public use of club facilities	39b	-0-	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		-0-	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		-0-	
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	40e		✓
41	List the states with which a copy of this return is filed	California		
42a	The organization's books are in care of	Sheikh A Selim	Telephone no.	530 758 0360
	Located at	1803 Arena Drive, CA	ZIP + 4	95618
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a 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		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		✓
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	-0-	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		✓

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** ☐ Yes ☒ 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 ☐

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** ☐ Yes ☒ No **?**

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

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

b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☒ 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."

(a) Name and title of each employee	(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

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

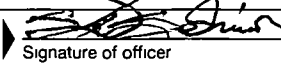
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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** **11/14/2021** **Date**
Sheikh A Selim, President **Type or print name and title**

Paid Preparer Use Only **Print/Type preparer's name** **Preparer's signature** **Date** **Check ☐ if self-employed** **PTIN**
Firm's name ▶ **Firm's EIN** ▶
Firm's address ▶ **Phone no**

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Humanity Beyond Barriers, Inc.

Employer identification number

474067812

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 12, 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 (Form 990 or 990-EZ).)
- 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)(vii).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	119,457	161,191	107,828	85,244	141,113	614,833
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
3 The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
4 Total. Add lines 1 through 3	119,457	161,191	107,828	85,244	141,113	614,833
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)						65,435
6 Public support. Subtract line 5 from line 4						549,398

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	119,457	161,191	107,828	85,244	141,113	614,833
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-0-	-0-	-0-	-0-	-0-	-0-
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-0-	-0-	-0-	-0-	-0-	-0-
11 Total support. Add lines 7 through 10						614,833

12 Gross receipts from related activities, etc. (see instructions) **12****13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage****14** Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) **14** 89.35 %**15** Public support percentage from 2019 Schedule A, Part II, line 14 **15** %**16a 33 1/3% support test—2020.** 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 ☒**b 33 1/3% support test—2019.** 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 ☐**17a 10%-facts-and-circumstances test—2020.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2019.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐**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 ☐

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2020

**Open to Public
Inspection**

Name of the organization
Humanity Beyond Barriers, Inc

Employer identification number
474067812

From 990EZ, Part 1, Line 10 Project grants, expenses

1 Feed the Needy \$30.5k grantee Buetian89 Foundation A fund drive for highly vulnerable COVID-19 victims who were at the bank of starvation due to COVID-19

pandemic lockdown situation in Bangladesh A total of 5240 dry food bags, free of charge, containing basic daily food items for a standard family of 4

for days if not for weeks, distributed to poor people who could not go to work to feed the families Grantee members and their huge volunteer network

distributed the food items covering 24 districts of Bangladesh HBB took multiple steps to help the 2020 highly vulnerable pandemic victims locally and in Bangladesh

2 High Flow Oxygen Delivery systems for critical COVID-19 patients in a public hospital in south eastern Bangladesh \$12k, grantee SBF foundation who

has operating office in Bangladesh thereby helping proper payment processing for HBB HBB launched targeted fundraising locally to obtain

the equipment and provided two high flow oxygen delivery system to Chittagong Medical College and General hospital to save lives

of critically ill COVID 19 victims This device helped to save lives at the height of COVID-19 pandemic wave there and thereafter

3 Chal Dal project to feed the underserved in Dhaka city slums, socially and economically marginalized communities in pockets of Dhaka metropolis

and the underserved poor in a suburb (Purbail/Tongi area) of Dhaka city \$9.9k, grantee Chaldal, Inc Essential daily food item packed in a bag for

a family of 4 which can feed all for approximately 2 weeks in the regional lockdown situation due to COVID-19 pandemic in Bangladesh

HBB youth volunteers onsite and students volunteers from Bangladesh University helped identifying the families with dire needs and

distributing the food item Hundreds of families and thousands of individuals got their much needed basic food for survival, at their doorsteps

4 Feed the Hungry A multifaceted HBB's collaboration project to help COVID-19 victims of hunger \$9.5k, grantee - Priso Bangladesh Foundation

This project covers 1000 to 1200 needy families with basic food assistance and hygiene products to survive 2 to 4 weeks in the critical

time of COVID 19 lockdown and restrictions Families were identified based on socioeconomic condition and severely impacted

by the COVID19 Pandemic Distributed in 4 different geo locations, nearly 5,000 people served during March-May, 2020 pandemic time

5 Personal Protective Equipment (PPE) supply project, \$8k, grantee MMJ Foundation, USA HBB fund was provided to buy PPE for public hospitals

in selected areas for health workers including physicians involved in COVID-19 infection treatment and care

6 COVID-19 relief project to help victims who live from hand to mouth \$7.5k, grantee Priso BD Foundation and allied This project

is a part of greater HBB Phase II COVID-19 victim relief projects ('project 3') in different locations of Bangladesh, focusing and

identifying needy poor families in Mirpur of Dhaka, Chirir Bondor of Dinajpur and Hatia Island in Chittagong

7 Amphan cyclone victim relief and school rebuilding help in Bangladesh \$5k, grantee local non profit Priso Foundation HBB volunteers

helped implementing the urgent project

(continued to next page, page 2)

Name of the organization
Humanity Beyond Barriers, Inc

Employer identification number
474067812

8 Education project for poor kids (continued HBB project) \$3 24k, grantee JAAGO, Bangladesh, financially supporting elementary kids

Ten poor kids from minority community from rural Dinajpur district (8 students) and 2 from Dhaka, started 4 years ago, students are at 3rd

and 4th grades, no drop outs, due care to educate these kids who otherwise have no hope in life, exploring full potentials

9 COVID-19 Hardship Relief project \$3k, grantee - Sacramento Area Bangladeshi American Association (SABAA) Volunteers of SAB

in Bangladesh helped implementing this project

10 Local winter homeless shelter project \$2k, IRWS, Davis, CA HBB helps sheltering winter time harsh weather victims in collaboration with

local org - Interfaith Winter Rotating Shelter Furnished apartment provided, helped to minimize COVID-19 transmission by staying a place

11 Another COVID-19 related urgent project for local senior citizens who can not go to get food for themselves due to

COVID-19 restrictions \$2k, grantee Meals on Wheels Food provided on site (residence) by the grantee at the time of need

12 Care packages for homeless individuals in Sacramento Conducted by HBB local Volunteers \$750 Package includes face mask, information

on COVID-19, nutritious snacks, personal hygiene items, socks and water

990EZ Part 1, Line 16 Other expenses includes winter drive local projects, bank and financial vendor (PayPal) fees, fundraiser related costs

990EZ Part III, Lines 28-30 Program projects described above (page 1)