

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 2018, and ending 20

B Check if applicable:	C Name of organization <u>HUMANE BORDERS INC</u>	D Employer identification number <u>80-5033532</u>
<input type="checkbox"/> Address change	Doing business as	E Telephone number <u>520-3985053</u>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
<input type="checkbox"/> Initial return	<u>PO BOX 27024</u>	G Gross receipts \$ <u>202,160.</u>
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return	<u>TUCSON, AZ 85726</u>	
<input type="checkbox"/> Application pending	F Name and address of principal officer: <u>DINAH BEAR; 300 N. Indian House Road, Tucson, AZ 85711</u>	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

J Website: ▶ www.humaneborders.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2009 **M** State of legal domicile: AZ

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To provide humanitarian assistance to persons in need in the desert borderland of the borderland of the U.S and Mexico and to work towards a more just enviromnet in the borderlands.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	1
	6	Total number of volunteers (estimate if necessary)	6	300
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	103,178.	202,113.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	47.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,178.	202,160.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0.	16,470.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	68,966.	76,522.
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	68,966.	131,692.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	34,212.	70,468.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	97,163.	167,631.
	22	Net assets or fund balances. Subtract line 21 from line 20	0.	0.
		97,163.	167,631.	

Part II Signature Block

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: Dinah Bear Date: May 13, 2019

Type or print name and title: Dinah Bear Chair, Board of Directors

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No