Form **990** (Rev. January 2020)
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)

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01/19 , and ending 06/30/20

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$ **2,280,081**

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

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

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

J Website: **u WWW.BEYONDBORDERS.NET**

H(c) Group exemption number **u**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u**

L Year of formation: **1993**

M State of legal domicile: **PA**

Part I Summary

Activities & Governance

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

2 Check this box **u** ☐ 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	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6
6 Total number of volunteers (estimate if necessary)	6	25
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,765,594	1,989,149
9 Program service revenue (Part VIII, line 2g)	14,090	14,877
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,166	6,055
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,788,850	2,010,081

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,074,864	1,276,187
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	517,693	499,447
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) **u** 243,565		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	154,649	302,010
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,747,206	2,077,644
19 Revenue less expenses. Subtract line 18 from line 12	41,644	-67,563

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	666,372	716,050
21 Total liabilities (Part X, line 26)	162,988	284,333
22 Net assets or fund balances. Subtract line 21 from line 20	503,384	431,717

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

COREY HASTINGS TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID M HERNLEY	DAVID M HERNLEY			P00033509

Firm's name } **BROWN SCHULTZ SHERIDAN & FRITZ** 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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2019)

Part III **Statement of Program Service Accomplishments**

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

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 $ **302,657** including grants of$ **236,369**) (Revenue $)

URBAN MODEL COMMUNITY INITIATIVE: IN PORT-AU-PRINCE, BEYOND BORDERS REACHED MORE THAN 6,000 INDIVIDUALS THROUGH CHILD RIGHTS TRAINING AND AWARENESS-RAISING CAMPAIGNS. TWENTY CHILD RIGHTS TRAINERS WERE TRAINED. MORE THAN 200 ADULT SURVIVORS OF CHILD SERVITUDE WERE TRAINED AND SUPPORTED TO MOBILIZE EIGHT NEIGHBORHOODS TO END CHILD SERVITUDE AND LIBERATE CHILDREN. IN THESE NEIGHBORHOODS, BEYOND BORDERS CONDUCTED SOCIAL MAPPING EXERCISES TO SUPPORT THE IDENTIFICATION OF CHILDREN LIVING IN DOMESTIC SERVITUDE. ADULT SURVIVORS'GROUPS CONDUCTED ASSESSMENTS TO INFORM PLANS TO BUILD CAPACITY IN ORGANIZING AND MOBILIZING. ONE CHILD WAS LIBERATED FROM DOMESTIC SERVITUDE. THREE LEGAL CASES WERE FILED AGAINST PERPETRATORS OF HUMAN TRAFFICKING.

4b (Code:) (Expenses $ **677,048** including grants of$ **595,454**) (Revenue $)

RURAL MODEL COMMUNITY INITIATIVE: BEYOND BORDERS AND PARTNERS ENGAGED EIGHTY-THREE COMMUNITIES TO BUILD LEADERSHIP, FACILITATE POPULAR EDUCATION, AND ORGANIZE TO PROTECT CHILDREN AND END CHILD SERVITUDE. MORE THAN 600 ADULT SURVIVORS OF CHILD SERVITUDE WERE SUPPORTED TO ORGANIZE AND MOBILIZE THEIR COMMUNITIES. SIX NEW CHILD PROTECTION BRIGADES WERE INAUGURATED, AND 120 CHILDREN RECEIVED SUPPORT FROM CHILD PROTECTION BRIGADES TO ATTEND SCHOOL. BEYOND BORDERS SUPPORTED 220 FAMILIES TO RISE OUT OF EXTREME POVERTY AND 23 SCHOOLS TO IMPROVE EDUCATION QUALITY AND CULTIVATE SCHOOL GARDENS. EIGHTY-SIX SCHOOL FAMILIES RECEIVED SUPPORT TO PLANT BACKYARD VEGETABLE GARDENS,WITH 10 RECEIVING HOME RAINWATER HARVESTING SYSTEMS.

4c (Code:) (Expenses $ **593,427** including grants of$ **419,211**) (Revenue $)

MOVEMENT TO END VIOLENCE AGAINST WOMEN AND GIRLS/RETHINKING POWER PROGRAM: BEYOND BORDERS CONTINUED COMMUNITY MOBILIZATION IN EIGHT COMMUNITIES TO PROMOTE SOCIAL NORMS CHANGE TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) USING THE METHODOLOGIES SASA! AND POWER TO GIRLS, AS WELL AS SAFE AND CAPABLE, AN ALL-NEW COMPLEMENTARY RESOURCE PACK TO PREVENT VAWG WITH DISABILITIES DEVELOPED BY BEYOND BORDERS WITH A GRANT FROM THE UN TRUST FUND TO END VIOLENCE AGAINST WOMEN. TO SCALE THESE METHODOLOGIES IN HAITI, BEYOND BORDERS PROVIDED ONGOING TRAINING AND TECHNICAL SUPPORT TO MORE THAN TEN ORGANIZATIONS TO MOBILIZE THEIR OWN COMMUNITIES.

4d Other program services (Describe on Schedule O.)
(Expenses $ **104,430** including grants of$ **25,153**) (Revenue $ **14,877**)

4e Total program service expenses u **1,677,562**

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 Revenue Procedure 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 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 lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash 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 in 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	4		
b	Enter the number of Forms W-2G included in 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** **6**			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
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 **u** **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

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	10		
	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	10		
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 in 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 in 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 in 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 u **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 u

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 and/or Box 7 of Form 1099-MISC) 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) **DAVID DIGGS**	40.00									
EXECUTIVE DIRECTOR	0.00			X				60,000	0	29,179
(2) **JONATHAN HAGGARD**	30.00									
FINANCE DIRECTOR	0.00			X				37,131	0	24,650
(3) **SERGE BELLEGARDE**	1.00									
DIRECTOR	0.00	X						0	0	0
(4) **YASMINE CAJUSTE**	4.50									
DIRECTOR	0.00	X						0	0	0
(5) **JAYNE ENGLE**	1.00									
DIRECTOR	0.00	X						0	0	0
(6) **ROBERT FATTON**	4.00									
DIRECTOR	0.00	X						0	0	0
(7) **ANNE GIBBONS**	3.50									
PRESIDENT	0.00	X		X				0	0	0
(8) **COREY HASTINGS**	1.50									
TREASURER	0.00	X		X				0	0	0
(9) **RUTH MESSINGER**	1.50									
DIRECTOR	0.00	X						0	0	0
(10) **PETE ROWLAND**	1.00									
DIRECTOR	0.00	X						0	0	0
(11) **SISTER CATHERINE SARTHER**	2.00									
SECRETARY	0.00	X		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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) NADIA TODRES	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal u								97,131		53,829
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u								97,131		53,829

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 u **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 u **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	49,194				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,939,955				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f	u		1,989,149			
Program Service Revenue		Business Code					
	2a **OTHER PROGRAM REVENUE**		900099	14,877	14,877		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f	u		14,877			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u		6,055			6,055
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
			(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)	u					
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	270,000				
	b Less: cost or other basis and sales exps.	7b	270,000				
	c Gain or (loss)	7c					
	d Net gain or (loss)	u					
	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	u					
	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	u					
	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	u					
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d	u					
	12 **Total revenue.** See instructions	u		2,010,081	14,877	0	6,055

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	1,276,187	1,276,187		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	89,179	57,966	17,836	13,377
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	305,531	139,489	59,143	106,899
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	76,783	28,480	20,684	27,619
10 Payroll taxes	27,954	13,309	4,852	9,793
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3,750		3,750	
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.)	15,063		15,063	
12 Advertising and promotion	17,195			17,195
13 Office expenses	15,089	5,494	536	9,059
14 Information technology				
15 Royalties				
16 Occupancy	47,094	23,618	5,770	17,706
17 Travel	12,451	5,636	2,429	4,386
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	258		258	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,211	1,816	178	1,217
23 Insurance	9,921		9,921	
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 COVID-19 SUPPLIES	81,486	81,486		
b CONSULTING FEES	76,587	41,162	2,377	33,048
c BANK CHARGES	11,356		11,356	
d TELEPHONE	7,892	2,919	1,707	3,266
e All other expenses	657		657	
25 Total functional expenses. Add lines 1 through 24e	2,077,644	1,677,562	156,517	243,565
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		66,121	1	77,410
	2	Savings and temporary cash investments		442,800	2	230,690
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		18,345	4	15,481
	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		134,831	9	92,312
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,102			
	b	Less: accumulated depreciation	10b 19,038	4,275	10c	1,064
	11	Investments—publicly traded securities			11	299,093
	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)		666,372	16	716,050
Liabilities	17	Accounts payable and accrued expenses		20,177	17	63,042
	18	Grants payable			18	
	19	Deferred revenue		142,765	19	192,685
	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		46	25	28,606
	26	**Total liabilities.** Add lines 17 through 25		162,988	26	284,333
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		155,506	27	119,646
	28	Net assets with donor restrictions		347,878	28	312,071
		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		503,384	32	431,717
	33	Total liabilities and net assets/fund balances		666,372	33	716,050

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	2,010,081
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,077,644
3	Revenue less expenses. Subtract line 2 from line 1	3	-67,563
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	503,384
5	Net unrealized gains (losses) on investments	5	-4,104
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	431,717

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 in 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 Single Audit Act and OMB Circular A-133?	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

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 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? 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) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,627,509	1,966,983	1,966,722	1,779,684	1,989,149	9,330,047
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,627,509	1,966,983	1,966,722	1,779,684	1,989,149	9,330,047
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)						
6 Public support. Subtract line 5 from line 4						9,330,047

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,627,509	1,966,983	1,966,722	1,779,684	1,989,149	9,330,047
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,468	11,165	4,028	9,166	6,055	34,882
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						9,364,929

12 Gross receipts from related activities, etc. (see instructions) 12 14,877

13 **First five 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 2019 (line 6, column (f) divided by line 11, column (f)) 14 99.63 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 15 99.67 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2019.** 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—2018.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), 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 government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) 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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) 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 (a) and (b) 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? *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 1-1/2% 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 .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 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

BEYOND BORDERS, INC.

Employer identification number

23-2713126

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(**3**) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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		$ 319,643	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 288,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 95,853	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 81,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 49,194	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 44,000	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		$ 60,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 50,000	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.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u 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.
u Attach to Form 990.
u Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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 in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, 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 **u**

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

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 conservation easements during the year **u**

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

8 Does each conservation easement reported on line 2(d) 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 **u** $

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

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 **u** $

b Assets included in Form 990, Part X **u** $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange program
- **e** ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ..... ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ..... ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ..... ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ..... ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance				203,072	198,604
b Contributions					
c Net investment earnings, gains, and losses				11,165	4,468
d Grants or scholarships					
e Other expenditures for facilities and programs				241,237	
f Administrative expenses					
g End of year balance					203,072

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment **u** ..... %
- **b** Permanent endowment **u** ..... %
- **c** Term endowment **u** ..... %

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)		X
(ii) Related organizations	3a(ii)		X
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		20,102	19,038	1,064
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* **u**				1,064

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, col. (B) line 12.)* u		

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, col. (B) line 13.)* u		

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, col. (B) line 15.)* u	

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) **REFUNDABLE ADVANCE**	**28,606**
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* u	**28,606**

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	2,005,977
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-4,104		
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	-4,104
3	Subtract line **2e** from line **1**			3	2,010,081
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	2,010,081

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	2,077,644
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	2,077,644
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	2,077,644

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)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2019

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? ..... [X] **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	38	PROGRAM SERVICES	SEE 990 PART III	1,266,076
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	3	38			1,266,076
b Total from continuation sheets to Part I ..					
c Totals (add lines 3a and 3b)	3	38			1,266,076

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	1,276,187	WIRE		NONE	CASH VALUE
(2)									
(3)									
(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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . u 1

3 Enter total number of other organizations or entities . . . . . u

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 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 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 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 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 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 Instructions for Form 5713; don't file with Form 990)*	☐ **Yes**	☒ **No**

Part V **Supplemental Information**

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

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

REPORTS ARE RECEIVED AND REVIEWED ON A REGULAR BASIS

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CARIBBEAN	$ 1,266,076	$ 0

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2019
Department of the Treasury Internal Revenue Service	u Attach to Form 990 or 990-EZ. u Go to *www.irs.gov/Form990* for the latest information.	Open to Public Inspection

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. WE SUPPORT MOVEMENTS IN HAITI TO END CHILD SERVITUDE, GUARANTEE UNIVERSAL ACCESS TO EDUCATION, END VIOLENCE AGAINST WOMEN AND GIRLS, AND REPLACE SYSTEMS THAT OPPRESS THE POOR WITH SYSTEMS THAT SUPPORT DIGNIFIED WORK AND SUSTAINABLE LIVELIHOODS.

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

SUSTAINING LIVELIHOODS INITITIVE

EXPENSES: $63,409 INCLUDING GRANTS OF: $25,153

TRANSFORMING THE MISSION MODEL

EXPENSES: $41,021 INCLUDING GRANTS OF: $0

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 ON TO THE ENTIRE BOARD BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ANNUAL CONFLICT OF INTEREST STATEMENTS ARE REQUIRED.

Name of the organization: BEYOND BORDERS, INC.

Employer identification number: 23-2713126

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

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

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SEE 15A ABOVE

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.

ADDITIONAL INFORMATION

BEYOND BORDERS SUPPORTS HAITIANS TO BUILD MOVEMENTS TO:

1)END CHILD SERVITUDE AND OTHER PRACTICES THAT HARM CHILDREN.

2)GUARANTEE UNIVERSAL ACCESS TO QUALITY EDUCATION.

3)END VIOLENCE AGAINST WOMEN AND GIRLS (VAWG).

4)PROMOTE ECONOMIC JUSTICE AND SUSTAINABLE LIVELIHOODS.

BEYOND BORDERS PROMOTES DIALOGUE, PARTICIPATION, AND RESPECTFUL EXCHANGE BY FACILITATING COMMUNITIES TO DEVELOP SOLUTIONS TO CHALLENGES THEY FACE. BEYOND BORDERS SUPPORTS NETWORKS OF INDIVIDUALS AND COMMUNITIES ADDRESSING THE EDUCATIONAL NEEDS AND HUMAN RIGHTS ISSUES OF GROUPS TRADITIONALLY

Name of the organization: BEYOND BORDERS, INC.

Employer identification number: 23-2713126

MARGINALIZED AND WITHOUT ACCESS TO BASIC SERVICES.

FY 2020 ACHIEVEMENTS

DURING THE FISCAL YEAR ENDING JUNE 30, 2020, BEYOND BORDERS' COMPLEMENTARY PROGRAMMING AND WORK WITH LOCAL PARTNERS REACHED SOME OF HAITI'S MOST VULNERABLE PEOPLE IN URBAN AND RURAL COMMUNITIES IN HAITI'S SOUTHEAST, WEST, AND CENTRAL DEPARTMENTS OF HAITI. BEYOND BORDERS EMPLOYS 48 STAFF AND OPERATES PROGRAMMING OUT OF THREE HAITI-BASED OFFICES IN JACMEL, PORT-AU-PRINCE, AND ON THE ISLAND OF LA GONÂVE, HAITI. USING APPROACHES TO CATALYZE SHIFTS IN SOCIAL NORMS AND BUILD LOCAL CAPACITY TO LEAD MOVEMENTS FOR CHANGE, BEYOND BORDERS' 39 PROGRAM STAFF IMPACTED THE LIVES OF MORE THAN 20,000 INDIVIDUALS DURING THE FISCAL YEAR. A HIGHLIGHT THIS YEAR IS BEYOND BORDERS' COLLABORATION WITH 119 GOVERNMENT OFFICIALS ENGAGED THROUGH THE MOVEMENTS TO END CHILD SERVITUDE, END VAWG, AND PROMOTE UNIVERSAL ACCESS TO EDUCATION.

COVID-19 RESPONSE

THIS YEAR, BEYOND BORDERS - LIKE MUCH OF THE WORLD - WAS PARTICULARLY CHALLENGED BY THE COVID-19 PANDEMIC. STARTING IN MARCH 2020, MUCH OF BEYOND BORDERS' IN-PERSON, COMMUNITY-BASED PROGRAMMING WAS PAUSED TO PREVENT THE SPREAD OF COVID-19 AMONG STAFF, COMMUNITY ACTIVISTS, AND PROGRAM PARTICIPANTS. BEYOND BORDERS ACTIVATED ITS EMERGENCY MANAGEMENT TEAM (EMT) TO INCLUDE COVID-19 TO ITS ONGOING MONITORING OF AND RESPONSE TO OTHER THREAT/RISK SCENARIOS. THE EMT MONITORED PUBLIC HEALTH REPORTS AND IMPLEMENTED A FOUR-LEVEL EMERGENCY CONTINGENCY PLAN, MAKING ADJUSTMENTS TO TRAVEL AND LODGING MODALITIES, PROCURING AND DISTRIBUTING EQUIPMENT TO SUPPORT KEY STAFF WORKING REMOTELY. IN COLLABORATION WITH ACTIVISM

Name of the organization: BEYOND BORDERS, INC.

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NETWORKS, LOCAL GOVERNMENT, AND PARTNERS, BEYOND BORDERS:

- PRODUCED AND DISTRIBUTED 10,000 MASKS,

- RAISED PREVENTION AWARENESS IN 32 COMMUNITIES THROUGH MEGAPHONE CAMPAIGNS AND DIGITAL PLATFORM MESSAGING,

- DISTRIBUTED 2,450 HYGIENE KITS,

- PROVIDED CASH SUBSIDIES AND FAMILY GARDEN KITS TO 220 FAMILIES,

- PROVIDED MATERIALS AND FINANCIAL SUPPORT FOR COVID-19 TREATMENT CENTERS, AND

- DEVELOPED AND DISSEMINATED WEB-BASED AND TEXT MESSAGING TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS AND VIOLENCE AGAINST CHILDREN WHILE FAMILIES STAYED HOME TO PREVENT THE SPREAD OF COVID-19.

THE MOVEMENT TO END CHILD SERVITUDE

BEYOND BORDERS WORKS TO CATALYZE A BROAD SOCIAL MOVEMENT FOR CHILDREN'S RIGHTS, WITH A SPECIAL FOCUS ON STOPPING OF THE PRACTICE OF CHILD DOMESTIC SERVITUDE (RESTAVÈK). IN REMOTE, RURAL REGIONS OF HAITI, BEYOND BORDERS' MODEL COMMUNITY INITIATIVE ACCOMPANIES COMMUNITIES TO PROTECT, EDUCATE AND FEED THEIR CHILDREN IN ORDER TO STOP THE FLOW OF CHILDREN INTO CHILD DOMESTIC SERVITUDE. IN URBAN NEIGHBORHOODS, IT WORKS TO BUILD LOCAL VOLUNTEER STRUCTURES TO HELP CHILDREN ACCESS PROTECTION SERVICES WHEN NEEDED, AND TO HELP CHILDREN LIVING IN CHILD SERVITUDE FIND THEIR WAY HOME. IN 2020, BEYOND BORDERS SUPPORTED THE MOVEMENT TO END CHILD SERVITUDE IN HAITI BY TRAINING AND ORGANIZING NETWORKS OF CHILD RIGHTS ACTIVISTS WITHIN NEIGHBORHOOD CHILD PROTECTION BRIGADES (CPBS) AND THE SURVIVORS OF RESTAVÈK NETWORK (SRN). THESE ACTIVISTS ARE CHANGE AGENTS AND VIRTUAL LIFELINES FOR CHILDREN AT RISK; THEY RAISE AWARENESS, TRAIN NEIGHBORS, MOBILIZE THEIR COMMUNITIES,INTERVENE TO PROTECT CHILDREN, AND SUPPORT RURAL PARENTS TO

Name of the organization: BEYOND BORDERS, INC.

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RAISE THEIR CHILDREN AT HOME. SIGNIFICANT PROGRESS WAS MADE IN BUILDING NETWORKS AND RELATIONSHIPS WITH STRATEGIC ALLIES AND PARTNERS. IN BOTH URBAN AND RURAL COMMUNITIES, BEYOND BORDERS IS SUPPORTING AN EMERGING NETWORK OF MORE THAN 800 ADULT SURVIVORS OF CHILD SERVITUDE WHO ARE USING THEIR VOICES TO END THE PRACTICE AND INTERVENING ON BEHALF OF CHILDREN IN NEED.

THROUGH BEYOND BORDERS' CHILD LIBERATION INITIATIVE (CLI), CHILDREN WERE FREED FROM DOMESTIC SERVITUDE AND ACTIVISTS PUSHED FOR THE ENFORCEMENT OF HAITI'S ANTI-TRAFFICKING LAW BY FILING LEGAL DENUNCIATIONS IN CASES OF CHILD SERVITUDE. BB COLLABORATED WITH MUNICIPAL STATE PROSECUTOR'S OFFICES, THE NATIONAL POLICE'S BRIGADE FOR THE PROTECTION OF MINORS (BPM), HAITI'S CHILD WELFARE AGENCY, AND HAITI'S INTERNATIONAL OFFICE OF LAWYERS (BAI). BB AND BAI LAUNCHED THEIR PARTNERSHIP WITH A PRESS CONFERENCE, DURING WHICH THEY SHARED THEIR COMMON GOAL OF ADVOCATING FOR THE ENFORCEMENT OF HAITI'S 2014 ANTI-TRAFFICKING LAW, WHICH HAS NEVER BEEN USED IN DOMESTIC SERVITUDE CASES. BB SUPPORTED ACTIVISTS TO DOCUMENT CASES, FILE DENUNCIATIONS, COORDINATE RESCUES, AND REUNIFY CHILDREN WITH FAMILY.

THIS YEAR, 36 COMMUNITIES PARTICIPATED IN SOCIAL MAPPING EXERCISES TO INCREASE THEIR UNDERSTANDING OF THE ECONOMIC AND CHILD WELFARE SITUATIONS IN EACH HOUSEHOLD. SOCIAL MAPS HELP COMMUNITIES IDENTIFY THE MOST VULNERABLE FAMILIES, WHO ARE THEN PRIORITIZED FOR PARTICIPATION IN THE FAMILY GRADUATION PROGRAM; THEIR CHILDREN ARE PRIORITIZED BY CPBS TO RECEIVE EXTRA SUPPORT AND ATTENTION.

BEYOND BORDERS EXPANDED ITS RURAL WORK ON LAGONAV ISLAND TO INCLUDE A TOTAL

OF 41 COMMUNITIES WITHIN THE MUNICIPALITY OF ANSAGALÈ (UP FROM 16). WHILE THIS THREE-YEAR TARGET OUTCOME WAS NOT EVALUATED IN TIME FOR THIS REPORT DUE TO PUBLIC HEALTH RESTRICTIONS, MEASUREMENTS WILL BE TAKEN AS SOON AS POSSIBLE. ANECDOTAL EVIDENCE INDICATES THAT 16 LAGONAV COMMUNITIES HAVE REDUCED NUMBERS OF CHILDREN IN RESTAVÈK AND THAT EIGHT PORT-AU-PRINCE NEIGHBORHOODS, AND 16 RURAL COMMUNITIES HAVE ESTABLISHED ACTIVISM GROUPS THAT ARE COLLABORATING WITH GOVERNMENT AUTHORITIES TO RESCUE CHILDREN FROM DOMESTIC SERVITUDE OR TO SUPPORT FAMILIES TO RETRIEVE THEIR OWN CHILDREN FROM SERVITUDE. IN URBAN PORT-AU-PRINCE, BB WILL NOT YET EXPAND TO NEW COMMUNITIES AS THE WORK CONTINUES IN EIGHT URBAN NEIGHBORHOODS TO SUPPORT THE LIBERATION OF 3,417 CHILDREN WHO WERE IDENTIFIED AS AT RISK OF LIVING IN DOMESTIC SERVITUDE. ACHIEVEMENTS DURING THE YEAR INCLUDE:

- 13 CHILDREN RESCUED OR RETRIEVED FROM DOMESTIC SERVITUDE (661 TO DATE)
- 16 LEGAL CASES FILED OF CHILD ABUSE AND/OR CHILD TRAFFICKING
- 91 URBAN AND RURAL COMMUNITIES ENGAGED TO END CHILD SERVITUDE
- 64 LOCAL GOVERNMENT OFFICIALS ENGAGED TO END CHILD SERVITUDE
- 497 CHILD RIGHTS ACTIVISTS TRAINED
- 120 CHILDREN RECEIVED SUPPORT FROM CHILD PROTECTION BRIGADES TO ATTEND SCHOOL
- SIX NEW CHILD PROTECTION BRIGADES (CPBS) INAUGURATED; 114 TOTAL CPBS
- 807 ACTIVE MEMBERS OF THE SURVIVORS OF RESTAVÈK NETWORK (SRN) ENGAGED

TESTIMONY

"I'VE HAD OTHER OPPORTUNITIES TO ATTEND OTHER WORKSHOPS ON CHILD RIGHTS, BUT I NEVER KNEW WE HAD AN ANTI-TRAFFICKING LAW THAT PUNISHES PERSONS GUILTY OF VIOLATING CHILDREN'S RIGHTS. WITH THE COPY OF THIS LAW THAT I RECEIVED AT THE WORKSHOP, I'M GOING TO FIGHT HARD TO DO MY PART IN

ENFORCING IT DURING MY TERM."

- LOCAL GOVERNMENT OFFICIAL, LAGONAV ISLAND, HAITI

"BEFORE I PARTICIPATED IN THE BEYOND BORDERS' CHILD RIGHTS TRAINING, I USED TO GET REALLY UPSET AND ANGRY AT TIMES, OFTEN YELLING AT PEOPLE, ESPECIALLY WHEN THEY DID THINGS TO ANGER ME. AS A RESULT, NOT MANY PEOPLE WANTED TO APPROACH ME. ALSO, WHEN I DISCIPLINED MY CHILDREN, I DID SO BY BEATING THEM. BUT, WHEN I STARTED TO PARTICIPATE IN THE CHILD RIGHTS TRAINING, MY LIFE IMPROVED IN MANY WAYS. I LEARNED HOW TO SPEAK PEACEFULLY WITH MY CHILDREN. I STOPPED BEATING THEM. I'M NOW COMFORTABLE TO MANAGE CONFLICTS THROUGH DIALOGUE. THIS YEAR, I NOTICED HOW MORE PEOPLE IN MY COMMUNITY WERE ASKING TO RECEIVE BEYOND BORDERS' CHILD RIGHTS TRAINING. I FELT THAT MY LEADERSHIP WAS GROWING AND AFFECTING MY COMMUNITY POSITIVELY. I PLANNED AND STARTED A CHILD RIGHTS TRAINING GROUP IN MY CHURCH. AFTER THIS GROUP WAS TRAINED, WE FORMED A VILLAGE SAVINGS AND LOAN ASSOCIATION WITH 60 MEMBERS. I WANT TO CONTINUE TO IMPROVE MY LIFE WITH THE POSITIVE GOAL TO TRANSFORM OUR CULTURE INTO ONE THAT'S BASED IN DIALOGUE AND LISTENING, COMPASSION AND LOVE FOR OTHERS, AND EQUAL TREATMENT OF ALL. I'D ESPECIALLY LIKE TO HELP HAITIANS CHANGE HAITI THROUGH EDUCATION, LIKE THE SLOGAN AT [MY CHILDREN'S SCHOOL], 'LEARN FOR LIFE.'"

- MOTHER, GRADUATE AND FACILITATOR OF BEYOND BORDERS' CHILD RIGHTS TRAINING, BAWOSIA, HAITI

THE MOVEMENT FOR UNIVERSAL ACCESS TO QUALITY EDUCATION

SINCE 2003, BEYOND BORDERS HAS BEEN DEVELOPING UNIQUE AND INNOVATIVE APPROACHES TO ADDRESSING LACK OF ACCESS AND QUALITY OF EDUCATION IN RURAL COMMUNITIES, WHICH INCLUDES COMMUNITY ORGANIZING TO BUILD STRONG SCHOOL

Name of the organization: BEYOND BORDERS, INC.

Employer identification number: 23-2713126

NETWORKS THAT ADDRESS BARRIERS TO EDUCATION AND IMPROVE THE QUALITY OF EDUCATION THROUGH TEACHER TRAINING. ON LAGONAV ISLAND, BEYOND BORDERS WORKS IN COLLABORATION WITH THE MATÈNWA COMMUNITY LEARNING CENTER (MCLC), WHO OPERATES A MODEL SCHOOL AND TEACHER TRAINING INSTITUTE. BEYOND BORDERS IS PARTNERING WITH MCLC TO SCALE THEIR NONVIOLENT, PARTICIPATIVE TEACHING METHODS TO OTHER LAGONAV SCHOOLS THROUGH OUTREACH PROGRAMMING THAT INCLUDES TEACHER TRAINING, ONGOING TECHNICAL SUPPORT, AND MATERIAL SUPPORT.

IN 2020 BEYOND BORDERS AND PARTNER ORGANIZATION MCLC ENGAGED 23 SCHOOLS IN TEACHER TRAINING AND ADVOCACY ACTIVITIES TO IMPROVE EDUCATION QUALITY AND TO FOSTER COMMUNITY ORGANIZATION AND MOBILIZATION FOR IMPROVED ACCESS IN THE REGION. EDUCATORS AT PARTICIPATING SCHOOLS BENEFITTED FROM 16 DAYS OF WORKSHOPS AND SITE VISITS FOR CLASSROOM OBSERVATION AND TECHNICAL SUPPORT. THROUGH TEACHERS' APPLICATION OF NEW PARTICIPATORY TEACHING METHODS AND NONVIOLENT CLASSROOM MANAGEMENT TECHNIQUES, 1,576 STUDENTS (703 GIRLS) BENEFITTED FROM EDUCATION QUALITY IMPROVEMENTS. FIVE ADVOCACY EVENTS WERE HELD TO CONVENE SCHOOL PERSONNEL, STUDENTS, PARENTS, AND GOVERNMENT EDUCATION INSPECTORS TO DISCUSS THE IMPORTANCE OF HAITIAN CREOLE AS THE LANGUAGE OF INSTRUCTION. MEMBERS OF LOCAL CPBS POOLED THEIR RESOURCES TO SUPPORT MORE THAN 120 CHILDREN TO GO TO SCHOOL, PROVIDING TUITION AND SCHOOL SUPPLIES.

TWENTY-THREE 23 SCHOOLS WERE TRAINED AND SUPPORTED TO FACILITATE OPEN SPACE SESSIONS TO INCREASE THE ENGAGEMENT OF 1,150 PARENTS, LOCAL GOVERNMENT AUTHORITIES, AND COMMUNITY MEMBERS IN SCHOOL LIFE. THESE SCHOOLS ALSO RECEIVED STORAGE UNITS TO HOUSE CREOLE LANGUAGE TEXTBOOK BANKS, WITH 1,235 STUDENTS (575 GIRLS) AT 23 SCHOOLS BENEFITTING. FIVE ADVOCACY EVENTS WERE

ALSO HELD TO PROMOTE THE IMPORTANCE OF HAITIAN CREOLE AS THE LANGUAGE OF INSTRUCTION.

THIS YEAR BEYOND BORDERS BEGAN ORGANIZING A COMMUNAL EDUCATION PLATFORM ON LAGONAV ISLAND, CONVENING 157 EDUCATION STAKEHOLDERS - SCHOOL PERSONNEL, COMMUNITY LEADERS, AND LOCAL GOVERNMENT. THIS REGIONAL ASSOCIATION WILL CONTINUE COLLABORATIVE EFFORTS TO ADVANCE EDUCATION ACCESS AND QUALITY IN THEIR REGIONS.

TESTIMONY

"AT THE SOUS KANARAN SCHOOL IN ANSAGALÈ, WE ARE IN OUR SECOND YEAR OF PARTNERSHIP WITH MCLC. BEFORE MCLC'S PROGRAM REACHED OUR SCHOOL, THE SITUATION WAS GRAVE FOR US. THANKS TO THE TRAINING WE RECEIVED FROM MCLC, I HAVE GAINED MORE CAPACITY TO MANAGE THE SCHOOL WELL. EVEN THOUGH I AM A VETERAN SCHOOL PRINCIPAL, IT'S NOW THAT I FEEL LIKE I HAVE THE CAPACITY BECAUSE I HADN'T RECEIVED ENOUGH TRAINING ON HOW TO MANAGE A SCHOOL BEFORE THAT. THERE HAVE BEEN MANY CHANGES MADE AT OUR SCHOOL. FOR EXAMPLE, WE DON'T USE CORPORAL PUNISHMENT IN OUR SCHOOL ANYMORE. MCLC'S TEACHER TRAINING HELPED US FIND OTHER STRATEGIES TO MANAGE THE STUDENTS WITHOUT HAVING TO SPANK THEM. ALSO, I'VE HAD FEWER PROBLEMS WITH MY TEACHERS IN TERMS OF LESSON PLANNING. I ALWAYS HAD TO FORCE THE TEACHERS TO PREPARE EACH LESSON EVERY DAY, WHILE I HAD NEVER - NOT EVEN ONCE - SHOWED THEM HOW TO PREPARE A LESSON. AND, I RECEIVED TRAINING ON HOW TO CULTIVATE A SCHOOL GARDEN!

"THE REGION WHERE MY SCHOOL IS LOCATED IS VERY VULNERABLE. PARENTS DON'T HAVE A LOT OF MEANS TO PAY SCHOOL TUITION [AND ASSOCIATED COSTS] FOR THEIR

CHILDREN. THE MONTHLY SUBSIDIES WE RECEIVE FROM MCLC HAS HELPED US GREATLY TO BE ABLE TO PAY OUR TEACHERS EACH MONTH. THIS SUPPORT HAS ALLOWED THE SCHOOL TO REACH VULNERABLE CHILDREN IN THE COMMUNITY WHO WEREN'T ENROLLED IN SCHOOL BEFORE.

"I NEVER USED TO THINK ABOUT THE IMPORTANCE OF SCHOOL GARDENS. THIS EXPERIENCE WE'RE HAVING WITH OUR SCHOOL GARDEN HAS BROUGHT SO MANY ADVANTAGES. THE GARDEN HELPS THE STUDENTS MAKE MANY DISCOVERIES ABOUT PLANTS. THEY WRITE A LOT ABOUT WHAT THEY'RE OBSERVING IN THE GARDEN. ALSO, THE CROPS WE HARVEST IN THE SCHOOL GARDEN ARE SOLD, AND THE PROFITS SUPPLEMENT THE SCHOOL [OPERATIONAL BUDGET]. THE ONLY REGRET I'VE BEGUN TO HAVE IS THAT MCLC'S TEACHER TRAINING PROGRAM LASTS TWO YEARS. I HOPE MCLC WILL RENEW THEIR ENGAGEMENT WITH US. WE FEEL LIKE WE STILL NEED THEIR SUPPORT, EVEN IF ONLY FOR ONE MORE YEAR.

"TO CLOSE, I'D LIKE TO SAY A BIG THANK YOU TO ALL OF MCLC'S STAFF AND THEIR COLLABORATORS/SUPPORTERS FOR THIS BEAUTIFUL WORK THEY'RE DOING ON LAGONAV ISLAND TO IMPROVE EDUCATION! THANK YOU!"
- SCHOOL PRINCIPAL, LAGONAV ISLAND, HAITI

"FOR ME, THIS SCHOOL YEAR STARTED OFF WELL. I WAS ALWAYS PRESENT TO WORK WITH MY STUDENTS. THE WORK WENT REALLY WELL BECAUSE I ALWAYS HAD THE MATERIALS I NEEDED. THROUGH OUR PARTICIPATION IN [MCLC'S TEACHER TRAINING PROGRAM], I FOUND THAT THE STUDENTS LEARNED BETTER AND LEARNED MORE QUICKLY. I HAD NO STUDENTS WHO STRUGGLED TO READ. I FELT VERY PLEASED WITH HOW I TAUGHT THE STUDENTS. UNFORTUNATELY, THE CORONAVIRUS PANDEMIC MADE ME NOT BE ABLE TO COMPLETE THE SCHOOL YEAR IN THE SAME WAY I STARTED. DESPITE

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MY EFFORTS TO KEEP WORKING WITH MY STUDENTS AT A DISTANCE, NOT ALL OF THE STUDENTS WERE ABLE TO CONTINUE THIS WAY. THE WORK [MCLC] DID TO DEVELOP ME AS A TEACHER IS EXTRAORDINARY. I HAVE SO MANY MORE TECHNIQUES TO USE WHEN I'M WORKING WITH THE CHILDREN. I FEEL LIKE I DON'T HAVE TO TRY AS HARD WITH THE STUDENTS. I NEVER KNEW THE IMPORTANCE OF SCHOOL GARDENS, NOR DID I KNOW HOW TO CULTIVATE A SUCCESSFUL GARDEN. THANKS TO THE TEACHER TRAINING PROGRAM, I NOW DO! I AM SO GRATEFUL TO [MCLC AND BEYOND BORDERS] FOR ALL THAT THEY'VE DONE FOR ME!"

- THIRD GRADE TEACHER, LAGONAV ISLAND, HAITI

THE MOVEMENT TO PROMOTE ECONOMIC JUSTICE AND SUSTAINABLE LIVELIHOODS

BEYOND BORDERS AND ITS PARTNERS ALSO IMPLEMENT PROGRAMMING TO INCREASE SUSTAINABLE LIVELIHOODS AND ECONOMIC JUSTICE AMONG FAMILIES MOST IMPACTED BY EXTREME POVERTY. TO DO THIS, BEYOND BORDERS INVESTS IN THREE KEY PROGRAMS THAT PROMOTE SUSTAINABLE AGRICULTURE, FOOD SECURITY, AND RURAL ECONOMIC DEVELOPMENT:

THE FAMILY GRADUATION PROGRAM: BEYOND BORDERS' ADAPTATION OF THE GRADUATION METHODOLOGY (PIONEERED BY BRAC AND BROUGHT TO HAITI BY FONKOZE) HELPS DESTITUTE FAMILIES DEVELOP SUSTAINABLE LIVELIHOODS AND OVERCOME CRITICAL VULNERABILITIES AROUND HOUSING, FOOD SECURITY, HEALTH, AND SCHOOLING. BEYOND BORDERS' ADAPTATION INCLUDES A CHILD WELFARE ASPECT, TOGETHER WITH STANDARD PROGRAM ELEMENTS, INCLUDING LIVELIHOODS TRAINING, ONGOING COACHING, TEMPORARY CASH SUBSIDY, DISTRIBUTION OF PRODUCTIVE ASSETS, HEALTH CARE, AND DIGNIFIED HOUSING.

DURING 2020, BEYOND BORDERS ACCOMPANIED TWO COHORTS OF 110 FAMILIES EACH AT

DIFFERENT STAGES IN THE 18-MONTH FAMILY GRADUATION PROGRAM. PARTICIPANTS RECEIVED TWO PRODUCTIVE ASSETS, INTENSIVE TRAINING ON ASSET MANAGEMENT, WEEKLY COACHING VISITS, CASH TRANSFERS, HEALTHCARE, AND SUPPORT TO BUILD/REPAIR HOMES AND LATRINES. CASH TRANSFERS HELP PARTICIPANTS STABILIZE HOUSEHOLD INCOME IN ORDER TO FOCUS ON BUILDING LIVELIHOODS CAPACITY. DURING WEEKLY ONE-ON-ONE COACHING VISITS, WHICH CONTINUED WITH PERSONAL PROTECTION PRACTICES DURING THE COVID-19 PANDEMIC, CASE MANAGERS REINFORCED LIVELIHOODS SKILLS AND MONITORED PROGRESS. A 12-MONTH EVALUATION OF 110 PARTICIPANTS ASSESSED INDICATORS, COMPARED WITH BASELINE:

- FOOD SECURITY: THE PERCENT OF PARTICIPATING FAMILIES DEMONSTRATING IMPROVED FOOD SECURITY INCREASED FROM 0% TO 29%.

- FOOD SECURITY: THE PERCENT OF PARTICIPATING FAMILIES WHO EAT AT LEAST ONE COOKED MEAL PER DAY AND REPORT NOT EXPERIENCING HUNGER INCREASED FROM 61% AT BASELINE TO 95%.

- FOOD PRODUCTION: THE PERCENT OF PARTICIPANTS WHO RAISE LIVESTOCK INCREASED FROM 41% TO 100%.

- CARING FOR SELF AND FAMILY: THE PERCENT OF PARTICIPANTS WHO HAVE CAPACITY TO CARE FOR SELVES AND FAMILY INCREASED FROM 77% TO 94%.

- SAVINGS: THE PERCENT OF PARTICIPANTS WHO HAVE SAVINGS AT EITHER A FORMAL INSTITUTION OR A VSLA INCREASED FROM 44% TO 98%.

- ACCESS TO CLEAN WATER: IRRESPECTIVE OF THEIR PRIMARY WATER SOURCE, THE PERCENT OF PARTICIPANTS WHO TREAT THEIR DRINKING WATER BEFORE CONSUMPTION INCREASED FROM 36% AT BASELINE TO 93%.

- SCHOOL ATTENDANCE: PARTICIPANTS' CHILDREN AGES 6-17 WHO ATTEND SCHOOL REGULARLY INCREASED FROM 72% TO 82%.

- HOUSING: THE PERCENT OF PARTICIPANTS WHOSE FAMILIES MEET THE CRITERIA FOR

SAFE, DIGNIFIED HOUSING INCREASED FROM 3.6% TO 13%.

SCHOOL AND FAMILY GARDEN PROGRAMS: TWENTY-THREE (23) SCHOOLS AND 86 SCHOOL FAMILIES WERE TRAINED AND SUPPORTED TO PLANT ORGANIC VEGETABLE GARDENS. TEN FAMILIES WERE SUPPORTED TO INSTALL RAINWATER HARVESTING SYSTEMS TO HELP THEM ACCESS WATER DURING THE DRY SEASON.

PROMOTING ECONOMIC JUSTICE THROUGH POPULAR EDUCATION: THIS YEAR, BEYOND BORDERS CONTINUED DEVELOPING A NEW POPULAR EDUCATION MODULE TO PROMOTE ECONOMIC JUSTICE. ETHNOGRAPHIC RESEARCH CONTINUED TO IDENTIFY CONTRIBUTING FACTORS THAT PERPETUATE ECONOMIC INJUSTICE, AND TO DEVELOP A STORY- AND DIALOGUE-BASED TRAINING SERIES TO SUPPORT COMMUNITIES TO TRANSFORM ATTITUDES, KNOWLEDGE, CAPACITY, AND BEHAVIORS TO PROMOTE GREATER ECONOMIC JUSTICE.

PARTICIPANT TESTIMONIES

"BEFORE [BEYOND BORDERS' FAMILY GRADUATION PROGRAM], I DIDN'T HAVE ANY EQUITY THAT WOULD HELP ME TAKE CARE OF MYSELF AND MY CHILDREN. I USED TO SUFFER A LOT OF ABUSE FROM MY CHILDREN'S FATHER TOO. I HAD TO ASK MY AUNT AND GRANDMOTHER IF MY CHILDREN AND I COULD STAY WITH THEM WHEN I MADE THE DECISION TO LEAVE MY CHILDREN'S FATHER. I'M SO HAPPY BECAUSE I DON'T WORRY AS MUCH ANYMORE. I'M NOT LIVING IN SOMEONE ELSE'S HOME WITH MY CHILDREN ANYMORE. I HAVE LIVESTOCK THAT I CAN SELL IF I'M IN DIFFICULTY, AND MY SMALL BUSINESS FEEDS MY FAMILY. I'M IN A VILLAGE SAVINGS AND LOAN ASSOCIATION, THROUGH WHICH I SAVE MY MONEY EVERY WEEK. I'VE RECEIVED SO MUCH HELPFUL TRAINING [THROUGH THE PROGRAM] ON HOW TO MANAGE MY ASSETS, MY LIVESTOCK, AND MY FAMILY."

- FAMILY GRADUATION PROGRAM PARTICIPANT, MOTHER OF THREE CHILDREN, LAGONAV ISLAND, HAITI

"I USED TO HAVE TO TAKE WHAT LITTLE MONEY WE HAD AND SEND ONE OF THE CHILDREN TO BUY WATER. BUT NOW, ANYTIME IT RAINS, WE'LL HAVE WATER FOR OUR HOME AND WATER FOR OUR ANIMALS. IT'S SO MUCH EASIER TO HAVE WATER HERE IN OUR YARD. IT'S CHANGED OUR LIVES."

- FAMILY GARDEN PROGRAM PARTICIPANT, MOTHER OF 11 CHILDREN, LAGONAV ISLAND, HAITI

THE MOVEMENT TO END VIOLENCE AGAINST WOMEN AND GIRLS: RETHINKING POWER PROGRAM

THROUGH ITS RETHINKING POWER PROGRAM, BEYOND BORDERS MOBILIZES COMMUNITIES TO DRIVE A SOCIAL CHANGE PROCESSES TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) AND HIV. BEYOND BORDERS TAKES THIS WORK TO SCALE BY PROVIDING TECHNICAL SUPPORT TO LOCAL ORGANIZATIONS TO USE VAWG PREVENTION METHODOLOGIES TO MOBILIZE THEIR OWN COMMUNITIES. BEYOND BORDERS HAS BEEN USING THESE PROMISING METHODOLOGIES TO ENGAGE COMMUNITIES TO PREVENT VAWG: SASA!: A PHASED COMMUNITY MOBILIZATION METHODOLOGY CREATED BY RAISING VOICES TO PREVENT VIOLENCE AGAINST WOMEN, PROVEN TO CUT THE RISK OF INTIMATE PARTNER VIOLENCE IN HALF. BEYOND BORDERS CONDUCTED THE CULTURAL AND LANGUAGE ADAPTATION FOR HAITI, COMPLETING A FIVE-YEAR PILOT IN 2015.

POWER TO GIRLS: A PHASED COMMUNITY MOBILIZATION APPROACH CREATED BY BEYOND BORDERS TO ADDRESS VIOLENCE AGAINST GIRLS. IN RESPONSE TO FEEDBACK FROM COMMUNITIES, BEYOND BORDERS DEVELOPED THIS PHASED, COMMUNITY MOBILIZATION METHODOLOGY TO BE USED ALONGSIDE SASA! OR BY ITSELF TO PROMOTE SOCIAL NORMS

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CHANGE TO PREVENT VIOLENCE AGAINST GIRLS. POWER TO GIRLS EQUIPS COMMUNITY ACTIVISTS TO MOBILIZE SCHOOLS, PARENTS, COMMUNITY MEMBERS, AND GIRLS' GROUPS TO ADVANCE GIRLS' SAFETY, VOICE AND AGENCY.

SAFE AND CAPABLE: WITH SUPPORT FROM THE UN TRUST FUND TO END VIOLENCE AGAINST WOMEN, BEYOND BORDERS' CONTINUED TO PILOT ITS ALL-NEW SAFE AND CAPABLE, A RESOURCE PACK DESIGNED BY BEYOND BORDERS TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS LIVING WITH DISABILITIES; THE COMPLEMENTARY TOOLS IN SAFE AND CAPABLE ARE DESIGNED TO BE USED WITHIN SASA! AND/OR POWER TO GIRLS IMPLEMENTATIONS.

DURING 2020, BEYOND BORDERS:

- TRAINED AND ENGAGED 1,018 ACTIVISTS TO MOBILIZE RESIDENTS IN TWO MUNICIPAL DISTRICTS IN SOUTHEAST HAITI AND SEVEN VILLAGES ON LAGONAV ISLAND TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS (VAWG).
- CONTINUED PROVIDING ONGOING TRAINING AND TECHNICAL SUPPORT TO SIX HAITIAN ORGANIZATIONS THROUGH THE HAITI VAWG PREVENTION COALITION, A COHORT MODEL TO SCALE VAWG PREVENTION METHODOLOGIES IN HAITI.
- TRAINED MORE THAN 10 HAITIAN ORGANIZATIONS TO INTRODUCE VAWG PREVENTION METHODOLOGIES.
- BEGAN ADAPTING HAITI-RELEVANT ELEMENTS OF RAISING VOICES' SASA! TOGETHER (AN UPDATED VERSION OF SASA!) AND SASA! FAITH, A RESOURCE PACK TO EQUIP RELIGIOUS LEADERS AND COMMUNITY ACTIVISTS WITH FAITH BASED VAWG PREVENTION TOOLS.

TESTIMONIES

"THE COMMUNITY HAS REALLY CHANGED SINCE THE PROGRAM CAME HERE. GIRLS AND WOMEN COME TO UNDERSTAND THEIR RIGHTS; THAT HELPS THEM TO RECOGNIZE ABUSE AND MEN HAVE ALSO STARTED TO CHANGE THEIR ATTITUDES AND MANNERS. WE ARE FINDING LESS VIOLENCE AGAINST WOMEN IN THE COMMUNITY. PHYSICALLY GIRLS AND BOYS MAY BE DIFFERENT, AND IN THE COMMUNITY, THEY SAY THERE IS A BIG DIFFERENCE. IN OUR AREA GIRLS ARE THE ONES WHO FETCH WATER, WORK IN THE HOUSE. SOMETIMES THEY WON'T SEND THEIR GIRLS TO SCHOOL SO THEY CAN DO THE HOUSE CHORES. THE BOYS ARE ALWAYS FREE, PLAY SOCCER, DO WHAT THEY WANT. THE BRUNT OF THE WORK AND RESPONSIBILITIES FALLS ON THE GIRLS. BUT, WITH RETHINKING POWER, PARENTS ARE COMING TO SEE THAT BOYS CAN DO THE WORK, TOO. GIRLS HAVE MORE TIME TO STUDY. THIS IS ALREADY A HUGE BENEFIT. NOW THERE ARE MORE GIRLS STAYING IN SCHOOL. BEFORE THERE WEREN'T AS MANY. YOU SEE THERE IS A BALANCING BETWEEN THE TWO IN SCHOOL. THIS IS A HUGE BENEFIT FOR THE COMMUNITY. SO, THE COMMUNITY IS REALLY CHANGING."
- COMMUNITY LEADER, LAVALE, HAITI

"MY MOTHER AND FATHER USED TO BEAT ME. I TALKED WITH THEM ABOUT VIOLENCE. MY MOTHER DOESN'T BEAT ME ANYMORE, BUT MY FATHER HASN'T CHANGED HIS MIND YET. I'M NOT DISCOURAGED. I'LL KEEP TALKING WITH MY FATHER."
- GIRLS' GROUP PARTICIPANT, LAVALE, HAITI

"I AM REALLY VERY HAPPY TO PARTICIPATE IN THE POWER TO GIRLS GIRLS' GROUP. I HAD RECEIVED A LOT OF INVITATIONS FROM MY FRIENDS TO JOIN, BUT I WAS NEVER INTERESTED. WHEN I SAW HOW THEY'D BECOME SO COMFORTABLE WHEN THEY SPOKE, HOW THEY WEREN'T AS AFRAID OF PEOPLE, AND HOW THEY HAD COME TO KNOW SO MANY THINGS, I FELT LIKE I WANTED TO BE PART OF THE GROUP TOO. WHEN I HEARD PEOPLE TALKING ABOUT GIRLS' POWER AND VIOLENCE AT MY SCHOOL, I SHARED

WHAT I KNOW, AND THEY CONGRATULATED ME. I THEN WANTED TO LEARN MORE, AND THAT'S WHAT MOTIVATED ME TO JOIN THE GIRLS' GROUP."

- GIRLS' GROUP PARTICIPANT, LAVALE, HAITI

"BECAUSE EVERY DAY MY SITUATION GETS WORSE, MY PARENTS SAID I COULDN'T KEEP COMING TO THE GIRLS' GROUPS. I BEGGED MY MOTHER UNTIL SHE COULDN'T STAND IT ANYMORE; I TOLD HER THAT BY WHATEVER MEANS POSSIBLE SHE SHOULD ENSURE I GO TO THE GIRLS' GROUP BECAUSE THE GIRLS' GROUP IS THE FIRST THING I'VE HAD THAT HAS HELPED ME HAVE CONFIDENCE IN MYSELF. IT HAS HELPED ME GAIN KNOWLEDGE ABOUT GIRLS' POWER AND ALLOWED ME TO DEVELOP MY CAPACITY. IT'S THE PLACE WHERE I LEARN MANY THINGS LIKE HOW TO CROCHET, HOW TO UNDERSTAND THAT ALL PEOPLE ARE PEOPLE, THAT LIFE ISN'T OVER BECAUSE YOU'RE LIVING WITH A DISABILITY. THE OTHER GIRLS PLAY WITH ME AND LAUGH WITH ME, WITHOUT SEEING MY DISABILITY. THEY PASS BY TO GET ME ON THE WAY TO THE GIRLS' GROUP MEETINGS. MY MOTHER CAME TO UNDERSTAND ME, AND SHE LET ME KEEP COMING TO PARTICIPATE WITH ALL OF MY FRIENDS."

- GIRLS' GROUP PARTICIPANT WITH A PHYSICAL DISABILITY, LAVALE, HAITI

"THERE ARE MANY THINGS THAT I LIKE ABOUT THE THEATER PRODUCTIONS. IT WAS ALMOST LIKE WE WERE IN AN ENVIRONMENT FOR PERSONS LIVING WITH DISABILITIES. I THOUGHT IT WAS A BEAUTIFUL THING WE WERE DOING. NOT EVERYONE CAN UNDERSTAND THIS. BUT, WE SHOULD CONTINUE TO DO THE WORK. IT WAS A BEAUTIFUL EXPERIENCE FOR ME, ACTING IN FRONT OF AN AUDIENCE ON THE ROADSIDE, SHARING MESSAGES. I LIKE THAT. IT WOULD BE AN IMPROVEMENT IF WE COULD FIND A MORE ACCESSIBLE SPACE TO PLAY NEXT TIME. FOR A FIRST EXPERIENCE, IT IS POSITIVE WORK BEING DONE IN THE COMMUNITY. THE MESSAGES WE SHARED ARE A REALITY FOR ME, ESPECIALLY FOR THOSE OF US ACTORS WHO ARE LIVING WITH DISABILITIES. OUR

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HOPE IS THAT THEY WILL STOP IGNORING PERSONS LIVING WITH DISABILITIES AND START TREATING THEM IN A GOOD WAY. YES, I THINK A LOT OF PEOPLE WILL CHANGE THEIR BEHAVIOR AFTER THEY WATCH THE THEATER PRODUCTIONS. THE AUDIENCE WAS WITH US. THEY UNDERSTOOD WHAT WAS HAPPENING. PEOPLE CAN BETTER SUPPORT A PERSON LIVING WITH DISABILITY WHEN THEY MEET THEM IN LIFE. I THINK THE PERFORMANCE WAS HELPFUL TO PEOPLE. THE MESSAGES ARE TRUE AND REAL."

- FEMALE COMMUNITY THEATER TROUPE ACTOR WITH A PHYSICAL DISABILITY, LAVALE, HAITI

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

u **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

BEYOND BORDERS, INC.

Employer identification number

23-2713126

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 PA 19404**	**PROGRAMS**	**AP**	**501C3**		**BEYOND**	**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.

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
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**	**839,875**	**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? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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.