Form **990**

Department of the Treasury
Internal Revenue Service

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
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24 **, and ending** 06/30/25

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) — Room/suite
P.O. BOX 2132
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$ 2,885,349

F Name and address of principal officer:
SMITH MAXIME
P.O. BOX 2132
NORRISTOWN PA 19404

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

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ 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 2024 (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
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,652,772	2,565,592
9 Program service revenue (Part VIII, line 2g)		50,816
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,093	66,610
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,668,865	2,683,018
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,155,250	1,855,555
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	702,642	566,285
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 243,079		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	280,712	211,907
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,138,604	2,633,747
19 Revenue less expenses. Subtract line 18 from line 12	-469,739	49,271

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,372,226	1,325,115
21 Total liabilities (Part X, line 26)	114,352	51,598
22 Net assets or fund balances. Subtract line 21 from line 20	1,257,874	1,273,517

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 — Date: 4/28/26
ANTHONY BRUNSWICK TREASURER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LAUREN FENNER, CPA	LAUREN FENNER, CPA	04/28/26		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

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 $ 1,043,142 including grants of $ 844,738) (Revenue $ 50,816)

SEE SCHEDULE O

4b (Code:) (Expenses $ 772,664 including grants of $ 684,623) (Revenue $)

SEE SCHEDULE O

4c (Code:) (Expenses $ 345,590 including grants of $ 326,194) (Revenue $)

SUSTAINING LIVELIHOODS INITIATIVE
EXPENSES: $345,590, INCLUDING GRANTS OF: $326,194

4d Other program services (Describe on Schedule O.)
(Expenses $ 28,369 including grants of $) (Revenue $)

4e Total program service expenses 2,189,765

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? *If "Yes," complete Schedule F, Parts I and IV*	14b	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? *If "Yes," complete Schedule F, Parts II and IV*	15	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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21		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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23		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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		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.	38	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	1a	6		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c 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? *If "No" to line 3b, provide an explanation on Schedule O*	**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 **HAITI** 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? *If "No," provide an explanation on Schedule O*	**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 X

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	1a	17		
	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.				
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?	2			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		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?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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?	16a		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.

X Own website X Another's website X 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 **807 HAMILTON STREET**

NORRISTOWN **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	30,259
(2) DAVID DIGGS	40.00									
CO-EXEC DIRECTOR	0.00			X				60,000	0	24,901
(3) SMITH MAXIME	40.00									
CO-EXEC DIRECTOR	0.00			X				75,280	0	6,843
(4) CECILE ACCILIEN	0.50									
BOARD MEMBER	0.00	X						0	0	0
(5) NANCY ARMAND	0.50									
BOARD MEMBER	0.00	X						0	0	0
(6) ANTHONY BRUNSWICK	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) CAITLIN CADET	1.00									
SECRETARY	0.00	X		X				0	0	0
(8) YASMINE CAJUSTE	1.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(9) LEIGH CARTER	1.50									
TREASURER	0.00	X		X				0	0	0
(10) ISABELLE CLERIE	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 (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	0.50									
BOARD MEMBER	0.00	X						0	0	0
(13) CAROLYN HEINRICH	0.50									
BOARD MEMBER	0.00	X						0	0	0
(14) CARINE JOCELYN	0.50									
BOARD MEMBER	0.00	X						0	0	0
(15) LU JOHNSTON	1.00									
BOARD MEMBER	0.00	X						0	0	0
(16) LUNISE JULES	0.50									
BOARD MEMBER	0.00	X						0	0	0
(17) FRANCOIS PIERRE-LOUIS	0.50									
BOARD MEMBER	0.00	X						0	0	0
(18) JONATHAN SCOONOVER	2.00									
PRESIDENT	0.00	X		X				0	0	0
(19) JEFF SINGLETON	2.00									
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal								205,280		62,003
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								205,280		62,003

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? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4		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? *If "Yes," complete Schedule J for such person*	5		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	2,565,592				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			2,565,592			
Program Service Revenue		Business Code					
	2a OTHER PROGRAM REVENUE	900099		50,816	50,816		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			50,816			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			18,941			18,941
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	250,000				
	b Less: cost or other basis and sales exps.	7b	202,331				
	c Gain or (loss)	7c	47,669				
	d Net gain or (loss)			47,669			47,669
	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		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			2,683,018	50,816	0	66,610

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	1,855,555	1,855,555		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	279,813	141,590	94,110	44,113
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	214,729	108,479	1,050	105,200
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	34,849	19,276		15,573
10 Payroll taxes	36,894	17,042	5,834	14,018
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,750		20,750	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	13,546		13,546	
12 Advertising and promotion	11,422			11,422
13 Office expenses	9,238	1,908	985	6,345
14 Information technology				
15 Royalties				
16 Occupancy	2,483	994	318	1,171
17 Travel	6,135	3,642	934	1,559
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,545	8,146	2,399	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,240	1,867	296	1,077
23 Insurance	8,910		8,910	
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	75,204	21,600	12,600	41,004
b PLEDGE WRITEOFFS	25,345		25,345	
c BANK CHARGES	13,600		13,600	
d STAFF DEVELOPMENT	8,610	7,813		797
e All other expenses	2,879	1,853	226	800
25 **Total functional expenses.** Add lines 1 through 24e	2,633,747	2,189,765	200,903	243,079
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 ☐ 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		52,228	1	132,475
	2	Savings and temporary cash investments		119,728	2	35,696
	3	Pledges and grants receivable, net		760,429	3	892,291
	4	Accounts receivable, net		8,137	4	65,266
	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		39,992	9	27,214
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,193			
	b	Less: accumulated depreciation	10b 14,086	8,834	10c	8,107
	11	Investments—publicly traded securities		382,878	11	164,066
	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)		1,372,226	16	1,325,115
Liabilities	17	Accounts payable and accrued expenses		23,964	17	34,806
	18	Grants payable			18	
	19	Deferred revenue		90,388	19	16,792
	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		114,352	26	51,598
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		479,860	27	379,345
	28	Net assets with donor restrictions		778,014	28	894,172
		Organizations that do not follow FASB ASC 958, check here ☐ 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		1,257,874	32	1,273,517
	33	Total liabilities and net assets/fund balances		1,372,226	33	1,325,115

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	2,683,018
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,633,747
3	Revenue less expenses. Subtract line 2 from line 1	3	49,271
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,257,874
5	Net unrealized gains (losses) on investments	5	-33,628
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	1,273,517

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: ☐ Cash ☒ Accrual ☐ 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	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. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	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.	2c	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?	3a		X
b	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	3b		

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

(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			
(20) SR. SHARON SLEAR	0.50									
BOARD MEMBER	0.00	X						0	0	0
(21) COLEEN HEDGLIN	40.00									
CO-EXEC DIRECTOR	0.00			X				0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		
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? *If "Yes," complete Schedule J for such individual*	**4**		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		

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

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

2024

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,556,869	3,542,882	2,638,425	2,652,772	2,565,592	13,956,540
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	2,556,869	3,542,882	2,638,425	2,652,772	2,565,592	13,956,540
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)						736,280
6 **Public support.** Subtract line 5 from line 4						13,220,260

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2,556,869	3,542,882	2,638,425	2,652,772	2,565,592	13,956,540
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,410	2,118	13,767	14,480	18,941	51,716
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						14,008,256

12	Gross receipts from related activities, etc. (see instructions)	12	142,653

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	94.37 %
15	Public support percentage from 2023 Schedule A, Part II, line 14	15	97.63 %

16a **33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** 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 — 2023.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in Part VI.*	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in Part VI.*	9a		
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? *If "Yes," provide detail in Part VI.*	9b		
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? *If "Yes," provide detail in Part VI.*	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	11c		

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? *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.*	1		
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? *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.*	2		

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)? *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).*	1		

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?	1		
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? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
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? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
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? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
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? *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.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
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? *If "Yes" or "No," provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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 *(explain in detail in Part VI)*:			
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 ☐ 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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990) (Rev. December 2024))
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

Name of the organization

BEYOND BORDERS, INC.

Employer identification number

23-2713126

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 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

☒ 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		$ 330,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 210,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 172,801	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 115,604	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 100,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 105,800	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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
7		$ 80,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 75,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 290,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization

BEYOND BORDERS, INC.

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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 in 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?	**3b**		

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		22,193	14,086	8,107
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				8,107

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)
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Department of the Treasury
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Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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	1,855,555
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	3	40			1,855,555
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	3	40			1,855,555

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	844,738	WIRE		NONE	CASH VALUE
(2)				PROGRAMS	684,623	WIRE		NONE	CASH VALUE
(3)				PROGRAMS	326,194	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

BEYOND BORDERS MAINTAINS DETAILED RECORDS OF ALL GRANT DISTRIBUTIONS. THE MAJORITY OF FOREIGN GRANT EXPENDITURES REPRESENTS TRANSFERS TO OUR CONSOLIDATED HAITIAN AFFILIATE, FONDASYON DEPASE FWONTYÈ YO (DF). BECAUSE DF IS PART OF OUR CONSOLIDATED FINANCIAL STRUCTURE, THESE FUNDS REMAIN UNDER THE DIRECT SUPERVISION AND CONTROL OF BEYOND BORDERS' EXECUTIVE LEADERSHIP. MONITORING INCLUDES MONTHLY FINANCIAL REPORTS FROM THE FIELD, QUARTERLY BUDGET REVIEWS, AND REGULAR SITE VISITS BY U.S.-BASED STAFF TO ENSURE ALL FUNDS ARE USED EXCLUSIVELY FOR OUR MISSION.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CARIBBEAN	$ 1,855,555	$ 0

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Name of the organization	Employer identification number
BEYOND BORDERS, INC.	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 COMMITED 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 (MOVEMENT TO END VIOLENCE AGAINST WOMEN AND GIRLS, VAWG):
IN 2025, THE RETHINKING POWER PROGRAM DEEPENED COMMUNITY ENGAGEMENT TO TRANSFORM HARMFUL GENDER NORMS AND PREVENT VIOLENCE AGAINST WOMEN AND GIRLS (VAWG). ACROSS 8 COMMUNITIES IN LAMONTAY AND BENÈ, 936 COMMUNITY MEMBERS-FAR EXCEEDING THE INITIAL TARGET-COMPLETED KEY PHASES OF SASA! TOGETHER, POWER TO GIRLS, AND SAFE AND CAPABLE PROGRAMMING. THIS TRAINING STRENGTHENED CAPACITIES AMONG ACTIVISTS, GIRLS' GROUP MENTORS, TEACHERS, AND LOCAL LEADERS TO PROMOTE NON-VIOLENCE, SHARED DECISION-MAKING, AND GENDER EQUALITY. TECHNICAL SUPPORT REACHED 19 ORGANIZATIONS, AND TWO PARTNER GROUPS (MPP AND AFASDA) COLLABORATED WITH LOCAL ADVOCACY COMMITTEES TO ADVANCE VAWG PREVENTION STRATEGIES. EXCHANGES AMONG FEMINIST ORGANIZATIONS FOSTERED SHARED LEARNING, COLLECTIVE ANALYSIS OF PAST CHALLENGES, AND STRENGTHENED ADVOCACY NETWORKS. TRAINING ON EMPOWERING GIRLS HIGHLIGHTED THE IMPORTANCE OF EARLY CONFIDENCE-BUILDING AND RIGHTS-EDUCATION AS ESSENTIAL TOOLS FOR PREVENTING VIOLENCE. COMMUNITY ORGANIZATIONS ALSO REPORTED INCREASED WILLINGNESS AMONG WOMEN AND GIRLS TO SPEAK OUT ABOUT ABUSE FOLLOWING AWARENESS ACTIVITIES. THROUGH THE RETHINKING POWER INITIATIVE, BEYOND BORDERS EXPANDED MOVEMENT-BUILDING BY CONNECTING FEMINIST ORGANIZATIONS TO FUNDING OPPORTUNITIES AND PROVIDING TECHNICAL GUIDANCE ON PROPOSAL DEVELOPMENT AND ADVOCACY PLANNING.

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

MODEL COMMUNITY INITIATIVE (MCI):
IN 2025, THE MODEL COMMUNITY INITIATIVE (MCI) STRENGTHENED COMMUNITY-LED CHILD-PROTECTION SYSTEMS, EXPANDED SURVIVOR LEADERSHIP, AND IMPROVED ACCESS TO ESSENTIAL SERVICES ACROSS LAGONAV AND PARTNER COMMUNITIES. THROUGH COMMUNITY-BASED PSYCHOSOCIAL-CASE-MANAGEMENT, MCI INTERVENED IN THE CASES OF 9 CHILDREN FACING VIOLENCE, NEGLECT, OR RISK OF ENTERING RESTAVÈK, PROVIDING TAILORED SUPPORT SUCH AS MEDICAL CARE, PSYCHOSOCIAL COUNSELING, ECONOMIC ASSISTANCE, AND FAMILY REINTEGRATION FOLLOW-UP. SURVIVOR-LED COMMUNITY SENSITIZATION EFFORTS REACHED 968 RESIDENTS THROUGH MOCK TRIALS, OPEN-SPACE ASSEMBLIES, DOOR-TO-DOOR INTERVENTIONS, AND CHURCH-BASED OUTREACH, INCREASING KNOWLEDGE OF CHILDREN'S RIGHTS AND IMPROVING COMMUNITY CAPACITY TO PREVENT ABUSE AND EXPLOITATION. A MAJOR MILESTONE OF THE YEAR WAS THE ESTABLISHMENT OF 10 MENTAL WELLNESS GROUPS SERVING 148 ADULT SURVIVORS OF RESTAVÈK. TRAINED SURVIVOR-FACILITATORS LED WEEKLY SESSIONS TO SUPPORT TRAUMA MANAGEMENT, EMOTIONAL HEALING, AND IMPROVED WELLBEING.

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization: **BEYOND BORDERS, INC.**

Employer identification number: **23-2713126**

BASELINE ASSESSMENTS GUIDED THE CREATION OF TWO THERAPEUTIC GROUPS FOR SURVIVORS NEEDING MORE INTENSIVE SUPPORT, EACH LED BY A PSYCHOSOCIAL OFFICER. TO ENSURE THE SUSTAINABILITY OF COMMUNITY PROTECTION MECHANISMS, MCI STRENGTHENED 7 CHILD PROTECTION COORDINATION COMMITTEES AND 8 SRN COORDINATION COMMITTEES. THESE STRUCTURES PARTICIPATED IN ORGANIZATIONAL DIAGNOSTICS, CAPACITY-STRENGTHENING PLANS, AND TARGETED TRAINING ON FINANCIAL MANAGEMENT, NARRATIVE REPORTING, PROCUREMENT, AND DIGITAL LITERACY. PARTICIPANTS DEMONSTRATED SIGNIFICANT GAINS IN KNOWLEDGE, WITH ICT TRAINEES INCREASING TEST SCORES BY AN AVERAGE OF 44.7 POINTS. MCI EXPANDED ITS TECHNICAL ACCOMPANIMENT TO PARTNER ORGANIZATIONS IN ARTIBONITE-SUPPORTING RJM AND THE GWOMÒN CHILD PROTECTION COMMITTEE WITH GUIDANCE ON CASE MANAGEMENT, ADVOCACY, TRS GROUP FACILITATION, AND COMMUNITY MOBILIZATION. THESE EFFORTS ENABLED THE OPERATION OF 32 TRS DIALOGUE GROUPS, IMPROVED ACCESS TO EDUCATION FOR CHILDREN WHOSE FAMILIES COULD NOT PAY SCHOOL FEES, SUPPORTED BIRTH REGISTRATION FOR 15 UNREGISTERED CHILDREN, AND STRENGTHENED PARTNERSHIPS WITH HOSPITALS, SCHOOLS, AND GOVERNMENT INSTITUTIONS. THE FAMILY GRADUATION PROGRAM (FGP) ACHIEVED A MAJOR SUCCESS AS ALL 160 FAMILIES IN COHORT 6 COMPLETED THE PROGRAM IN JULY 2025. GRADUATES RECEIVED NEW OR REHABILITATED HOMES EQUIPPED WITH WORKING TOILETS AND RAINWATER CATCHMENT SYSTEMS AND TANKS, ALONG WITH LIVESTOCK AND LIVELIHOOD ASSETS, SAVINGS SUPPORT, AND TRAINING TO MANAGE WATER SYSTEMS AND INCOME-GENERATING ACTIVITIES. FAMILIES REPORTED MAJOR IMPROVEMENTS IN FOOD SECURITY, DIGNITY, AND HOUSEHOLD STABILITY. OVERALL, MCI STRENGTHENED COMMUNITY RESILIENCE, ENHANCED SURVIVOR LEADERSHIP, EXPANDED MENTAL HEALTH SUPPORT, AND DELIVERED CRITICAL PROTECTION SERVICES TO ADVANCE THE MOVEMENT TO END CHILD DOMESTIC SERVITUDE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
TRANSFORMING THE MISSION MODEL
EXPENSES: $27,421, INCLUDING GRANTS OF: $0

URBAN MODEL COMMUNITY INITIATIVE
EXPENSES: $948, INCLUDING GRANTS OF: $0

FORM 990, PART V - ADDITIONAL INFORMATION
FISCAL YEAR 2025 OVERVIEW
IN THE FISCAL YEAR ENDING JUNE 30, 2025, BEYOND BORDERS (BB) AND ITS LOCAL PARTNERS SERVED SOME OF HAITI'S MOST VULNERABLE POPULATIONS ACROSS URBAN AND RURAL AREAS IN THE SOUTHEAST, WEST, AND CENTRAL DEPARTMENTS. THE ORGANIZATION EMPLOYED 44 STAFF MEMBERS BASED IN HAITI, NORTH AMERICA, AND EUROPE, OPERATING FROM THREE HAITIAN OFFICES LOCATED IN JACMEL, PORT-AU-PRINCE, AND ON LAGONAV ISLAND. NORTH AMERICAN TEAM MEMBERS WERE SPREAD ACROSS SEVERAL U.S. STATES, CANADA, AND THE UNITED KINGDOM. RISING SOCIO-POLITICAL UNREST-MARKED BY INCREASING GANG VIOLENCE, PARTICULARLY IN PORT-AU-PRINCE, AND WIDESPREAD INSECURITY-HINDERED PROGRAM PROGRESS. ADDITIONALLY, INFLATION, DROUGHT, AND FOOD SHORTAGES POSED SIGNIFICANT CHALLENGES FOR COMMUNITIES AND HAITI-BASED STAFF. NEVERTHELESS, BB MAINTAINED ITS PROGRAMS, ACHIEVING PROGRESS THROUGH INNOVATIVE STRATEGIES AND STRENGTHENED CONTINGENCY PLANNING.
MOVEMENT TO END CHILD DOMESTIC SERVITUDE (RESTAVÈK): OVER 2025, BB'S

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COMMUNITY-BASED CHILD PROTECTION INITIATIVE HAS MADE CONSIDERABLE PROGRESS TOWARD ENSURING THAT CHILDREN THROUGHOUT ANSAGALÈ COMMUNE LIVE FREE FROM VIOLENCE, EXPLOITATION, AND NEGLECT. HAVING SET A TARGET OF 50 PERCENT OF COMMUNITY PROTECTION STRUCTURES CARRYING OUT AT LEAST TEN DISTINCT ACTIONS TO SAFEGUARD CHILDREN; BY JUNE 30, 2025, 47 PERCENT-44 OUT OF 94 STRUCTURES-HAD MET OR EXCEEDED THIS THRESHOLD, WHILE EVERY STRUCTURE IMPLEMENTED AT LEAST TWO PROTECTIVE MEASURES SUCH AS RESCUING CHILDREN FROM HARMFUL SITUATIONS, FACILITATING SCHOOL ENROLLMENT, DELIVERING ESSENTIAL HEALTHCARE SERVICES, AND PROVIDING PSYCHOSOCIAL SUPPORT TO THOSE IN DISTRESS. THESE 94 STRUCTURES OPERATE WITHIN 14 INTERLINKED NETWORKS, EACH GUIDED BY A DEDICATED COORDINATION TEAM THAT ENSURES SUSTAINED ENGAGEMENT AND ACCOUNTABILITY ACROSS ALL COMMUNAL SECTIONS. TO BOLSTER STRATEGIC OVERSIGHT AND FOSTER LOCAL LEADERSHIP, BB AIMED TO ESTABLISH AND OPERATIONALIZE SIX SECTIONAL COORDINATION COMMITTEES; INSTEAD, OUR EFFORTS YIELDED THE CREATION OF SIX ADULT SURVIVOR NETWORK COMMITTEES ALONGSIDE SEVEN CHILD PROTECTION BRIGADE COMMITTEES. THESE BODIES ARE ACTIVELY RAISING COMMUNITY AWARENESS ABOUT THE PERNICIOUS RESTAVÈK PRACTICE, COORDINATING RESPONSES TO CHILD ABUSE AND EXPLOITATION, AND FACILITATING THE REINTEGRATION OF ADULT SURVIVORS WHO ENDURED RESTAVÈK AS CHILDREN-A CRITICAL STEP IN BREAKING INTERGENERATIONAL CYCLES OF ABUSE. BB FOCUSED ON PROVIDING DIRECT SUPPORT TO AT LEAST 20 CHILDREN WHO HAVE EXPERIENCED VIOLENCE, INCLUDING EXPLOITATION, SEXUAL ASSAULT, OR PHYSICAL HARM. THROUGH THE COMBINED EFFORTS OF OUR COMMUNITY STRUCTURES AND COORDINATION COMMITTEES, 58 CHILDREN RECEIVED TARGETED INTERVENTIONS: 12 WERE LIBERATED FROM RESTAVÈK SERVITUDE, FIVE SURVIVORS OF SEXUAL VIOLENCE OBTAINED SPECIALIZED CARE, ONE CASE OF DEPORTATION WAS MANAGED WITH COMPREHENSIVE ASSISTANCE, AND 40 INSTANCES OF MALTREATMENT WERE ADDRESSED THROUGH LEGAL, MEDICAL, AND PSYCHOSOCIAL CHANNELS. IN TOTAL, 200 VULNERABLE CHILDREN HAVE BENEFITED FROM OUR CARE SERVICES, AND TO FOSTER LONG-TERM RESILIENCE AMONG FORMER RESTAVÈK VICTIMS, WE ESTABLISHED 25 WELL-BEING GROUPS THAT NOW INCLUDE OVER 200 MEMBERS WHO PARTICIPATE IN PEER SUPPORT AND EMPOWERMENT ACTIVITIES DESIGNED TO STRENGTHEN THEIR CAPACITY TO RESPOND EFFECTIVELY TO FUTURE INCIDENTS OF VIOLENCE. FINALLY, BB HAD SOUGHT TO REACH 100 CHILDREN WITH INTEGRATED EDUCATION, HEALTHCARE, AND LEGAL SERVICES-AN OBJECTIVE WE SURPASSED BY DELIVERING PROTECTIVE INTERVENTIONS TO 200 CHILDREN ON LAGONAV ISLAND BY THE END OF MAY. THESE SERVICES COMPRISED PROTECTION FROM VARIOUS FORMS OF ABUSE FOR 47 CHILDREN, 220 INSTANCES OF EDUCATIONAL SUPPORT (INCLUDING SCHOOL SUPPLIES AND TUTORING), 41 HEALTH AND PSYCHOSOCIAL CARE SESSIONS, AND FIVE CASES OF LEGAL ASSISTANCE THAT RESULTED IN FAMILY REUNIFICATION OR REMOVAL FROM HARMFUL ENVIRONMENTS. COMPLEMENTING THESE ACHIEVEMENTS, STRATEGIC PARTNERSHIPS WITH FOKA AND GRAPHDEL HAVE ENABLED THE TRAINING OF OVER 1,000 COMMUNITY MEMBERS IN CHILD PROTECTION BEST PRACTICES AND SENSITIZED MORE THAN 5,000 ADDITIONAL STAKEHOLDERS TO CHILDREN'S RIGHTS ISSUES, REINFORCING A COLLECTIVE COMMITMENT AMONG LOCAL ORGANIZATIONS, HOST FAMILIES, AND CIVIL SOCIETY TO DENOUNCE VIOLATIONS AND BUILD A FUTURE WHERE NO CHILD'S WELFARE IS COMPROMISED.
MOVEMENT TO GUARANTEE UNIVERSAL ACCESS TO QUALITY EDUCATION: BY 30 JUNE 2025, THE MODEL COMMUNITY INITIATIVE ON LAGONAV ISLAND HAD SHEPHERDED TEN NEWLY OPENED RURAL SCHOOLS THROUGH A DEMANDING TWO-YEAR CAPACITY-BUILDING PROGRAM, REACHING ITS FIRST LANDMARK WITH A FLAWLESS 100 PERCENT COMPLETION

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RATE AND PROVING THAT QUALITY IMPROVEMENT IS POSSIBLE EVEN IN HAITI'S MOST HARD-TO-REACH COMMUNITIES. GAINS QUICKLY SHOWED IN CLASSROOMS: 312 OF 352 ENROLLED PUPILS-AN 88.63 PERCENT COMPLETION RATE THAT BEATS THE 80 PERCENT TARGET-FINISHED THE ACADEMIC YEAR, THOUGH THE 40 DROPOUTS REMIND PARTNERS THAT POVERTY, DISTANCE, AND INSECURITY STILL ERODE ATTENDANCE. TEACHER PRACTICE IMPROVED AS WELL; 28 OF 30 EDUCATORS (93.33 PERCENT) REGULARLY APPLY AT LEAST TWO NEW TECHNIQUES-DIFFERENTIATED INSTRUCTION, INTERACTIVE LEARNING, AND FORMATIVE ASSESSMENT-STRENGTHENING ENGAGEMENT AND TAILORING SUPPORT TO INDIVIDUAL LEARNERS. TO EMBED CHANGE LOCALLY, THE INITIATIVE CREATED 13 COMMUNAL-SECTION EDUCATION PLATFORMS THAT UNITE SCHOOLS, PARENTS, AND CIVIL SOCIETY; SEVEN HAVE ALREADY LAUNCHED RESOURCE-MOBILIZATION DRIVES, TAPPING COMMUNITY LABOR, IN-KIND GIFTS, AND SMALL GRANTS TO BUY SUPPLIES, REPAIR CLASSROOMS, AND SUBSIDIZE TRANSPORT COSTS. THESE SAME COALITIONS SPEARHEADED DOOR-TO-DOOR OUTREACH, CATCH-UP TUTORING, AND FEE WAIVERS THAT RETURNED 151 PREVIOUSLY OUT-OF-SCHOOL CHILDREN TO THE CLASSROOM, JUST OVER THE 150-CHILD GOAL. YET EARLY-GRADE LITERACY REMAINS FRAGILE: ONLY 51.48 PERCENT OF THIRD-GRADERS REACHED MINIMUM READING PROFICIENCY, BELOW THE 60 PERCENT TARGET, UNDERSCORING THE NEED FOR FOCUSED COACHING AND MATERIALS. RUGGED TERRAIN, CHRONIC TEACHER SHORTAGES, AND THE DISTRICT SCHOOL OFFICE'S LIMITED OVERSIGHT CAPACITY COMPOUND THESE HURDLES, SO THE PROGRAM HAS PARTNERED WITH THE BDS TO BOOST INSPECTION FREQUENCY AND ON-SITE MENTORING WHILE DEPLOYING A REAL-TIME ATTENDANCE DATABASE THAT FLAGS AT-RISK STUDENTS FOR RAPID FOLLOW-UP. COLLECTIVELY, THESE ACCOMPLISHMENTS AND LESSONS PROVIDE A STURDY SPRINGBOARD FOR THE NEXT PHASE, WHICH WILL ZERO IN ON LITERACY ACCELERATION, BROADER COMMUNITY FUNDRAISING, AND DATA-DRIVEN DECISION-MAKING TO ENSURE EVERY LAGONAV CHILD NOT ONLY ATTENDS SCHOOL BUT THRIVES ACADEMICALLY.

MOVEMENT TO PROMOTE ECONOMIC JUSTICE AND SUSTAINABLE LIVELIHOODS: ON 4 JULY 2025, COHORT 6 OF THE FAMILY GRADUATION PROGRAM WILL MARK A TRANSFORMATIVE MILESTONE: ALL 160 ENROLLED HOUSEHOLDS WILL GRADUATE AFTER 17 MONTHS OF INTENSIVE COACHING, HAVING RISEN FROM EXTREME POVERTY TO SELF-RELIANCE. THEY BEGAN IN DESPERATE STRAITS-41 CHILDREN MALNOURISHED, 20 ON THE BRINK OF RESTAVÈK EXPLOITATION, 114 FAMILIES ENDURING DAYS WITHOUT FOOD, ONLY NINE PEOPLE WITH ACCESS TO A LATRINE, 34 FAMILIES IN UNSAFE SHELTERS, AND A COLLECTIVE INCOME OF JUST 270,550 GOURDES. INTEGRATED INTERVENTIONS HAVE OVERTURNED THOSE REALITIES. TODAY EVERY FAMILY EATS AT LEAST TWO NUTRITIOUS MEALS DAILY; 39 CHILDREN HAVE FULLY RECOVERED FROM MALNUTRITION AND TWO OTHERS REMAIN IN MONITORED NUTRITION CARE; ALL 20 AT-RISK YOUNGSTERS NOW LIVE SAFELY WITH THEIR PARENTS, WHO HAVE MASTERED CHILD-PROTECTION PRACTICES THAT GUARD AGAINST FUTURE SEPARATION. HOUSING AND HYGIENE HAVE BEEN REVOLUTIONIZED: EVERY HOUSEHOLD OCCUPIES A SOLID DWELLING EQUIPPED WITH A FUNCTIONING TOILET, RESTORING DIGNITY AND REDUCING DISEASE. ECONOMIC GAINS ARE EQUALLY STRIKING. COMBINED SAVINGS AND PRODUCTIVE ASSETS HAVE SOARED TO 2,047,425 GOURDES, A SEVEN-FOLD JUMP, AND 25 FAMILIES HAVE LAUNCHED INCOME-GENERATING VENTURES RANGING FROM SMALL LIVESTOCK ENTERPRISES TO ARTISANAL CRAFTS, ANCHORING LONG-TERM RESILIENCE. THE PROGRAM'S INFLUENCE HAS RADIATED OUTWARD: 1,724 COMMUNITY MEMBERS-DRAWN FROM THE ORIGINAL FAMILIES AND THEIR NEIGHBOURS-NOW PARTICIPATE IN SAVINGS GROUPS, MUTUAL-AID PROJECTS, AND CIVIC DIALOGUES, WHILE AN ADDITIONAL 800 RESIDENTS HAVE BENEFITED FROM TRAINING IN SAFE WATER, FAMILY PLANNING,

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FINANCIAL LITERACY, AND BUSINESS MANAGEMENT. AS A RESULT, EVERY KEY INDICATOR HAS BEEN SURPASSED: 100 PERCENT GRADUATION, UNIVERSAL TWO-MEAL CONSUMPTION, TWO PRODUCTIVE ASSETS PER HOUSEHOLD, FULL SCHOOL ATTENDANCE FOR ALL CHILDREN, COMPLETE PARTICIPATION IN VILLAGE SAVINGS AND LOAN ASSOCIATIONS, AND ACTIVE ENDORSEMENT FROM TEN LOCAL AUTHORITIES. COHORT 6'S JOURNEY PROVES THAT COORDINATED, COMMUNITY-ROOTED SUPPORT CAN LIFT EVEN THE MOST VULNERABLE HOUSEHOLDS FROM DEPRIVATION TO SUSTAINABLE PROSPERITY-AND IN DOING SO, SPARK BROAD SOCIAL CHANGE.

RETHINKING POWER PROGRAM (THE MOVEMENT TO END VIOLENCE AGAINST WOMEN AND GIRLS, VAWG): THE INITIATIVE TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS (VAWG), INCLUDING THOSE WITH DISABILITIES, IN HAITI HAS CENTERED ON MOBILIZING EIGHT COMMUNITIES IN THE SOUTHEAST REGION OF LAMONTAY/BENÈ, CREATING AND ADAPTING QUALITY PREVENTION MATERIALS, AND REINFORCING BOTH HAITIAN FEMINIST AND VAWG PREVENTION MOVEMENTS. A CORNERSTONE OF THIS EFFORT WAS THE SOCIAL NORMS CHANGE TRAINING, WHICH AIMED TO ENGAGE 610 COMMUNITY NETWORK MEMBERS IN THE SASA! TOGETHER, POWER TO GIRLS, AND SAFE AND CAPABLE PROCESSES. REMARKABLY, 936 NETWORK MEMBERS COMPLETED THE SASA! TOGETHER AND POWER TO GIRLS TRAINING PHASE, FAR EXCEEDING THE ORIGINAL TARGET AND DEMONSTRATING BOTH ROBUST COMMUNITY ENGAGEMENT AND STRONG IMPLEMENTATION OF PREVENTION STRATEGIES. IN APRIL 2025, A SHORT TRAINING SESSION ON EMPOWERING GIRLS BROUGHT TOGETHER 19 ORGANIZATIONS-ONE MORE THAN THE TARGET OF 18-WHILE TWO PARTNER ORGANIZATIONS, MPP AND AFASDA, JOINED IN ADVOCACY EFFORTS TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS. EXCHANGES AMONG MPP, AFASDA, AND MEMBERS OF THE LAVALE ADVOCACY COMMITTEE (AKJT, AJFAM, GAPEP) FOSTERED SHARED LEARNING FROM PAST SUCCESSES AND CHALLENGES, CREATING A COLLABORATIVE SPACE FOR ALL ADVOCACY COMMITTEES. PARTICIPATING ORGANIZATIONS UNDERSCORED THE IMPORTANCE OF FOSTERING GIRLS' SELF-CONFIDENCE FROM AN EARLY AGE AS A KEY STRATEGY FOR REDUCING THEIR VULNERABILITY TO VIOLENCE AND ENSURING THAT, AS WOMEN, THEY ARE BETTER EQUIPPED TO DEFEND THEMSELVES. EARLY RIGHTS EDUCATION WAS HIGHLIGHTED AS ESSENTIAL TO ADDRESSING THE ROOT CAUSES OF VAWG, AND AWARENESS TRAININGS ENCOURAGED WOMEN AND GIRLS TO SPEAK OUT ABOUT VIOLENCE EXPERIENCED WITHIN FAMILIES, PARTNERSHIPS, OR COMMUNITIES, LAYING THE GROUNDWORK FOR JOINT ACTION THROUGH A NEWLY ESTABLISHED NETWORK. THE RETHINKING POWER PROGRAM FURTHER SUPPORTED MOVEMENT BUILDING BY SHARING INFORMATION ON DONOR OPPORTUNITIES WITH FEMINIST ORGANIZATIONS. RP ASSISTED MPP WITH APPLICATIONS TO MAMA CASH AND THE BLACK FEMINIST FUND, SUPPORTED COSOF'S APPLICATION TO MAMA CASH, AND PROVIDED TECHNICAL GUIDANCE TO AKJT, AJFAM, AND ADRESFEM. THIS INFORMATION WAS ALSO SHARED WITH THREE ADDITIONAL ORGANIZATIONS, STRENGTHENING CONNECTIONS BETWEEN LOCAL ACTORS AND POTENTIAL FUNDERS.

TESTIMONIES & HUMAN IMPACT STORIES

STRENGTHENING EDUCATION ON LAGONAV: FRANCOIS'S STORY - FRANCOIS FODNEL-A FATHER, EDUCATION TECHNICIAN, AND SCHOOL INSPECTOR FROM GRAN LAGON-SHARED HIS APPRECIATION FOR THE BEYOND BORDERS PARTNERSHIP WITH THE DISTRICT SCHOOL OFFICE (BDS):

"I WANT TO CONGRATULATE AND EXPRESS MY APPRECIATION FOR THE WAY BEYOND BORDERS WORKS IN PARTNERSHIP WITH THE DISTRICT SCHOOL OFFICE (BDS)-CARRYING OUT SCHOOL SUPERVISION ACTIVITIES AND PROVIDING TRAINING (PHOTOS) TO BUILD EDUCATION NETWORKS THAT SUPPORT BDS'S WORK."

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THANKS TO THIS PARTNERSHIP, THE BDS IS MORE PRESENT IN RURAL COMMUNITIES, HAS STRONGER OVERSIGHT OF LOCAL SCHOOLS, AND NOW MANAGES A FUNCTIONING DATABASE-IMPROVING EVERYTHING FROM SCHOOL SUPERVISION TO DATA MANAGEMENT. INSPECTORS CAN TRAVEL MORE EASILY, BDS CAN GATHER EDUCATION STAKEHOLDERS TOGETHER, AND EVEN THE RENOVATION OF THE BDS OFFICE IS UNDERWAY WITH SUPPORT FROM NEW PARTNERS.

BECAUSE OF THESE CHANGES, SCHOOLS ARE MORE ACCOUNTABLE, RESOURCES REACH WHERE THEY'RE NEEDED MOST, AND CHILDREN ON LAGONAV HAVE A BETTER CHANCE AT A QUALITY EDUCATION.

PREVENTING VIOLENCE AGAINST WOMEN IN THE SOUTHEAST OF HAITI - "I AM HAPPY WITH THE WORK RETHINKING POWER IS DOING WITH THE SASA! TOGETHER METHODOLOGY. MY MOTHER AND FATHER ARE BEGINNING TO LIVE WITHOUT VIOLENCE. BEFORE, THEY DIDN'T RESPECT ONE ANOTHER, THERE WAS VIOLENCE, MY MOTHER DIDN'T WANT TO MAKE MY FATHER FOOD, MY FATHER USED TO ALWAYS MAKE MY MOTHER JEALOUS, AND THERE WERE ALWAYS INSULTS IN THE HOUSE. THE WAY MY MOTHER AND FATHER USED TO INTERACT CREATED A LOT OF PROBLEMS FOR MY BROTHERS AND SISTERS AND ME. WE WERE ASHAMED IN THE COMMUNITY BECAUSE OF THE WAY THEY WERE. NOW, MY MOTHER AND FATHER LIVE WITHOUT VIOLENCE; THERE ARE NO INSULTS IN THE HOME ANYMORE, THERE IS RESPECT, LOVE. THEY HAVE STARTED TO BALANCE THEIR POWER WELL. ALL THE THINGS MY MOTHER DIDN'T USED TO DO FOR MY FATHER, SHE DOES THEM NOW. THEY NO LONGER INSULT EACH OTHER, BUT THEY OFTEN SIT AND TALK. MY MOTHER DOESN'T FIND A REASON TO BE JEALOUS ANYMORE, NOW THERE IS JOY IN OUR FAMILY. I AM SO HAPPY, I DO NOT KNOW HOW I WOULD THANK RETHINKING POWER FOR THE CHANGES IT HAS HELPED BRING ABOUT IN MY FAMILY, AND IN THE LIVES OF MY MOTHER AND FATHER." ~ YOUNG WOMAN, LAMONTAY

EMPOWERING ADULT SURVIVORS OF CHILD SLAVERY TO LEAD: LISIANA'S STORY - "MY NAME IS LISIANA VERGÉE. I'M 49 YEARS OLD, A MOTHER OF 10, AND THE PRESIDENT OF THE SURVIVORS' NETWORK COORDINATION IN MY COMMUNITY. I WAS BORN IN FON PLEZI AND HAVE LIVED HERE ALL MY LIFE. BEFORE THIS ROLE, I WENT THROUGH VERY HARD TIMES. WHEN I WAS 10, MY AUNT CONVINCED MY MOTHER TO SEND ME TO PORT-AU-PRINCE FOR SCHOOL. BUT INSTEAD OF STUDYING, I BECAME A DOMESTIC WORKER. AT JUST 10 YEARS OLD, I DID ALL THE HOUSEWORK, WENT HUNGRY, WAS BEATEN, AND SLEPT ALONE. SCHOOL WAS NEVER AN OPTION. ONE DAY, DESPERATE AND EXHAUSTED, I RAN AWAY-HIDING ON A BOAT TO LAGONAV. ANOTHER AUNT TOOK ME IN, BUT LIFE WAS NO DIFFERENT. I SUFFERED THE SAME ABUSE. I LEFT AGAIN, WITH ONLY A FEW CLOTHES A COUSIN HID FOR ME, AND WENT TO LIVE WITH MY GRANDMOTHER. SHE TRIED TO HELP, BUT I HAD TO WORK IN THE MARKET AND COULD ONLY ATTEND SCHOOL PART-TIME. I BECAME A MOTHER VERY YOUNG, WITHOUT SKILLS OR SUPPORT. WHAT CHANGED MY LIFE WAS JOINING THE SURVIVORS' NETWORK. THROUGH TRAINING, I BEGAN TO UNDERSTAND MYSELF, RECOGNIZE THE ABUSE I SUFFERED, AND START TO HEAL. NOW, AS PRESIDENT, I'M PROUD TO HELP OTHERS. THANKS TO EDUCATION EFFORTS BY THE SURVIVORS NETWORK CHAPTER MORE CHILDREN HERE GO TO SCHOOL AND MORE ADULTS UNDERSTAND HOW TO TREAT CHILDREN WITH RESPECT. MY GOAL IS TO MAKE SURE NO CHILD IN OUR COMMUNITY SUFFERS AS I DID."

BALANCING POWER BETWEEN WOMEN AND MEN: A MALE ACTIVISTS' STORY - "FOR ABOUT THE PAST TWO YEARS, I HAVE BEEN A COMMUNITY ACTIVIST IN THE RETHINKING POWER PROGRAM. I HAD KNOWN ABOUT THE PROGRAM SINCE IT WAS IMPLEMENTED IN LAVALE BECAUSE I WAS A STUDENT IN ONE OF THE LAVALE SCHOOLS. I USED TO MAKE FUN OF THE PROGRAM BECAUSE I DIDN'T BELIEVE IN THE MESSAGES IT WAS

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BRINGING. BUT IT WAS WHEN THE PROGRAM STARTED TO BE IMPLEMENTED IN MY COMMUNITY OF BREZILYÈN, I STARTED TO PARTICIPATE IN THE MEETINGS WITH THE ACTIVISTS AND I BEGAN TO UNDERSTAND WELL THE WORK THE PROGRAM WAS DOING THAT I BEGAN TO LOVE THE PROGRAM.

NOW I HAVE BECOME AN ACTIVIST. THANKS TO THE TRAINING I HAVE HAD, I HAVE BEGUN TO SEE POWER RELATIONSHIPS BETWEEN WOMEN AND MEN IN ANOTHER WAY. I HAVE COME TO ACCEPT THAT WOMEN AND MEN HAVE THE SAME POWER. I HAVE COME TO SEE WOMEN POSITIVELY COMPARED TO THE WAY I USED TO SEE THEM BEFORE. AS A PERSON WITH A DISABILITY, THE PROGRAM HAS HELPED ME TO ACCEPT MY DISABILITY AND TO RAISE PEOPLE'S CONSCIOUSNESS ABOUT THE IMPORTANCE WOMEN AND GIRLS HAVE, EVEN IF THEY HAVE A DISABILITY. THE PROGRAM HAS HELPED PEOPLE IN THE COMMUNITY LIVE BETTER WITH ME, ACCEPT ME AND MY DISABILITY, AND UNDERSTAND THAT I HAVE VALUE JUST LIKE THEY DO . . . THANKS TO THE PROGRAM, I AM FACILITATING ACTIVITIES TO RAISE CONSCIOUSNESS ABOUT BALANCED POWER BETWEEN WOMEN AND MEN, AND PREVENTING VIOLENCE AGAINST WOMEN AND GIRLS ALL OVER BREZILYÈN, WHICH IS WHERE I LIVE. FRANKLY, THE RETHINKING POWER PROGRAM HAS TOTALLY CHANGED MY LIFE. ~ MALE COMMUNITY ACTIVIST AND TEACHER WITH A DISABILITY, BRAZILYÈN

SURVIVORS ARE BREAKING THE CYCLE OF ABUSE: DARLINE'S STORY - "MY NAME IS DARLINE SAGESSE. I AM 45 YEARS OLD AND LIVE IN NOUVÈLSITE WITH MY FOUR CHILDREN-TWO GIRLS AND TWO BOYS. I AM A MEMBER OF THE SURVIVOR NETWORK COORDINATION IN THE 1ST SECTION OF PALMA, AND I REPRESENT THE BRS (SURVIVORS NETWORK CHAPTER) IN NOUVÈL SITE. I WANT TO SHARE HOW MUCH MY LIFE HAS CHANGED SINCE JOINING BRS. MY MOTHER DIED WHEN I WAS THREE, AND I WAS SENT TO LIVE WITH RELATIVES, INCLUDING AN AUNT I BARELY KNEW. MY CHILDHOOD WAS FILLED WITH MISERY-I WAS BEATEN NEARLY EVERY DAY FOR NO REASON, FORCED TO CARRY LOADS TOO HEAVY FOR MY AGE, AND MADE TO WASH LARGE TUBS OF CLOTHES. MY LIFE WAS HELL. I HAD NO ONE TO TURN TO AND NOWHERE ELSE TO GO. AS I GREW OLDER, I REALIZED HOW DIFFERENTLY I WAS TREATED COMPARED TO OTHER CHILDREN. THE CONSTANT HUMILIATION AND ABUSE LEFT ME DEEPLY SAD AND BROKEN INSIDE. EVEN NOW, THE HARD LABOR I ENDURED AS A CHILD HAS LEFT MY BODY WEAK-I OFTEN FEEL I AM OF LITTLE USE TO MYSELF. WHEN I LEFT THE RESTAVÈK LIFE AND STARTED MY OWN FAMILY, I STILL THOUGHT IT WAS NORMAL TO MISTREAT CHILDREN. I EVEN ENCOURAGED OTHERS TO USE HARSH DISCIPLINE, NOT REALIZING CHILDREN DESERVE LOVE AND RESPECT. EVERYTHING CHANGED WHEN I JOINED THE SURVIVOR NETWORK AND PARTICIPATED IN AWARENESS SESSIONS AND TRAINING. THROUGH THESE EXPERIENCES, I LEARNED TO RECOGNIZE THE HARM OF RESTAVÈK, TO LOVE MYSELF AND OTHERS, AND TO LIVE WITH COMPASSION AND CONTROL MY EMOTIONS. NOW, AS A LEADER IN THE SURVIVORS' NETWORK, I AM PROUD TO DEFEND CHILDREN'S RIGHTS AND TO HELP GUIDE MY COMMUNITY. MY DREAM IS FOR NO CHILD IN OUR COMMUNITY TO BE SENT AWAY OR MISTREATED. I HOPE FOR MORE AWARENESS AND SUPPORT SO SURVIVORS CAN HEAL FROM THE DEEP SCARS LEFT BY THESE EXPERIENCES."

FROM CHILDHOOD ABUSE & EXTREME POVERTY TO A SAFE HOME & STABLE LIFE: EDELINE'S STORY - "MY NAME IS EDELINE PIERRE AND I LIVE IN BOUKAN LAMA, ON MÒN POLYAS. MY STORY IS A PAINFUL ONE. MY FATHER DIED WHEN I WAS VERY YOUNG, SO MY GODFATHER TOOK ME IN. LIFE THERE WAS HARD-THEY HAD TWO CHILDREN OF THEIR OWN, AND I WAS OFTEN BLAMED FOR ANYTHING THAT WENT WRONG. ONE DAY, WHEN THEIR CHILD ATE SOME FOOD, I WAS ACCUSED OF STEALING IT. MY GODFATHER'S WIFE POURED BOILING MILK INTO MY MOUTH AS PUNISHMENT. MY MOTHER

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CAME FOR ME WHEN SHE HEARD WHAT HAPPENED, BUT BY THEN MY MOUTH WAS COVERED IN SORES.

EVEN WHEN ANOTHER GODMOTHER TOOK ME IN, I FACED MORE MISTREATMENT. I WAS SENT TO SCHOOL, BUT SHE WOULD BEAT ME AND SCRUB MY UNIFORM WITH ROUGH STONES. I FEARED FOR MY LIFE AND RETURNED TO MY MOTHER, ESPECIALLY AFTER SHE HAD SURGERY AND NEEDED ME. I STRUGGLED TO FIND SUPPORT. WHEN I MET GABRIEL, HE HELPED ME STAY IN SCHOOL, BUT I BECAME PREGNANT BEFORE FINISHING AND LEFT WITH ONLY MY CERTIFICATE, THOUGH I WAS THE TOP STUDENT IN MY CLASS. WE MARRIED AND STARTED A FAMILY, BUT STRUGGLED TO FIND A PLACE TO LIVE. WE ENDED UP DIGGING A HOLE IN THE GROUND TO SLEEP IN, COVERING IT WITH SHEETS OF TIN SOMEONE GAVE US. AT OUR LOWEST POINT, THE PAMM (FAMILY GRADUATION) PROGRAM FOUND US AND LIFTED US OUT. NOW, WE LIVE IN A REAL HOUSE WITH THREE ROOMS, HAVE LIVESTOCK, SAVINGS, AND A NEW SENSE OF DIGNITY. PEOPLE LOOK AT MY FAMILY DIFFERENTLY NOW. I CAN NEVER THANK THE SUPPORTERS OF THE PROGRAM ENOUGH FOR WHAT THEY'VE DONE FOR US."

A HUSBAND CHANGES HIS WAYS AND DISCOVERS HIS POWER TO HELP END VIOLENCE

"ONE OF THE COMMUNITY ACTIVISTS IN THE ACTION PHASE GAVE TESTIMONY THAT, LONG AGO, HE USED TO BEAT HIS WIFE. HE SAID HE WOULD BE VIOLENT FOR ANY REASON, LIKE IF SHE WENT OUT WITHOUT TELLING HIM, AND HE USED TO THINK THAT WAS NORMAL. THANKS TO HIS ENGAGEMENT AS AN ACTIVIST, HE BEGAN TO UNDERSTAND HIS OWN BEHAVIOR AND SEE THAT CHANGE WAS NECESSARY. HE SAID THE PROGRAM CHANGED HIS LIFE. HE IS A MOTORCYCLE DRIVER, AND ONE DAY HE WAS AT THE STATION WHERE HE WORKED AND STARTED TO TALK WITH THE OTHER DRIVERS - 34 OF THEM - ABOUT HIS OWN LIFE. MANY OF THE MEN HAD KNOWN HOW HE USED TO TREAT HIS WIFE, AND REMARKED HOW TRUE IT WAS THAT HE DIDN'T HURT HIS WIFE ANYMORE. HE BEGAN TO REALIZE HOW THE CHANGE HE HAD MADE IN HIS LIFE COULD MAKE OTHER PEOPLE REFLECT ON THE NEED TO CHANGE IN THEIR OWN LIVES, IN HOW THEY USE THEIR POWER IN THEIR RELATIONSHIPS." ~ PARTNER ORGANIZATION STAFF MEMBER

WESLINE CISERON'S STORY - A GRADUATE OF THE 6TH FAMILY GRADUATION COHORT -

"MY NAME IS WESLINE CISERON. I'M 32, A MOTHER OF SIX, AND I LIVE IN A SMALL FARMING COMMUNITY IN PALMA.

MY CHILDHOOD WAS FILLED WITH HARDSHIP. MY MOTHER DIED WHEN I WAS TEN. THOUGH MY FATHER HAD THE MEANS TO CARE FOR ME, HE SENT ME AWAY TO LIVE AS A RESTAVÈK. THE CRUELTY I ENDURED DROVE ME BACK TO HIM, BUT HE TREATED ME EVEN WORSE, SPEAKING WORDS THAT CUT DEEPER THAN ANY BEATING.

I WENT TO LIVE WITH MY AUNT, BUT AFTER BURNING A POT OF BEANS WHILE ALSO WASHING LAUNDRY, SHE BEAT ME AND SMASHED THE POT OVER MY HEAD. MY FATHER REJECTED ME AGAIN, AND WHEN I TURNED TO HIM FOR HELP IN ANOTHER MOMENT OF DEEP HARM, WHEN MY UNCLE SEXUALLY ASSAULTED ME, HE IGNORED ME COMPLETELY. HUMILIATED AND HOPELESS, I KEPT SILENT, BELIEVING NO ONE WOULD SUPPORT ME. AT 16, I WAS ON MY OWN AND BEGAN RAISING CHILDREN. LIFE WAS GRUELING. I SURVIVED BY GOING HOUSE TO HOUSE, OFFERING TO DO LAUNDRY IN EXCHANGE FOR A SMALL MEAL. I EVENTUALLY LIVED UNDER A TARP, TOO ASHAMED TO STAY IN ANYONE'S HOME.

THEN PAMM FOUND ME. WITH THEIR SUPPORT, I BUILT A TWO-ROOM HOUSE, BOUGHT GOATS AND A DONKEY, JOINED TWO SAVINGS GROUPS, AND PUT MY CHILDREN IN SCHOOL. MY FATHER, ONCE MY HARSHEST CRITIC, NOW LIVES WITH ME DUE TO ILLNESS AND ALLOWED ME TO BUILD ON HIS LAND.

I STILL CARRY PAIN FROM THE PAST, BUT TODAY I HAVE DIGNITY, RESPECT, AND A

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HOME WHERE I CAN WELCOME OTHERS. A SIMPLE THANK-YOU CANNOT EXPRESS MY GRATITUDE TO THOSE WHO MADE THIS TRANSFORMATION POSSIBLE."
PLANTING SEEDS TO END VIOLENCE AGAINST WOMEN AND BALANCE POWER BETWEEN WOMEN AND MEN - "THOUGH IT IS TRUE THAT NOT ALL COMMUNITY MEMBERS ARE 100% 'THERE' YET, WHEN WE FIRST STARTED DOING ACTIVITIES IN THE COMMUNITY, ESPECIALLY THE MEN THOUGHT THAT IT WAS NORMAL TO CONTROL AND EVEN DO VIOLENCE TO THEIR PARTNERS. BUT MORE RECENTLY IN ACTIVITIES, WE FIND LESS PEOPLE WITH THAT OPINION, AND MEN'S DISCOURSE HAS STARTED TO CHANGE. THE DEBATES COMMUNITY ACTIVISTS HAVE DONE IN THE COMMUNITY ARE LIKE SEEDS WE HAVE PLANTED. SO, THERE IS HOPE THAT FRUIT WILL COME AT ANY MOMENT." ~ PARTNER ORGANIZATION COMMUNITY ACTIVIST FROM CHRIST-ROY COMMUNITY
A DISABLED ACTIVIST FINDS HER VOICE - "THIS IS MY FIRST TIME PARTICIPATING IN SUCH A TRAINING, ESPECIALLY AS SOMEONE WHO IS YOUNG AND DISABLED. I AM FORTUNATE THAT THIS TRAINING OPENS OTHERS' EYES TO THE WIDE ARRAY OF PRACTICES AND BELIEFS THAT CAN HARM US PEOPLE WITH DISABILITIES OR TURN US INTO VICTIMS. I FEEL STRONG, AND I AM READY TO BE THE VOICE OF PEOPLE WITH DISABILITIES IN MY AREA, BECAUSE I REALIZE THAT SOCIETY REALLY EXCLUDES PEOPLE WITH DISABILITIES, WHICH HAS BECOME A BARRIER TO PREVENT PEOPLE WITH DISABILITIES FROM BEING SILENT," ~ ANONYMOUS ACTIVIST FROM COSOFH (TECHNICAL SUPPORT PARTNER)

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 GUIDLINES 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.

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.

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Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
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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	(g) 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) Dispro-portionate alloc.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(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	(i) Section 512(b)(13) controlled entity? 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.

		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		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	1,855,555	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.