

Form **990**

Return of Organization Exempt From Income Tax
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.

OMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

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

C Name of organization: **BEYOND BORDERS, INC.**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): **P.O. BOX 2132**
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **NORRISTOWN PA 19404**

D Employer identification number: **23-2713126**
E Telephone number: **610-277-5045**
G Gross receipts: **2,716,855**

F Name and address of principal officer:
DAVID DIGGS
3737 JOCELYN ST NW
WASHINGTON DC 20015

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

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

J Website: **WWW.BEYONDBORDERS.NET** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other
L Year of formation: **1993** **M** State of legal domicile: **PA**

Part I Summary

| | | | | |
|--|--|---------------------------|------------------|----------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | | |
| | 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 | 17 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 17 |
| | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | 5 | 8 |
| | 6 Total number of volunteers (estimate if necessary) | | 6 | 50 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0 |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | 2,638,425 | Current Year 2,652,772 |
| | 9 Program service revenue (Part VIII, line 2g) | | 39,613 | 0 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 13,767 | 16,093 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | 0 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,691,805 | 2,668,865 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 1,609,879 | 2,155,250 |
| | 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) | | 669,121 | 702,642 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) | | 322,626 | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 347,519 | 280,712 |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,626,519 | 3,138,604 |
| Net Assets or Fund Balances | 19 Revenue less expenses. Subtract line 18 from line 12 | | 65,286 | -469,739 |
| | 20 Total assets (Part X, line 16) | Beginning of Current Year | 1,934,453 | End of Year 1,372,226 |
| | 21 Total liabilities (Part X, line 26) | | 258,576 | 114,352 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | | 1,675,877 | 1,257,874 |

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: **LEIGH CARTER** *Leigh Carter*
 Date: **04-29-2025**
 Title: **TREASURER**

Paid Preparer Use Only
 Print/Type preparer's name: **LAUREN FENNER, CPA**
 Preparer's signature: **LAUREN FENNER, CPA**
 Date: **04/22/25**
 Check if PTIN self-employed: **P02099751**
 Firm's name: **BROWN PLUS**
 Firm's EIN: **25-1644159**
 Firm's address: **210 GRANDVIEW AVE**
CAMP HILL, PA 17011-1706
 Phone no.: **717-761-7171**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

Public Inspection Copy

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,224,956** including grants of \$ **1,048,845**) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ **978,025** including grants of \$ **884,299**) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ **265,975** including grants of \$ **222,106**) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ **63,705** including grants of \$) (Revenue \$)

4e Total program service expenses **2,532,661**

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | X | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|---|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b | Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No | | |
|---|--|------------|----------|----------|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 8 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 3b | | | |
| 4a | 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)? | 4a | | X | |
| b | If "Yes," enter the name of the foreign country HATTI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | Yes | No |
|--|----------|----------|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| 1a 17 | | |
| b Enter the number of voting members included on line 1a, above, who are independent | | |
| 1b 17 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 Did the organization have members or stockholders? | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | X | |
| b Each committee with authority to act on behalf of the governing body? | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|----------|----------|
| 10a Did the organization have local chapters, branches, or affiliates? | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 11a | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12b | | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 12c | | |
| 13 Did the organization have a written whistleblower policy? | X | |
| 14 Did the organization have a written document retention and destruction policy? | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | X | |
| b Other officers or key employees of the organization | X | |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 15a | | |
| 15b | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA, DC, FL, MI, VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

JONATHAN HAGGARD
NORRISTOWN

807 HAMILTON STREET

PA 19401

610-277-5045

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JONATHAN HAGGARD | 40.00 | | | | | | | | | |
| FINANCE DIRECTOR | 0.00 | | | X | | | 70,000 | 0 | 27,414 | |
| (2) DAVID DIGGS | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0.00 | | | X | | | 60,000 | 0 | 27,719 | |
| (3) CECILE ACCILIE | 0.50 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (4) NANCY ARMAND | 0.50 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (5) TONY BRUNSWICK | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (6) CAITLIN CADET | 2.00 | | | | | | | | | |
| PRESIDENT | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (7) YASMINE CAJUSTE | 1.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (8) LEIGH CARTER | 1.00 | | | | | | | | | |
| TREASURER | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (9) ISABELLE CLERIE | 0.50 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) EMMANUELA DOUYON | 0.50 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) ANCITO ETIENNE | 0.50 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) MARY GUNNING | | | | | | | | | | |
| (12) BOARD MEMBER | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (13) CAROLYN HEINRICH | | | | | | | | | | |
| (13) SECRETARY | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (14) CARINE JOCELYN | | | | | | | | | | |
| (14) BOARD MEMBER | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (15) LU JOHNSTON | | | | | | | | | | |
| (15) BOARD MEMBER | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (16) FRANCOIS PIERRE-LOUIS | | | | | | | | | | |
| (16) BOARD MEMBER | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (17) JONATHAN SCOONOVER | | | | | | | | | | |
| (17) BOARD MEMBER | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (18) JEFF SINGLETON | | | | | | | | | | |
| (18) BOARD MEMBER | 4.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (19) SR. SHARON SLEAR | | | | | | | | | | |
| (19) BOARD MEMBER | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | 130,000 | | 55,133 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 130,000 | | 55,133 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | Yes | No |
|--|-----|----------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,652,772 | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h Total. Add lines 1a-1f | | 2,652,772 | | | |
| Program Service Revenue | 2a | Business Code | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 14,480 | | 14,480 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | 6a | (i) Real | | | |
| | | | (ii) Personal | | | |
| | | | | | | |
| | b Less: rental expenses | 6b | | | | |
| | c Rental inc. or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 49,603 | | |
| | | | (ii) Other | | | |
| | | | | | | |
| | | | | | | |
| | b Less: cost or other basis and sales exps. | 7b | 47,990 | | | |
| c Gain or (loss) | 7c | 1,613 | | | | |
| d Net gain or (loss) | | 1,613 | | 1,613 | | |
| 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | | | | | | |
| b Less: direct expenses | 8b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | | | | | | |
| b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | | | | | | |
| | | | | | | |
| b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11a | Business Code | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See instructions | | 2,668,865 | 0 | 0 | 16,093 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 2,155,250 | 2,155,250 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 185,133 | 54,086 | 90,119 | 40,928 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 401,896 | 162,911 | 71,272 | 167,713 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 74,419 | 32,435 | 17,462 | 24,522 |
| 10 Payroll taxes | 41,194 | 14,316 | 10,064 | 16,814 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 18,900 | | 18,900 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 7 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 23,033 | | 23,033 | |
| 12 Advertising and promotion | 35,490 | | | 35,490 |
| 13 Office expenses | 26,322 | 17,548 | 1,525 | 7,249 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 13,242 | 4,925 | 3,741 | 4,576 |
| 17 Travel | 8,004 | 2,820 | 1,426 | 3,758 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 9,506 | | 9,506 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,924 | 2,581 | 289 | 1,054 |
| 23 Insurance | 10,238 | | 10,238 | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a CONSULTING FEES | 103,000 | 76,919 | 8,225 | 17,856 |
| b BANK CHARGES | 13,916 | | 13,916 | |
| c DIRECT PROGRAM COSTS | 7,500 | 7,500 | | |
| d TELEPHONE | 3,547 | 1,370 | 440 | 1,737 |
| e All other expenses | 4,090 | | 3,161 | 929 |
| 25 Total functional expenses. Add lines 1 through 24e | 3,138,604 | 2,532,661 | 283,317 | 322,626 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|--|---|------------|--------------------|---------|
| Assets | 1 | Cash—non-interest-bearing | 42,146 | 1 | 52,228 |
| | 2 | Savings and temporary cash investments | 270,759 | 2 | 119,728 |
| | 3 | Pledges and grants receivable, net | 1,185,233 | 3 | 760,429 |
| | 4 | Accounts receivable, net | 6,408 | 4 | 8,137 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 99,801 | 9 | 39,992 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 19,681 | | |
| | b | Less: accumulated depreciation | 10b 10,847 | 10c | 8,834 |
| | 11 | Investments—publicly traded securities | 319,727 | 11 | 382,878 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1,934,453 | 16 | 1,372,226 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 56,886 | 17 | 23,964 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 201,690 | 19 | 90,388 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 258,576 | 26 | 114,352 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | 551,216 | 27 | 479,860 |
| | 28 | Net assets with donor restrictions | 1,124,661 | 28 | 778,014 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 | Total net assets or fund balances | 1,675,877 | 32 | 1,257,874 | |
| 33 | Total liabilities and net assets/fund balances | 1,934,453 | 33 | 1,372,226 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|--|-----------|------------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,668,865 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,138,604 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -469,739 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,675,877 |
| 5 | Net unrealized gains (losses) on investments | 5 | 51,736 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,257,874 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|-----------|---|----------|----------|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990)

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

2023

Open to Public Inspection

Name of the organization

BEYOND BORDERS, INC.

Employer identification number

23-2713126

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).)
- 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 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 on 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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,989,149 | 2,556,869 | 3,542,882 | 2,638,425 | 2,652,772 | 13,380,097 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 1,989,149 | 2,556,869 | 3,542,882 | 2,638,425 | 2,652,772 | 13,380,097 |
| 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) | | | | | | 278,775 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 13,101,322 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 1,989,149 | 2,556,869 | 3,542,882 | 2,638,425 | 2,652,772 | 13,380,097 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 6,055 | 2,410 | 2,118 | 13,767 | 14,480 | 38,830 |
| 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 VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 13,418,927 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 91,837 |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-------------------------------------|---------|
| 14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.63 % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 97.61 % |
| 16a 33 1/3% support test — 2023. 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 — 2022. 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 — 2023. 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 | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test — 2022. 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 | <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 10 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests — 2023. 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 — 2022. 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 Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|-----|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations *(continued)*

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | |
| c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i> | | |
| 2 Activities Test. <i>Answer lines 2a and 2b below.</i> | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | |
|---|---|-------------------------------------|---|--|
| Section D – Distributions | | | Current Year | |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | |
| Section E – Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| a | From 2018 | | | |
| b | From 2019 | | | |
| c | From 2020 | | | |
| d | From 2021 | | | |
| e | From 2022 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2023 distributable amount | | | |
| i | Carryover from 2018 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2023 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2023 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2019 | | | |
| b | Excess from 2020 | | | |
| c | Excess from 2021 | | | |
| d | Excess from 2022 | | | |
| e | Excess from 2023 | | | |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

BEYOND BORDERS, INC.

23-2713126

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

BEYOND BORDERS, INC.

Employer identification number

23-2713126

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | | \$ 150,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 108,591 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 174,697 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 530,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 75,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 105,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

BEYOND BORDERS, INC.

23-2713126

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | | \$ 72,400 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 220,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | | \$ 55,100 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

BEYOND BORDERS, INC.

23-2713126

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2d... Yes/No, 9 In Part XIII, describe how the organization reports conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 19,681 | 10,847 | 8,834 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 8,834 |

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) | | |

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information *(continued)*

Public Inspection Copy

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2023

Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BEYOND BORDERS, INC.

Employer identification number

23-2713126

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CARIBBEAN | | | | | |
| (1) | 3 | 40 | PROGRAM SERVICES | SEE 990 PART III | 2,155,250 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | 3 | 40 | | | 2,155,250 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 3 | 40 | | | 2,155,250 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | PROGRAMS | 222,106 | WIRE | | NONE | CASH VALUE |
| (2) | | | | PROGRAMS | 884,299 | WIRE | | NONE | CASH VALUE |
| (3) | | | | PROGRAM | 1,048,845 | WIRE | | NONE | CASH VALUE |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

REPORTS ARE RECEIVED AND REVIEWED ON A REGULAR BASIS.

PART I, LINE 3 - ACTIVITIES PER REGION

| REGION | EXPENDITURES | INVESTMENTS |
|------------------|---------------------|--------------------|
| CARIBBEAN | \$ 2,155,250 | \$ 0 |

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

BEYOND BORDERS, INC.

Employer identification number

23-2713126

FORM 990 - ORGANIZATION'S MISSION

BEYOND BORDERS HELPS PEOPLE BUILD MOVEMENTS TO LIBERATE THEMSELVES FROM
OPPRESSION AND ISOLATION. IN HAITI AND THE UNITED STATES, WE ARE BRINGING
PEOPLE TOGETHER FOR JUST AND LASTING CHANGE.

THE ORGANIZATION IS CURRENTLY COMMITTED TO HELPING BUILD THE FOLLOWING 5
MOVEMENTS: TO 1) END CHILD SLAVERY, 2) GUARANTEE UNIVERSAL ACCESS TO
QUALITY PRIMARY EDUCATION, 3) PREVENT VIOLENCE AGAINST WOMEN AND GIRLS, 4)
PROMOTE ECONOMIC JUSTICE AND SUSTAINABLE LIVELIHOODS, AND 5) BRING
OPPRESSED AND PRIVILEGED PEOPLE TOGETHER TO WORK FOR THEIR MUTUAL
LIBERATION.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

RETHINKING POWER PROGRAM (THE MOVEMENT TO END VIOLENCE AGAINST WOMEN AND
GIRLS, VAWG):

IN 2024, COMMUNITIES TRANSITIONED TO THE SUPPORT PHASE OF THEIR
DEVELOPMENT, FORMING A NETWORK OF 844 MEMBERS, INCLUDING ACTIVISTS,
LEADERS, SCHOOL PERSONNEL, AND YOUNG WOMEN. STAFF TRAINED THIS NETWORK TO
EMPOWER MEMBERS TO DRIVE SOCIAL CHANGE. A TOTAL OF 226 STUDENTS
PARTICIPATED IN SEMINARS ON SCHOOL CURRICULA, WHILE THOUSANDS ENGAGED IN
INFORMAL ACTIVITIES. THE DEVELOPMENT OF 91 NEW RESOURCES INCLUDED SESSIONS
FOR THE GIRLS' ECONOMIC POWER RESOURCE PACK AND TRANSLATED MATERIALS FOR
THE SASA! TOGETHER PROGRAM. TECHNICAL SUPPORT FOR VIOLENCE PREVENTION WAS
OFFERED TO 26 ORGANIZATIONS, ALONGSIDE TWO SHORT COURSES FOCUSING ON VAWG
PRINCIPLES, ATTRACTING PARTICIPANTS FROM 21 GROUPS. THE RETHINKING POWER
PROGRAM FOSTERED CONNECTIONS IN WOMEN'S MOVEMENTS, LEADING TO TEN

Name of the organization

Employer identification number

BEYOND BORDERS, INC.

23-2713126

INITIATIVES, SUCH AS PARTICIPATION IN THE WOMEN DELIVER CONFERENCE AND THE ESTABLISHMENT OF A SOUTHEAST VAWG PREVENTION NETWORK. THIS NETWORK ORGANIZED FIVE LEADERSHIP MEETINGS AND A FORUM WITH 20 ORGANIZATIONS, ENHANCING COLLABORATION AND ADVOCACY STRATEGIES IN THE FIGHT AGAINST VIOLENCE AND WOMEN'S RIGHTS PROMOTION.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

RURAL MODEL COMMUNITY INITIATIVE:

THE MOVEMENT TO END CHILD DOMESTIC SERVITUDE (RESTAVÈK) MADE SIGNIFICANT STRIDES IN PROTECTING CHILDREN'S RIGHTS, MOBILIZING COMMUNITIES, AND PROVIDING ESSENTIAL SERVICES. BB SUPPORTED 195 AT-RISK CHILDREN, LIBERATING EIGHT FROM HARMFUL SITUATIONS AND OFFERING PSYCHOSOCIAL AND ECONOMIC SUPPORT. THEY ALSO ASSISTED SIX GIRLS SURVIVORS OF RAPE WITH COMPREHENSIVE MEDICAL, LEGAL, AND PSYCHOLOGICAL AID. BB IDENTIFIED 57 CHILDREN AT RISK OF VIOLENCE, IMPROVING FAMILY CONDITIONS THROUGH SENSITIZATION EFFORTS. FURTHERMORE, THEY EMPOWERED 124 CHILDREN WITH EDUCATIONAL RESOURCES. THE ESTABLISHMENT OF 30 NEW CHILD PROTECTION STRUCTURES EXCEEDED EXPECTATIONS, FOSTERING COLLABORATION AMONG 218 SURVIVORS. BB'S EDUCATION IS A CONVERSATION PROGRAM ACHIEVED A 97% GRADUATION RATE, PROMOTING NON-VIOLENT DISCIPLINE METHODS. IN EDUCATION, 10 NEW RURAL SCHOOLS WERE INTEGRATED INTO A TRAINING PROGRAM, WITH 87% OF CHILDREN COMPLETING THE ACADEMIC YEAR. THE FAMILY GRADUATION PROGRAM ACHIEVED A 99% GRADUATION RATE, ENROLLING 160 NEW FAMILIES AND SIGNIFICANTLY IMPROVING PARTICIPANTS' FOOD SECURITY AND COMMUNITY ENGAGEMENT, ALTHOUGH CHALLENGES PERSIST DUE TO ONGOING SOCIO-POLITICAL ISSUES.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

Name of the organization

Employer identification number

BEYOND BORDERS, INC.

23-2713126

URBAN MODEL COMMUNITY INITIATIVE:

DESPITE SIGNIFICANT GANG VIOLENCE IN PORT-AU-PRINCE, THE URBAN TEAM EFFECTIVELY IMPLEMENTED ESSENTIAL PROGRAMS ON LAGONAV ISLAND, ACHIEVING PROGRESS IN FOUR NEIGHBORHOODS FOCUSED ON COMMUNITY ORGANIZING AND TRAINING ACTIVISTS. THEY STRENGTHENED THE CAPACITY OF CHILD PROTECTION BRIGADES AND ADULT SURVIVORS OF RESTAVÈK NETWORK BRANCHES, PROMOTING A COLLECTIVE LEADERSHIP MODEL THAT FACILITATES ACCESS TO SERVICES FOR SURVIVORS. ECONOMIC STABILITY WAS PURSUED THROUGH NEW VILLAGE SAVINGS AND LOANS ASSOCIATIONS IN ANSAGALE, WHICH RECEIVED SEED FUNDING AND WILL SOON OFFER RECORD-KEEPING CLASSES TO HELP MEMBERS MANAGE FINANCES. PSYCHOSOCIAL THERAPY FOR SURVIVORS INCLUDES NEW GROUP SESSIONS ADDRESSING EMOTIONAL MANAGEMENT AND SELF-WORTH. THE SURVIVORS' NETWORK IN ANSAGALE FORMED A GOVERNING COUNCIL TO ENHANCE COLLECTIVE ACTION AND ENGAGED WITH ORGANIZATIONS LIKE DOCTORS WITHOUT BORDERS. CELEBRATING A DECADE SINCE THE ADOPTION OF HAITI'S ANTI-HUMAN TRAFFICKING LAW, WORKSHOPS WERE CONDUCTED TO PROMOTE AWARENESS AND URGE ENFORCEMENT, FOSTERING COMMUNITY INVOLVEMENT AND COLLABORATION AMONG LOCAL AUTHORITIES AND ORGANIZATIONS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

SUSTAINING LIVELIHOODS INITIATIVE

EXPENSES: \$22,058, INCLUDING GRANTS OF: \$0

TRANSFORMING THE MISSION MODEL

EXPENSES: \$41,647, INCLUDING GRANTS OF: \$0

FORM 990, PART V - ADDITIONAL INFORMATION

FISCAL YEAR 2024 OVERVIEW

DURING THE FISCAL YEAR ENDING JUNE 30, 2024, BEYOND BORDERS' (BB)

Name of the organization

Employer identification number

BEYOND BORDERS, INC.

23-2713126

PROGRAMMING AND WORK WITH LOCAL PARTNERS REACHED SOME OF HAITI'S MOST VULNERABLE PEOPLE IN URBAN AND RURAL COMMUNITIES IN HAITI'S SOUTHEAST, WEST, AND CENTRAL DEPARTMENTS OF HAITI. BEYOND BORDERS EMPLOYED 47 STAFF (HAITI, NORTH AMERICA AND EUROPE) AND OPERATED PROGRAMMING OUT OF THREE HAITI-BASED OFFICES IN JACMEL, PORT-AU-PRINCE, AND ON THE ISLAND OF LAGONAV, HAITI. NORTH AMERICAN STAFF ARE LOCATED IN SEVERAL US STATES, IN CANADA AND IN THE UNITED KINGDOM. A SHARP ESCALATION IN THE SOCIO-POLITICAL CRISIS IMPACTED PROGRAM ADVANCEMENT WITH HEIGHTENED LEVELS OF GANG VIOLENCE (PARTICULARLY IN PORT-AU-PRINCE) AND WIDESPREAD INSECURITY ACROSS THE COUNTRY. INFLATION, FOOD INSECURITY AND DROUGHT CREATED NUMEROUS CHALLENGES FOR IMPLEMENTATION COMMUNITIES AND HAITI-BASED STAFF. DESPITE THE CHALLENGES, PROGRAMMING CONTINUED AND ADVANCEMENTS WERE MADE USING CREATIVE SOLUTIONS AND INCREASED CONTINGENCY PLANNING.

URBAN MODEL COMMUNITY INITIATIVE

MOVEMENT TO END CHILD DOMESTIC SERVITUDE (RESTAVÈK): DESPITE THE OVERWHELMING GANG VIOLENCE THAT DISRUPTED NUMEROUS ACTIVITIES IN AND AROUND PORT-AU-PRINCE, THE URBAN TEAM SUCCESSFULLY MAINTAINED THE IMPLEMENTATION OF ESSENTIAL PROGRAMS, PARTICULARLY IN THE URBAN AREAS OF LAGONAV ISLAND. SIGNIFICANT ADVANCEMENTS WERE ACHIEVED IN FOUR URBAN NEIGHBORHOODS FOCUSED ON STRENGTHENING COMMUNITY ORGANIZING AND EXPANDING THE CADRE OF TRAINED ACTIVISTS WHO RALLIED AROUND COMMON GOALS. THE ORGANIZATIONAL CAPACITY OF LOCALLY ESTABLISHED CHILD PROTECTION BRIGADES (CPB) AND LOCAL BRANCHES OF THE ADULT SURVIVORS OF RESTAVÈK NETWORK (SRN) ARE BEING STRENGTHENED, USING A COLLECTIVE LEADERSHIP MODEL, WHILE CHILD AND ADULT SURVIVORS OF RESTAVÈK GAIN ACCESS TO SERVICES THAT FACILITATE THEIR LIBERATION, REHABILITATIVE CARE, AND REINTEGRATION INTO FAMILY AND COMMUNITY. LONG-TERM PARTNER, PARTENARIAT POUR LE DÉVELOPPEMENT LOCAL (PDL), CONTINUES TO RECEIVE

Name of the organization

Employer identification number

BEYOND BORDERS, INC.

23-2713126

FINANCIAL AND TECHNICAL SUPPORT FOR THEIR EFFORTS TO EXPAND AND STRENGTHEN THE MOVEMENT IN THE NORTH OF HAITI. BASED IN GROS MORNE IN THE ARTIBONITE DEPARTMENT, THE CONGREGATION OF THE RELIGIOUS OF JESUS AND MARY (RJM) CONTINUES TO RECEIVE TECHNICAL SUPPORT, AS PART OF THE CATHOLIC SISTERS HAITI COLLABORATIVE, FUNDED BY THE HILTON FOUNDATION. SURVIVORS ARE USING THREE NEW VILLAGE SAVINGS AND LOANS ASSOCIATIONS TO BUILD FINANCIAL STABILITY - SURVIVORS OF RESTAVÈK IN HAITI FACE SIGNIFICANT ECONOMIC CHALLENGES. THE INJUSTICES AND HORRORS THEY ENDURED AS CHILDREN OFTEN HINDER THEIR ABILITY TO ACQUIRE MARKETABLE SKILLS OR JOIN SOCIAL NETWORKS. TO SUPPORT THESE SURVIVORS, THREE NEW VILLAGE SAVINGS AND LOANS GROUPS HAVE BEEN ESTABLISHED IN ANSAGALE, LINKED TO THE ADULT SURVIVORS OF RESTAVÈK NETWORK. THESE GROUPS RECEIVED SEED MONEY FROM BB/DF TO STIMULATE ECONOMIC ACTIVITIES. ADDITIONALLY, RECORD-KEEPING CLASSES WILL BE PROVIDED IN THE UPCOMING CYCLE TO HELP MEMBERS MANAGE THEIR FINANCIAL LEDGERS. GAINING FINANCIAL STABILITY REDUCES THE CHANCES THAT CHILDREN OF SURVIVORS WILL BE SUBJECT TO THE SAME CYCLE OF POVERTY AND ABUSE. PSYCHOSOCIAL THERAPY FOR SURVIVORS IN ANSAGALE AND BEYOND - GROUP THERAPY SESSIONS CONTINUE ON LAGONAV. SEVEN NEW GROUPS HAVE FORMED. THE GROUPS HAVE MET FOR EIGHT OUT OF TEN SESSIONS. EACH SESSION IS ORGANIZED AROUND A THEME SUCH AS EMOTIONAL MANAGEMENT, SELF-AWARENESS, SELF-WORTH, AND SELF-AFFIRMATION. GROUPS OF SURVIVORS JOIN TOGETHER TO MAXIMIZE IMPACT - THE SURVIVORS' NETWORK IN ANSAGALE HELD ITS SECOND GENERAL ASSEMBLY DURING WHICH IT ELECTED MEMBERS TO A GOVERNING COUNCIL AND ADOPTED STATUTES. THE FOUR GROUPS REPRESENTED AT THE ASSEMBLY DID THIS IN ORDER TO BETTER COORDINATE COLLECTIVE ACTION. MEANWHILE IN PORT-AU-PRINCE, THE SURVIVORS' NETWORK THERE MANAGED TO MEET THREE TIMES THIS TRIMESTER. TWO OF THE MEETINGS WERE TO EXPLORE OPPORTUNITIES TO COLLABORATE WITH OTHER ORGANIZATIONS COMMITTED TO ENDING

Name of the organization

Employer identification number

BEYOND BORDERS, INC.

23-2713126

THE RESTAVEK PRACTICE INCLUDING DOCTORS WITHOUT BORDERS AND THE BUREAU DES AVOCATS INTERNATIONAUX (BAI). CELEBRATION OF 10 YEARS OF THE ANTI-HUMAN TRAFFICKING LAW APRIL 30, 2014 - APRIL 30, 2024, MARKED TEN YEARS SINCE THE HAITIAN PARLIAMENT ADOPTED THE ANTI-HUMAN TRAFFICKING LAW. WORKSHOPS WERE HELD IN KPT CHACHO, PON BWAYE, FON IBO, AND KRESAK TO PROMOTE THE LAW AND URGE AUTHORITIES TO ENFORCE IT. THESE WORKSHOPS WERE ATTENDED BY LOCAL AUTHORITIES, SCHOOL TEACHERS, DIRECTORS, AND RELIGIOUS REPRESENTATIVES. BB-DF'S TECHNICAL SUPPORT OFFICER PARTICIPATED IN A WORKSHOP IN FON IBO. ADDITIONALLY, A WORKSHOP WAS HELD IN KPT SANYAGO TO MARK THE LAW'S 10TH ANNIVERSARY, ALSO ATTENDED BY LOCAL AUTHORITIES, TEACHERS, SCHOOL DIRECTORS, AND RELIGIOUS REPRESENTATIVES. COLLABORATING WITH WORLD VISION AND THE ANSAGALÈ SURVIVOR NETWORK, A WORKSHOP AND PRESS CONFERENCE WERE HELD ON APRIL 30 IN ANSAGALÈ TO EDUCATE PARTICIPANTS ABOUT THE LAW, REFLECT ON ITS IMPLEMENTATION OVER THE PAST DECADE, AND CRITICIZE THE AUTHORITIES' PASSIVE ENFORCEMENT. THIS EVENT GATHERED COMMUNITY EDUCATION NETWORK MEMBERS, THE TOWN'S MAYOR, LOCAL OFFICIALS, AND AROUND 50 PARTICIPANTS, WITH MEDIA COVERAGE.

RURAL MODEL COMMUNITY INITIATIVE

MOVEMENT TO END CHILD DOMESTIC SERVITUDE (RESTAVÈK): BB HAS BEEN ACTIVELY MOBILIZING COMMUNITIES TO ENSURE THAT CHILDREN ENJOY THEIR RIGHTS, INCLUDING THE RIGHT TO A FAMILY AND SECURITY. THEY PROVIDED PROTECTIVE SERVICES TO 195 AT-RISK CHILDREN, WITH EIGHT CHILDREN (SIX GIRLS AND TWO BOYS) LIBERATED FROM HARMFUL SITUATIONS AND RECEIVING PSYCHOSOCIAL AND ECONOMIC SUPPORT TO AID IN THEIR HEALING. MOREOVER, SIX GIRLS WHO HAD EXPERIENCED RAPE TRAUMA RECEIVED COMPREHENSIVE ASSISTANCE, INCLUDING PSYCHOLOGICAL, MEDICAL, AND LEGAL SUPPORT, ENABLING THEM TO SEEK JUSTICE. IN ADDITION TO THESE DIRECT INTERVENTIONS, BB IDENTIFIED 57 CHILDREN LIVING

Name of the organization

Employer identification number

BEYOND BORDERS, INC.

23-2713126

IN HOUSEHOLDS WITH A SIGNIFICANT RISK OF VIOLENCE. TO ADDRESS THESE ISSUES, PARENTS WERE SENSITIZED, AND FOLLOW-UP SUPPORT WAS PROVIDED, RESULTING IN REPORTS FROM CHILD PROTECTION GROUPS INDICATING THE ELIMINATION OF VIOLENCE RISKS IN THESE FAMILIES. BB ALSO SUPPORTED 124 CHILDREN (53 GIRLS AND 71 BOYS) WITH EDUCATIONAL AND ECONOMIC RESOURCES, EMPOWERING THEM TO PURSUE THEIR EDUCATION AND OVERCOME CHALLENGING CIRCUMSTANCES. PSYCHOLOGICAL SUPPORT WAS EXTENDED TO 192 ADULT SURVIVORS (181 FEMALES AND 11 MALES), WHILE 95 RECEIVED ECONOMIC ASSISTANCE THROUGH VILLAGE SAVINGS AND LOANS GROUPS, FACILITATING THEIR REHABILITATION AND REINTEGRATION INTO FAMILIES AND COMMUNITIES. THE ESTABLISHMENT OF COMMUNITY-BASED CHILD PROTECTION STRUCTURES EXCEEDED EXPECTATIONS, WITH 30 NEW STRUCTURES INAUGURATED-19 CHILD PROTECTION BRIGADES (CPBS) AND 11 BRANCHES OF THE ADULT SURVIVORS OF RESTAVÈK NETWORK (SRN). THIS ACHIEVEMENT DOUBLED THE GOAL, WITH THE SRN BRANCHES UNITING 218 SURVIVORS COMMITTED TO SUPPORTING ONE ANOTHER AND PROMOTING AWARENESS AGAINST THE RESTAVÈK PRACTICE. BB STAFF FACILITATED A CAPACITY-BUILDING PLAN FOR 19 CPBS BASED ON EVALUATIONS, PROVIDING TECHNICAL SUPPORT TO IMPROVE THEIR EFFECTIVENESS. PROGRESS HAS BEEN NOTED IN 27 CPBS, WITH ONE REQUIRING MINIMAL SUPPORT, A PROCESS THAT WILL CONTINUE INTO THE FOLLOWING YEAR. THE EDUCATION IS A CONVERSATION (ESK) CHILD RIGHTS TRAINING PROGRAM ALSO SAW SUCCESS, WITH A 97% GRADUATION RATE AMONG PARTICIPANTS. NOTABLY, 92% REPORTED USING DIALOGUE INSTEAD OF VIOLENCE AS A DISCIPLINE METHOD, AND 84% STATED THEY NO LONGER BELITTLE OR BULLY THEIR CHILDREN. BB EMPLOYS THE TI RANKONT SEKTÈ (TRS) METHODOLOGY ALONGSIDE ESK TO COMBAT CHILD EXPLOITATION. THIS METHODOLOGY ALLOWS TRAINED COMMUNITY MEMBERS TO FACILITATE SESSIONS BEYOND ESK'S INITIAL REACH, IMPACTING AREAS SUCH AS CHURCHES AND SCHOOLS. IN THE PAST YEAR, 30 INDIVIDUALS (14 WOMEN, 16 MEN) FROM 25 COMMUNITIES WERE TRAINED TO LEAD TRS

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GROUPS, ENGAGING 531 NEW PARTICIPANTS (360 WOMEN AND 171 MEN). ON JUNE 12TH, COINCIDING WITH NATIONAL CHILDREN'S RIGHTS DAY IN HAITI AND THE INTERNATIONAL DAY AGAINST CHILD LABOR, 19 CPBS ORGANIZED AWARENESS-RAISING ACTIVITIES IN 21 COMMUNITIES INVOLVING 1,136 PARTICIPANTS. THESE EVENTS FOCUSED ON IDENTIFYING HARMFUL LABOR PRACTICES AND THEIR DETRIMENTAL IMPACTS ON CHILDREN. OPEN SPACE METHODOLOGY WAS UTILIZED FOR COMMUNITY DISCUSSIONS ON VIOLENCE FACED BY CHILDREN AND YOUTH, LEADING TO COLLECTIVE COMMITMENTS TO ADDRESS THESE ISSUES. A TOTAL OF 19 OPEN SPACE SESSIONS ENGAGED 649 PARTICIPANTS (450 WOMEN AND 199 MEN). ADDITIONALLY, SIMULATED LEGAL TRIALS WERE PROJECTED IN FOUR REGIONS TO RAISE AWARENESS OF HAITIAN ANTI-TRAFFICKING LAWS, WITH 188 COMMUNITY MEMBERS ATTENDING THESE SESSIONS. THE OBJECTIVES INCLUDED PROMOTING ENFORCEMENT OF THE 2014 ANTI-TRAFFICKING LAW, EDUCATING THE PUBLIC ON LEGAL SANCTIONS, AND DETERRING THE EXPLOITATION OF NON-BIOLOGICAL CHILDREN BY HIGHLIGHTING POTENTIAL LEGAL CONSEQUENCES.

MOVEMENT TO GUARANTEE UNIVERSAL ACCESS TO QUALITY EDUCATION: THIS YEAR HAS BEEN MARKED BY SIGNIFICANT ACHIEVEMENTS AND SOME CHALLENGES AS EFFORTS ARE BEING MADE TO IMPROVE THE QUALITY OF AND INCREASE ACCESS TO PRIMARY EDUCATION. THE INITIATION OF 10 NEW RURAL SCHOOLS ON LAGONAV ISLAND INTO THE 2-YEAR TRAINING PROGRAM HAS TAKEN PLACE TO ENHANCE BOTH EDUCATIONAL INFRASTRUCTURE AND TEACHER CAPACITY, PROVIDING A STRONG FOUNDATION FOR THE FUTURE OF PRIMARY EDUCATION IN THESE AREAS. THE COMPLETION OF THE ACADEMIC YEAR HAS BEEN ACHIEVED BY 87% OF CHILDREN IN PARTICIPATING SCHOOLS, EXCEEDING THE TARGET OF 80%. ALTHOUGH A GOAL HAD BEEN SET FOR 90% OF TEACHERS TO IMPLEMENT AT LEAST TWO NEW TEACHING TECHNIQUES, ONLY A 70% ADOPTION RATE HAS BEEN ACHIEVED. THIS SHORTFALL HAS BEEN ATTRIBUTED TO THE

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DEPARTURE OF SEVERAL TRAINED TEACHERS, NECESSITATING THE TRAINING OF NEW STAFF. A SIGNIFICANT CHALLENGE HAS BEEN POSED BY TEACHER TURNOVER AMIDST THE ONGOING SOCIO-POLITICAL CRISIS. ON A POSITIVE NOTE, THE ESTABLISHMENT OF 4 NEW BRANCHES OF THE COMMUNAL SECTION EDUCATION PLATFORM-LA SOUS, GRAN VID, 3E TWOULUI, AND GWOMANG-HAS BEEN SUCCESSFULLY COMPLETED. A CRUCIAL ROLE IN PROVIDING LOCALIZED SUPPORT AND COORDINATION FOR EDUCATIONAL INITIATIVES IS PLAYED BY THESE BRANCHES, WHICH REPRESENTS A SIGNIFICANT MILESTONE IN PROGRESS. OF THE 7 PLANNED LOCAL RESOURCE MOBILIZATION INITIATIVES BY BRANCHES OF THE COMMUNAL EDUCATION PLATFORM, ONLY 3 HAVE BEEN REALIZED. IN TERMS OF DIRECT SUPPORT TO CHILDREN, OUR TARGET HAS BEEN EXCEEDED BY THE SUPPORT OFFERED TO 133 CHILDREN THROUGH COLLECTIVE INTERVENTIONS, SURPASSING THE GOAL OF 100. THIS SUPPORT INCLUDES 60 BOYS AND 73 GIRLS, DEMONSTRATING THE EFFECTIVENESS OF EFFORTS TO INCREASE EDUCATIONAL ACCESS. ALTHOUGH 4 ADVOCACY AND AWARENESS-RAISING INITIATIVES HAD BEEN AIMED FOR, 3 HAVE BEEN ACHIEVED. THESE INITIATIVES HAVE BEEN VITAL IN RAISING AWARENESS AND GARNERING SUPPORT FOR PRIMARY EDUCATION. PLANS ARE ALREADY IN MOTION TO CONDUCT AN ADDITIONAL INITIATIVE TO FULLY MEET THE TARGET. IN CONCLUSION, SUBSTANTIAL STRIDES HAVE BEEN MADE TOWARDS THE GOAL OF IMPROVING PRIMARY EDUCATION QUALITY AND ACCESS, THOUGH CONTINUOUS EFFORTS ARE NEEDED TO ADDRESS DATA GAPS, ENHANCE TEACHER TRAINING, AND FULLY ACCOMPLISH THE TARGETS.

MOVEMENT TO PROMOTE ECONOMIC JUSTICE AND SUSTAINABLE LIVELIHOODS: OVER THE PAST YEAR, THE FAMILY GRADUATION PROGRAM (FGP) HAS MADE REMARKABLE PROGRESS IN TRANSFORMING THE LIVES OF FAMILIES LIVING IN EXTREME POVERTY. A HIGHLIGHT OF THIS YEAR'S ACHIEVEMENTS IS THE 99% GRADUATION RATE FOR COHORT 5. THIS SUCCESS NOT ONLY REFLECTS THE DETERMINATION OF PARTICIPATING

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FAMILIES BUT ALSO THE ROBUST SUPPORT SYSTEM PROVIDED BY THE PROGRAM. ANOTHER EXCEPTIONAL SUCCESS IS THE 100% REGULAR SCHOOL ATTENDANCE RECORDED FOR SCHOOL-AGED CHILDREN IN FGP HOUSEHOLDS, SIGNIFICANTLY EXCEEDING THE INITIAL TARGET OF 90%. EXPANDING ITS REACH, THE PROGRAM ENROLLED 160 NEW FAMILIES FROM TWO RURAL COMMUNITIES, WHICH IS SLIGHTLY BELOW THE AMBITIOUS TARGET OF 165 FAMILIES. THIS WAS BASED ON A DECISION TO LIMIT THE CASELOAD FOR EACH CASE MANAGER TO A LIMIT OF 40, AS THIS REPRESENTS FULL CAPACITY. NEVERTHELESS, THIS EXPANSION UNDERSCORES THE PROGRAM'S GROWING IMPACT. IN TERMS OF FOOD SECURITY, THERE HAS BEEN A SUBSTANTIAL IMPROVEMENT, WITH THE PERCENTAGE OF FGP PARTICIPANTS CONSUMING AT LEAST TWO MEALS A DAY SOARING FROM A MERE 1.25% TO AN ENCOURAGING 19%. HOWEVER, THERE IS STILL CONSIDERABLE GROUND TO COVER TO REACH THE 90% TARGET BY THE PROJECT'S END. ONE OF THE PROGRAM'S STANDOUT SUCCESSES IS ITS COMMUNITY ENGAGEMENT AND FINANCIAL INCLUSION EFFORTS. AN IMPRESSIVE ALL ENROLLED FGP FAMILIES (160) HAVE JOINED VILLAGE SAVINGS AND LOANS ASSOCIATIONS (VSLAS), SURPASSING THE TARGET OF 75%. FURTHERMORE, THE STRONG INVOLVEMENT OF LOCAL AUTHORITIES AND COMMUNITY LEADERS, WITH 28 VILLAGE COMMITTEES NOW ACTIVELY SUPPORTING FGP PARTICIPANTS, HAS FAR EXCEEDED THE TARGET OF 10, SHOWCASING THE PROGRAM'S DEEP COMMUNITY INTEGRATION. VILLAGE COMMITTEES ASSIST PARTICIPANTS IN REACHING THEIR OBJECTIVES, HELPING THEM PROCURE CONSTRUCTION MATERIALS TO BUILD HOMES AND MOBILIZING THE WIDER COMMUNITY TO LEND THEIR SUPPORT TO FGP PARTICIPATING FAMILIES. DESPITE THESE COMMENDABLE STRIDES, CHALLENGES PERSIST IN THE DOMAIN OF INCOME-GENERATING ASSETS, WHERE ONLY 49% OF FGP FAMILIES HAVE EFFECTIVELY MANAGED TWO NEW ASSETS, MISSING THE 75% TARGET. THIS IS DUE TO THE ONGOING SOCIO POLITICAL CRISIS IN HAITI, AND RESULTING LACK OF FINANCIAL LIQUIDITY (AS BANKS GAVE LIMITED AMOUNTS OF CASH) AND THE LACK OF AVAILABILITY OF MATERIALS AND SUPPLIES FOR CONSTRUCTION.

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RETHINKING POWER PROGRAM (THE MOVEMENT TO END VIOLENCE AGAINST WOMEN AND GIRLS, VAWG):

IN 2024, COMMUNITIES TRANSITIONED TO THE SUPPORT PHASE OF THEIR DEVELOPMENT, ESTABLISHING A ROBUST NETWORK OF 844 MEMBERS, INCLUDING 68 ACTIVISTS, 40 LEADERS, 129 SCHOOL PERSONNEL, 16 GIRLS' GROUP MENTORS, 50 VAWG (VIOLENCE AGAINST WOMEN AND GIRLS) RESPONSE WORKERS, 15 JOURNALISTS, 29 HEALTH WORKERS, AND 497 GIRLS AND YOUNG WOMEN IN ADOLESCENT GROUPS. STAFF DEDICATED TO TRAINING AND SUPPORTING THIS NETWORK EMPOWER ITS MEMBERS TO DRIVE SOCIAL CHANGE WITHIN THEIR COMMUNITIES. THIS YEAR, 226 SCHOOL STUDENTS (BOTH BOYS AND GIRLS) PARTICIPATED IN SEMINARS ON SCHOOL CURRICULA, WHILE THOUSANDS ENGAGED IN VARIOUS INFORMAL ACTIVITIES ORGANIZED BY THE NETWORK. A TOTAL OF 91 NEW RESOURCES WERE DEVELOPED, INCLUDING FOUR SESSIONS FOR THE GIRLS' ECONOMIC POWER RESOURCE PACK, THE SUPPORT PHASE BOOK, AND THE TRANSLATION AND TESTING OF THE ACTION PHASE BOOK IN THE SASA! TOGETHER PROGRAM, AS WELL AS 33 COMPREHENSIVE MATERIALS FOR PHASE 3 OF THE POWER TO GIRLS INITIATIVE. TECHNICAL SUPPORT FOR VIOLENCE PREVENTION WAS PROVIDED TO 26 ORGANIZATIONS, AND TWO SHORT COURSES ON THE PRINCIPLES OF VIOLENCE PREVENTION AND VAWG, ESPECIALLY FOR INDIVIDUALS WITH DISABILITIES, ATTRACTED PARTICIPANTS FROM 21 ORGANIZATIONS. FIVE GRASSROOTS ORGANIZATIONS RECEIVED ONGOING SUPPORT FOR IMPLEMENTING THE POWER TO GIRLS, SASA!, AND SAFE AND CAPABLE (PREVENTING VAWG WITH DISABILITIES) PROGRAMS. THE RETHINKING POWER PROGRAM FACILITATED VITAL CONNECTIONS AND LEARNING OPPORTUNITIES WITHIN HAITIAN AND GLOBAL WOMEN'S MOVEMENTS, RESULTING IN TEN KEY INITIATIVES, SUCH AS PARTICIPATION IN THE WOMEN DELIVER CONFERENCE BY REPRESENTATIVES FROM 12 WOMEN'S ORGANIZATIONS IN SOUTHEAST HAITI, A VAWG PREVENTION WEBINAR, AND THE FORMATION OF A SOUTHEAST VAWG PREVENTION

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NETWORK. THIS NETWORK HELD FIVE LEADERSHIP MEETINGS, INITIATED A THREE-DAY FORUM WITH 20 PARTICIPATING ORGANIZATIONS, AND ESTABLISHED AN ACTIVE WHATSAPP PLATFORM FOR RESOURCE SHARING. ADDITIONALLY, CONNECTIONS WERE FOSTERED BETWEEN ORGANIZATIONS AND A UNTF GRANT OPPORTUNITY, LEADING TO COLLABORATIONS AND POTENTIAL FUNDRAISING INITIATIVES. OVERALL, THESE EFFORTS HAVE STRENGTHENED RELATIONSHIPS AND LAID THE GROUNDWORK FOR JOINT ADVOCACY STRATEGIES IN THE FIGHT AGAINST VIOLENCE AND THE PROMOTION OF WOMEN'S RIGHTS.

TESTIMONIES & HUMAN IMPACT STORIES

"MY NAME IS HACHELIE QUERETTE. I LIVE IN DADE. I AM PART OF THE AJFAM MISAK ADVOCACY COMMITTEE, WHICH IS THE ASSOCIATION OF YOUNG FEMALE ACTIVISTS OF MISAK. ITS OBJECTIVE IS TO REDUCE BY 30% THE NUMBER OF YOUNG GIRLS WHO GET PREGNANT BEFORE FINISHING SCHOOL WITHIN A SIX-YEAR PERIOD IN THE MISAK COMMUNAL SECTION. THIS COMMITTEE WAS FOUNDED IN MAY 2021. THE REASON WE SET UP THIS COMMITTEE IS TO CONTINUE THE WORK BEYOND BORDERS IS DOING TO STOP GIRLS FROM SUFFERING VIOLENCE. THIS COMMITTEE IS MADE UP OF FIFTEEN MEMBERS, INCLUDING A COORDINATOR, VICE-COORDINATOR, SECRETARY, ADVISOR, AND DELEGATES. I AM THE MAIN DELEGATE IN THIS COMMITTEE. OUR MISSION IS TO ELIMINATE EARLY PREGNANCIES IN THE MISAK COMMUNAL SECTION. TO EXPLAIN THE WORK THE COMMITTEE IS DOING TO ACCOMPLISH OUR MISSION, WE CONDUCT AWARENESS CAMPAIGNS IN THE COMMUNITY, ORGANIZE PEACEFUL MARCHES, HOLD CONFERENCES, AND HAVE DISCUSSIONS WITH LEADERS AND SCHOOL ADVISORS. WE HAVE DISCUSSIONS WITH THE MAYOR TO ESTABLISH A CODE OF CONDUCT FOR EVERYONE TO RESPECT THE RIGHTS OF GIRLS AND TO ELIMINATE EARLY PREGNANCIES. WE HAVE DISCUSSIONS WITH OTHER ORGANIZATIONS. WE PROVIDE TRAINING FOR THEM ON ISSUES OF VIOLENCE AGAINST GIRLS AND EARLY PREGNANCIES. WE TEACH YOUNG

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WOMEN AND GIRLS CRAFTS TO INCREASE THEIR ECONOMIC POWER AND EXPAND THEIR KNOWLEDGE. WE RECEIVE SUPPORT, FUNDING, AND MATERIALS FROM BEYOND BORDERS AND WE COLLABORATE WITH SEVERAL OTHER ORGANIZATIONS IN THE DEPARTMENT SUCH AS RESED AND MANY OTHERS. WHY DID I JOIN THE ADVOCACY COMMITTEE? FIRST, I NOTICED THAT VIOLENCE AGAINST GIRLS EXISTS IN THE COMMUNITY. SECOND, EARLY PREGNANCIES EXIST AND ARE HARMFUL TO BOTH THE COMMUNITY AND THE GIRLS. BECAUSE EARLY PREGNANCIES HAVE SERIOUS CONSEQUENCES FOR THE LIVES OF THE GIRLS AND THE COMMUNITY. OFTEN, THESE GIRLS HAVE FULL POTENTIAL AND BRIGHT FUTURES, BUT THEY BECOME PREGNANT TOO SOON. THIS RUINS THEIR FUTURE. GIVEN THE TRAINING I HAVE RECEIVED AND MY LEADERSHIP ROLE, I DECIDED TO JOIN THE COMMITTEE TO CONTINUE WORKING TO PREVENT GIRLS FROM SUFFERING VIOLENCE AND TO ELIMINATE EARLY PREGNANCIES. WHAT BENEFITS DO I SEE THE ADVOCACY COMMITTEE BRINGING TO THE COMMUNITY? IT REINFORCES THE CHANGES THAT WERE MADE REGARDING VIOLENCE AGAINST WOMEN AND GIRLS. SECOND, IT RAISES AWARENESS AMONG PEOPLE IN THE COMMUNITY ABOUT EARLY PREGNANCIES, SHOWING THEM THE SERIOUS CONSEQUENCES EARLY PREGNANCIES HAVE ON THE LIVES OF GIRLS AND THE COMMUNITY. NOW, WE CAN SEE THAT THE NUMBER OF GIRLS WHO USED TO GET PREGNANT TOO EARLY IS STARTING TO DECREASE. THIRD, THANKS TO OUR INTERVENTIONS, ESPECIALLY IN RAISING AWARENESS, MANY GIRLS WHO BECAME PREGNANT TOO EARLY HAVE RETURNED TO SCHOOL. WHAT IS MY DREAM FOR MY COMMUNITY? I HAVE MANY DREAMS FOR MY COMMUNITY, BUT MY BIGGEST DREAM IS TO SEE AN END TO VIOLENCE IN THE COMMUNITY IN THREE TO FIVE YEARS. I ALSO WANT EARLY PREGNANCIES TO BE COMPLETELY ERADICATED WITHIN THE COMMUNITY. LASTLY, I WANT THE POWER BALANCE BETWEEN GIRLS AND BOYS TO BE COMPLETELY EQUAL WITHIN THE COMMUNITY." ~ HACHELIE QUERETTE, PRINCIPAL DELEGATE OF THE MISAK ADVOCACY COMMITTEE

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"MY NAME IS JUNIOR GUANO. I AM FROM LAMONTAY, BELLEVUE. I AM IN NS2 AT LYCÉE NATIONAL DE BELLEVUE. (INTERVIEWER: WHAT DO YOU LIKE TO STUDY THE MOST AT SCHOOL?) MATHEMATICS. FOR ME, IT [THE POWER TO GIRLS PROGRAM] TEACHES US THAT EVERYTHING WE LEARNED SINCE WE WERE KIDS WAS NEVER TRUE. THEY TAUGHT US THAT BOYS HAVE MORE RIGHTS THAN GIRLS, BUT THAT WAS NEVER TRUE. BOTH HAVE HAD THE SAME RIGHTS FROM THE BEGINNING. GIRLS AND BOYS HAVE THE SAME RIGHTS. THE TRAINERS TOLD US THAT WE SHOULD NOT COMMIT VIOLENCE AND THAT THERE ARE SEVERAL TYPES OF VIOLENCE. THERE IS PHYSICAL, ECONOMIC, AND EMOTIONAL VIOLENCE. [EVERYTHING WE LEARNED] HELPS ME LIVE NORMALLY. IT HELPS ME TO NOT COMMIT VIOLENCE. AND I HAVE A BETTER UNDERSTANDING OF MY RIGHTS AND RESPONSIBILITIES. IF [OTHER PEOPLE WHO HAVEN'T TAKEN THE TRAINING] HAVE THE CHANCE TO TAKE THIS TRAINING, IT WOULD BE GOOD FOR THEM." ~ JUNIOR GUANO, HIGH SCHOOL STUDENT WHO PARTICIPATED IN POWER TO GIRLS PROGRAMMING

"I AM POINT-DU-JOUR JOSNER, PRINCIPAL OF LYCÉE NATIONAL DE BELLEVUE, SO I AM THE LEADER OF THIS INSTITUTION. IN ADDITION TO THAT, I AM A FRENCH TEACHER. BEFORE THE RETHINKING POWER PROGRAM, WE HAD MANY PROBLEMS. WHAT PROBLEMS? THE WAY TEACHERS TAUGHT WAS DIFFERENT COMPARED TO NOW. THERE WAS A LACK OF MASTERY IN MANAGING THEIR CLASSES AND HOW THEY TREATED STUDENTS, AND WHEN I SAY STUDENTS, I MEAN BOTH BOYS AND GIRLS, EQUALLY. BUT AFTER THE RETHINKING POWER PROGRAM CAME INTO THE SCHOOL, THE TEACHERS FELT FREER, THEY DID THEIR WORK BETTER, AND THEY TREATED THE STUDENTS EQUALLY. THIS MEANS BOYS AND GIRLS. THEY SEE THAT GIRLS HAVE THE SAME RIGHTS AS BOYS, THEY LEARN IN THE

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SAME WAY, AND GIRLS CAN LEARN ANY PROFESSION. THE TEACHERS NOW RECOGNIZE THAT GIRLS CAN BE IN CHARGE. GIRLS CAN PLAY ANY ROLE WITHIN THE SCHOOL. FURTHERMORE, THEY UNDERSTAND THAT IN ANY SUBJECT, GIRLS HAVE THE CAPACITY TO LEARN. THIS WAS NOT THE CASE BEFORE." ~ POINT-DU-JOUR JOSNER PRINCIPAL, FOCAL POINT FOR IMPLEMENTING RETHINKING POWER AT LYCÉE NATIONAL DE BELLEVUE

"I AM ANACIUS MARIE CARMÈNE MILIEN. I LIVE IN LAVALE. I AM MARRIED AND HAVE THREE CHILDREN. I AM 47 YEARS OLD. I AM PART OF THE ADVOCACY COMMITTEE. THE ADVOCACY COMMITTEE WAS FORMED IN NOVEMBER 2020. THE REASON THIS COMMITTEE WAS FORMED IS BECAUSE WE HAD THE RETHINKING POWER PROGRAM WHICH PROVIDED US WITH TRAINING FOR FOUR YEARS. WE LEARNED HOW TO SHARE THE TRAINING WE RECEIVED WITH OTHER PEOPLE IN OTHER AREAS. WE FORMED THIS COMMITTEE SO WE COULD CONTINUE THE WORK WE WERE DOING TOGETHER DURING THOSE FOUR YEARS. WE FORMED THE COMMITTEE ESPECIALLY SO WE COULD EXPAND THE WORK TO OTHER AREAS WE HADN'T REACHED YET, TO TEACH PEOPLE WHO'D NEVER HEARD ABOUT RETHINKING POWER. THE COMMITTEE IS CALLED GAPEP. GAPEP IS THE COMMITTEE THAT COMBATS VIOLENCE AGAINST WOMEN AND GIRLS. WE ALSO NOTICED THAT MANY DISABLED PEOPLE, IF THEY NEEDED TO GO TO COURT OR THE HOSPITAL, COULDN'T ACCESS THESE PLACES BECAUSE THEY CAN'T CLIMB STAIRS. WE ADVOCATE FOR EVERYONE TO HAVE ACCESS, ESPECIALLY IN SCHOOLS BECAUSE SOME CAN'T ATTEND SCHOOL. OUR GOAL IS TO ADVOCATE FOR UNIVERSAL ACCESS. WE HAVEN'T YET REACHED WHERE WE WANT TO BE. WE'VE ALREADY BEGUN TO SEE CHANGES AS A RESULT OF OUR WORK. SOME PEOPLE ARE CHANGING THE WAY THEY BEHAVE. AT ST. JOSEPH LAVALE HOSPITAL, WHERE THERE USED TO BE STAIRS, THEY HAVE NOW INSTALLED ACCESSIBILITY FEATURES SO PEOPLE CAN ACCESS THE SAME SERVICES AS OTHERS." ~

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ANACIUS MARIE CARMÈNE MILIEN, MEMBER OF THE LAVALE ADVOCACY COMMITTEE

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"I AM A SURVIVOR OF THE RESTAVÈK PRACTICE AND I PARTICIPATED IN THE FIRST CYCLE OF ACTIVITIES ORGANIZED BY THE NEW VILLAGE SAVINGS AND LOAN (VSL) IN MY AREA. WHEN I BECAME ABLE TO BORROW FROM THE VSL, I FELT A SENSE OF RELIEF BECAUSE I COULD BORROW MORE MONEY THAN WHAT WAS ON MY LEDGER, THANKS TO THE SUPPORT PROVIDED BY BEYOND BORDERS. THIS LOAN WAS VERY BENEFICIAL TO ME AND MY FAMILY BECAUSE I WAS ABLE TO BORROW 5000 GOURDES THE FIRST TIME, WHICH I USED TO BUY CHICKEN AND RESELL IT FOR A PROFIT. AFTER REPAYING THE FIRST LOAN, I TOOK OUT A SECOND LOAN OF 10,000 GOURDES, AGAIN BUYING CHICKEN TO RESELL. ONCE I REPAID THAT, I CONTINUED WITH MY BUSINESS BY TAKING A THIRD LOAN OF 20,000 GOURDES, WHICH ALLOWED ME TO BUY EVEN MORE AND MAKE A GREATER PROFIT. AT THAT MOMENT, THE PROFITS I MADE ENABLED ME TO MEET MY FAMILY'S NEEDS AND PROVIDE THEM WITH FOOD." ~ MERLINE, 40-YEAR-OLD MOTHER OF ONE, ADULT SURVIVORS OF RESTAVÈK NETWORK MEMBER AND VSL MEMBER

"I AM BECOMING A NEW PERSON - A REBIRTH. THANKS TO THE THERAPY SESSIONS, MY VICTIMIZATION AS A CHILD LIVING IN RESTAVÈK DOES NOT DEFINE ME ANYMORE. I AM MORE COMFORTABLE WITH MYSELF. FOR SO LONG, I DID NOT SEE A FUTURE FOR MYSELF. BUT NOW, THANKS TO THIS THERAPY, I SEE A VAST FUTURE AHEAD OF ME. MY SPIRIT IS NO LONGER ENSLAVED. I NO LONGER FEEL LIKE A CHILD, I FEEL LIKE AN ADULT AND I HAVE A LOT MORE SELF-ESTEEM. I AM SO PROUD OF MYSELF." ~ A FEMALE SURVIVOR OF RESTAVÈK ON LAGONAV PARTICIPATING IN PSYCHOSOCIAL GROUP THERAPY

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"MY NAME IS MONICA JOSEPH, I AM FROM LAPALMIS, AND I HAVE SIX CHILDREN, FOUR BOYS AND TWO GIRLS. I HAVE THREE CHILDREN ATTENDING NATIONAL LAPALMIS SCHOOL. I AM ONE OF THE PARENTS PARTICIPATING IN THE LKM GARDEN PROGRAM. I USED TO DO SOME GARDENING BEFORE, BUT I DIDN'T HAVE ENOUGH TRAINING IN GARDENING. NOW, I AM PART OF THE FAMILY GARDEN PROGRAM AT THE SCHOOL. I HAVE GAINED MORE KNOWLEDGE TO CONTINUE DOING MORE GARDENING, WHICH WILL HELP ME EARN MORE MONEY, ALLOWING ME TO BETTER SUPPORT MY CHILDREN. AFTER THIS TRAINING, I WILL BE ABLE TO EAT MORE VEGETABLES AND SHARE ANY SURPLUS WITH OTHERS IN THE COMMUNITY. ADDITIONALLY, I AM COMMITTED TO SHARING THE TRAINING I RECEIVED WITH OTHERS WHO WANT TO START THEIR OWN GARDENS AT HOME." ~ MONICA JOSEPH, PARENT PARTICIPATING IN THE SCHOOL AND FAMILY GARDEN PROGRAM

"WHEN I WAS A CHILD, I RAN AWAY TO LIVE WITH MY FATHER AND HIS WIFE BECAUSE MY MOTHER WASN'T TAKING CARE OF ME. I DID ALL THE WORK IN MY FATHER'S HOUSE. HER CHILDREN WENT TO SCHOOL BUT I DIDN'T. I HAD MY FIRST CHILD AT AGE 20. [IN TOTAL], I HAD SEVEN CHILDREN, BUT TWO DIED. LIFE WAS VERY DIFFICULT. PEOPLE IN THE COMMUNITY CALLED ME "THE LITTLE POOR ONE." I FEEL LIKE A DIFFERENT PERSON NOW. I THINK NO ONE HAS BEEN HELPED MORE BY THE [PROGRAM] THAN ME. THIS PROGRAM RESUSCITATED ME. IT RAISED ME UP - RESTORED MY DIGNITY. MY LIFE IS TRANSFORMED. I HAVE A SAFE HOME, A PLACE TO SLEEP. I'M PROUD OF WHAT I DID. THE BUILDING MATERIALS FOR THIS HOUSE, I CARRIED THEM HERE [MYSELF]. I HAVE ONE PIG, SIX GOATS, AND TWO CATS, 20,100 HTG IN SAVINGS, AND A BUSINESS SELLING FOOD AND HOMEMADE LIQUOR. I HAVE ACCESS TO

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CREDIT, TOO. PEOPLE ARE WILLING TO SELL ME THINGS ON CREDIT NOW. I HAVE A SMALL GARDEN TO GROW [FOOD]. OUR FAMILY ONLY DRINKS TREATED WATER NOW. I USED TO HAVE TO BORROW MONEY TO FEED MY CHILDREN. I CAN FEED MY CHILDREN TODAY AND PAY THEIR SCHOOL FEES. I CAN HELP MY CHILDREN IF THEY GET SICK. I HAVE A PLAN FOR THE FUTURE." ~ MORO

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES
HAITI

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FINANCE DIRECTOR REVIEWS FORM 990 IN DETAIL WITH THE ACCOUNTANT/AUDITOR. THE FINANCE COMMITTEE INCLUDING SEVERAL BOARD MEMBERS AND THE EXECUTIVE DIRECTOR REVIEW THE FORM 990 BEFORE PASSING IT ON TO THE ENTIRE BOARD BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ANNUAL CONFLICT OF INTEREST STATEMENTS ARE REQUIRED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD OF DIRECTORS SET THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND PROVIDES COMPENSATION GUIDELINES FOR OTHER POSITIONS BY ITS APPROVAL OF THE BUDGET. COMPENSATION LEVELS WITHIN THE ORGANIZATION HAVE TRADITIONALLY BEEN LOWER THAN INDUSTRY STANDARDS BY THE CHOICE OF THE EMPLOYEES, WHO CONSIDER THEIR WORK A MINISTRY IN SERVICE OF GOD AND HUMANITY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SEE 15A ABOVE.

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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
STATEMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON THEIR
REQUEST.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) FONDASYON DEPASE FWONTYE YO DELMAS 68, #5 PETION-VILLE, HAITI HA | PROGRAMS | | | | BEY. BORD. | X | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate alloc.? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|---------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) FONDASYON DEPASE FWONTYE YO | B | 2,155,250 | COST |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |

Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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