	•				OMB No. 1545-0047
For	m Y	90	Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (ex	cept private foundation	ns) 2014
		of the Treasury			Open to Public
-		enue Service		<u>s.gov/form990.</u> 17 D 21 2015	Inspection
	Check i				ation number
	applical				
	Addr				
	Nam	e Doing	Under section 501(e), 527, or 4947(e)(1) of the Internal Revenue Code (except private foundations) > >> Do not enter social security numbers on this form as it may be made public. > >> Information about Form 990 and its instructions is at <i>may</i> be made public. > Of a calendar year, or tax year beginning APR 1, 2014 and ending MAR 31, 2015 C Name of organization Trans I altors R Without Borders - US, Inc. C/C Actis - Grande, Ronan & Co LLC Doing business as Number and street (or P.0. box if mall is not delivered to street address) Floorny stude E Telephone number 30 Main Street 500 208-263 - : Clay or town, state or province, country, and ZIP or foreign postal code He) is state or province, country, and ZIP or foreign postal code He) is ensempts in the organization in the state state indicess or grander in the intervent in the state indices or grander in the organization in the state or province, country, and ZIP or foreign of the degrander in the state indices or grander in the state indices or grander in the organization in the state or province, country, and ZIP or foreign postal code He) is end as the end organization in the state indices or grander in the state in		840123
	Initia retur Final retur	n Numb			
	_term _ated	in- City or	r town, state or province, country, and ZIP or foreign postal code		443,762.
	Ame	nded Dan	bury, CT 06810	H(a) Is this a group re	
	Appl tion pend	. ∣ F Name	and address of principal officer. Edith Boehler	for subordinates	? 🛄 Yes 🛣 No
		- 7009		H(b) Are all subordinates in	cluded? Yes No
				If "No," attach a	list. (see instructions)
	art I			of formation: 2010 N	State of legal domicile; MA
				without B	ordora
Activities & Governance	1'	facili	tates the transfer of knowledge in education	stion nutri	tion
rnai	2				
Ievo	3				8
Ğ	4				8
es G	5	Total numbe	er of individuals employed in calendar year 2014 (Part V. line 2a)	5	1
viţi	6	Total numbe	er of volunteers (estimate if necessary)	6	1043
Cti	7 a	Total unrelat	ed business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelate	d business taxable income from Form 990-T, line 34		0.
				Prior Year	Current Year
ē	8	Contribution	is and grants (Part VIII, line 1h)	302,463.	443,762.
ent	9				0.
Revenue	10				0.
-	11				0.
	12				443,762.
	13				29,159.
	14			•••	0.
ses	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)		68,381.
				U.	0.
Expen				82 200	257,457.
	17 18				354,997.
	19				88,765.
OT SS					End of Year
Net Assets or Fund Balances	20	Total assets			244,597.
Ass	21				97,489.
Fun	22				147,108.
Pa	art II				· · ·
					y knowledge and belief, it is
true,	, corre	ct, and comple	te. Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowledge.	
0		Signati	ire of officer	Date	
Sig			th Boehler, Treasurer/Director	Date	
Her	e		print name and title		
		,		Date Check	
Paic	1			, allo la lit	
	Darer	Firm's name	ACTIS-GRANDE, RONAN & CO., LLC	Firm's EIN ►	13-3211655
	Only		30 MAIN ST., SUITE 500		
			DANBURY, CT 06810	Phone no (2	03)797-0056
May	/ the I	RS discuss ti	his return with the preparer shown above? (see instructions)	[X Yes No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation Form 990 (2014)

	Translators Without Borders-US, Inc.
Form	990 (2014) c/o Actis-Grande, Ronan & Co LLC 27-3840123 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of Translators Without Borders ("TWB") is to provide
	people access to vital knowledge in their own language by: providing a platform where nonprofit organizations can access free translations,
	developing the Words of Relief crisis relief network to support aid
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	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?
	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
4a	revenue, if any, for each program service reported.
ia	(Code:)(Expenses \$ 8,433. including grants of \$) (Revenue \$) (Revenue \$) Translators Without Borders (TWB) translates millions of words per year
	to vetted NGOs. TWB focuses on three types of humanitarian
	translations: crisis translations needed urgently to inform people in
	crisis, translations which support an NGO's operations, and educational
	translations that directly support people in need.
	During the fiscal year ended March 31, 2015, TWB volunteers translated
	8.1 million words, an equivalence of \$1,611,000. Over the past two
	years TWB volunteers have provided translations in support of more than
	185 nonprofit organizations needing translation in 128 language pairs.
4b	(Code:)(Expenses \$ 29,159. including grants of \$ 29,159.) (Revenue \$) To better support non governmental and aid organizations in
4b	To better support non governmental and aid organizations in
4b	
4b	To better support non governmental and aid organizations in communicating with their constituents, TWB continues to financially
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u Other program services (Describe in Schedule O.)								
kpenses \$	including grants of \$) (Revenue \$)					
otal program service expenses 🕨	262,222.							
			Form 990 (2014)					
<	xpenses \$	penses \$ including grants of \$	including grants of \$) (Revenue \$					

Translators Without Borders-US, Inc.Form 990 (2014)c/o Actis-Grande, Ronan & Co LLCPart IVChecklist 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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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	-		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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.			
а	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
С	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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZd		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	Х	
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,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		Х
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
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Translators Without Borders-US, Inc.Form 990 (2014)c/o Actis-Grande, Ronan & Co LLCPart IVChecklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		162	NO
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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		х
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
~ 7	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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):			
а		28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
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			v
	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?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Translator	ŝ	Without	Borders-US,	Inc.
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Form	990 (2014) C/O Actis-Grande, Ronan & Co LLC 27-3840	123	Р	age 5
Pa				
	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country:			
	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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).	0.0		
	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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	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?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g	If the organization received a contribution of qualified intellectual property, did the organization life of same as required f	79 7h		X
		/11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	•		
9	Sponsoring organizations maintaining donor advised funds.	0-		
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014)

Translators Without Borders-US, Inc. c/o Actis-Grande, Ronan & Co LLC

27-3840123 Page 6 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 in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion 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 8			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
74	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:	10		
a	The governing body?	8a	х	
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	0.0		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ŭ		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	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	Х	
b				
12a		12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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:			
	The Organization - 203-797-0056			
	30 Main Street, No. 500, Danbury, CT 06810			

Transl	ators	Without	Borders-US,	Inc.

Form 990 (2014)	c/	o Acti	ls-Grand	le, R	onan	&	Co	LLC		27-38
Part VII	Compensation	of	Officers,	Directors,	Truste	es, Ke	y E	mplo	yees,	Highest	Compensated
	Employees, an	d Ir	ndepende	ent Contra	ctors						

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization neither	or any related	organization compensat	ed any current officer,	director, or trustee
(4)	(D)			(=)

(A)	(B)			(0		npoi	nout	(D)	(E)	(F)
Name and Title	Average	Position (do not check more that				1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	ia a a	Irecto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or c	stee			nsated		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	organizations	trust	ial tru		oyee	ompe		· · · · · · · · · · · · · · · · · · ·		and related
	below	vidual	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Higher	For			
(1) Andrew Bredenkamp	4.00									0
President/director	10.00	X		X				0.	0.	0.
(2) Edith Boehler	10.00	x		v				0.	0.	0
Treasurer/director	2.50	A		Х				0.	0.	0.
(3) Donna Parrish	2.50	x		x				0.	0.	0
Secretary/director (4) Simon Andriesen	20.00	<u> </u> ▲		^				0.	0.	0.
(4) Simon Andriesen Director	20.00	x						0.	0.	0.
(5) Lori Thicke	25.00					-	<u> </u>	0.	0.	0.
Director	23.00	x						0.	0.	0.
(6) Salvatore Giammarresi	1.00								••	0.
Director	1.00	x						0.	0.	0.
(7) Enrique Cavalitto	3.50									
Director		x						0.	0.	0.
(8) Val Swisher	12.50									
Director		x						0.	0.	0.
		1								
							<u> </u>			
		-								
		<u> </u>				<u> </u>	<u> </u>			
		-								
		-				-	<u> </u>			
		1								
								1	1	

Translato	rs Witho	ut Borde	rs-U	S, Inc.
c/o Actis	-Grande.	Ronan &	Co	LLC

27-3	84012	3 Page 8
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		s-Grande	Э,	Rc	na	n	&	Сс	o LLC	27-38	3403	123	Page 8
Par	t VII Section A. Officers, Directors, Tru		ploy	ees,			ghes	st C	1	es (continued)			
	(A) Name and title	(B) Average hours per week	box, offic	not ch unles cer and	ss per	tion more rson i	than o s both	h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	Esti amo	(F) mated ount of ther
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		froi orgai and	ensation m the nization related izations
	Sub-total								0.		0.		0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)								0.		0.		0.
2	Total number of individuals (including but compensation from the organization							no re	eceived more than \$100),000 of reportabl	e		0
												١	es No
3	Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>											3	X
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le co	mpe	ensa	tion	anc	d oth	her compensation from	the organization		4	x
5	Did any person listed on line 1a receive o	r accrue comper	nsati	on fi	rom	any	unr	elat	ed organization or indiv	idual for services			
Sec	rendered to the organization? If "Yes," co tion B. Independent Contractors	mplete Schedul	e J fo	or su	ıch į	oers	on .					5	X
1	Complete this table for your five highest of the organization. Report compensation for										pensa	ation fro	om
	(A) Name and busines			ONE					(B) Description of s		С	(C) ompens	ation
								_					
								_					
								+					
2	Total number of independent contractors \$100,000 of compensation from the orga		ot lir	niteo	d to	thos C		sted	above) who received r	nore than			

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Form 990 (2014) C /

Translators Without Borders-US, Inc. c/o Actis-Grande, Ronan & Co LLC

Ра	πνι			eu nete te enville	a in this Davit V/III			
		Check if Schedule O cont	ains a response	or note to any lin	(A) (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	b c d f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d idons) 1e ts, and ve 1f	94,857. 348,905.	443,762.			
				Business Code				
Program Service Revenue			enue					
	3	Investment income (including	dividends, inter	est, and				
	4 5	other similar amounts) Income from investment of ta Royalties	x-exempt bond p	proceeds 🕨				
	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	d	Net rental income or (loss)						
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
		Net gain or (loss)						
Other Revenue		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See a					
đ		Net income or (loss) from func						
	9 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses	ctivities. See					
		Net income or (loss) from gam						
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a					
		Miscellaneous Revenu		Business Code				
	11 a b c							
		All other revenue Total. Add lines 11a-11d						
		Total revenue. See instructions.			443,762.	0.	0.	0.

Translators Without Borders-US, Inc.Form 990 (2014)c/o Actis-Grande, Ronan & Co LLCPart IXStatement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
10, 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
-	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	29,159.	29,159.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	63,400.	27,382.	36,018.	
B	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4 001	0.0 7	2 004	
0	Payroll taxes	4,981.	997.	3,984.	
1	Fees for services (non-employees):	2 0 2 2	2 0 2 2		
a	Management	3,922. 100.	3,922.	100.	
	Legal	12,321.		12,321.	
	Accounting	14,341.		12,321.	
	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 Sch 0.)	208,521.	194,356.	14 165	
0	Advertising and promotion	844.	194,550.	14,165. 844.	
2 3		16,184.	6,406.	9,778.	
3 4	Office expenses Information technology	10,1010	0,1000	577700	
5	Royalties				
6	Occupancy				
7	Travel	13,811.		13,811.	
8	Payments of travel or entertainment expenses	- , -			
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	466.		466.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,288.		1,288.	
3	Insurance				
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
с					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	354,997.	262,222.	92,775.	0
6	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)				

Trai	nslators	Withou	t Bord	ler	s-l	JS,	Inc.
c/o	Actis-G	rande,	Ronan	&	Co	LLC	

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га	πχ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cach, non interact hearing	163,922.	1	212,648.
	2	Cash - non-interest-bearing	105,522.	2	212,040.
		Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	28,413.	3 4	18,600.
	4	Accounts receivable, netLoans and other receivables from current and former officers, directors,	20,413.	4	10,000.
	5	trustees, key employees, and highest compensated employees. Complete			
				5	
	6	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under		5	
	0	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ß		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8			8	
	9	Inventories for sale or use Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other		5	
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	15,145.	14	13,349.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	207,480.	16	244,597.
	17	Accounts payable and accrued expenses	15,395.	17	14,723.
	18	Grants payable	- ,	18	, -
	19	Deferred revenue	44,675.	19	82,766.
	20	Tax-exempt bond liabilities		20	,
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ç	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abil		Complete Part II of Schedule L	89,068.	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	149,138.	26	97,489.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and			
es		complete lines 27 through 29, and lines 33 and 34.			
JUC	27	Unrestricted net assets	-47,473.	27	14,760.
Bala	28	Temporarily restricted net assets	105,815.	28	132,348.
ЪС В	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let /	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	58,342.	33	147,108.
	34	Total liabilities and net assets/fund balances	207,480.	34	244,597.

Form **990** (2014)

Form 990 (2014)
Part X Balance Sheet

	Translators Without Borders-US, Inc.									
Form	990 (2014) c/o Actis-Grande, Ronan & Co LLC	27-384	0123	Pag	ge 12					
Pa	rt 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			62.					
2	Total expenses (must equal Part IX, column (A), line 25)	2			97. 65.					
3										
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	3,3	42.					
5	Net unrealized gains (losses) on investments	5								
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 in Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				08.					
column (B))										
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 X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	Х						
	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:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	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 in Sch									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle 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 requ	ired audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							

SC	HEDULE A								OMB No. 1545-0047			
	m 990 or 990-EZ)			rity Status ar					201/			
		Co		nization is a section 50 47(a)(1) nonexempt cha			or a section		ZU 14			
	ment of the Treasury			Attach to Form 990 or					Open to Public			
Interna	Revenue Service			(Form 990 or 990-EZ) and			ww.irs.gov/fo		Inspection			
Nam	e of the organizati			thout Border.	-				identification number			
				ıde, Ronan &					7-3840123			
Par	t I Reason	for Public	Charity Status	All organizations must c	omplete th	nis part.) Se	e instruction	3.				
The c	rganization is not a	a private found	dation because it is:	(For lines 1 through 11,	check only	one box.)						
1	A church, co	nvention of ch	urches, or associati	on of churches describe	d in sectio	on 170(b)(1)(A)(i).					
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3												
4			zation operated in co	onjunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
_ [city, and state:											
5	-	-		ollege or university owne	d or opera	ited by a go	overnmental	init describ	ed in			
c [Complete Part II.)		a a a ti a m d'	70/1-)/4)/4)						
6 7				mental unit described in				ha ganaral	nublic described in			
1				antial part of its support	from a gov	ernmentai	unit or from	ne general	public described in			
8			complete Part II.)	(1)(A)(vi). (Complete Par	+ II)							
9			• •	e than 33 1/3% of its su	,	contributio	one mombor	hin foos	nd aross receipts from			
5	5			ect to certain exceptions								
				e (less section 511 tax) fi								
			mplete Part III.)			00000 0000		gamzation				
10			. ,	sively to test for public s	afety. See	section 50	9(a)(4).					
11		-		sively for the benefit of, t	-			arry out the	purposes of one or			
	more publicly	supported or	rganizations describ	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). C	heck the box in			
	lines 11a thro	ough 11d that	describes the type	of supporting organization	on and con	nplete lines	s 11e, 11f, an	d 11g.				
а	Type I. A s	upporting orga	anization operated,	supervised, or controlled	l by its sup	ported org	anization(s),	ypically by	giving			
	the suppor	ted organizati	on(s) the power to re	egularly appoint or elect	a majority	of the dired	ctors or truste	es of the s	upporting			
	organizatio	n. You must c	complete Part IV, S	ections A and B.								
b		supporting org	anization supervise	d or controlled in connec	ction with i	ts supporte	ed organizatio	on(s), by ha	ving			
	control or r	nanagement c	of the supporting org	panization vested in the s	same perso	ons that co	ntrol or mana	ige the sup	ported			
	— —		st complete Part IV,									
С		-		ng organization operated				lly integrate	ed with,			
				s). You must complete								
d				porting organization ope								
		,	0 0	zation generally must sa	,			a an attenti	veness			
•		,	,	mplete Part IV, Section written determination fro		,						
е		0		onally integrated suppor			турет, туре	п, туре п				
f	Enter the number					241011.						
		••	n about the support	ed organization(s)								
	(i) Name of supp		(ii) EIN	(iii) Type of organization		organization	(v) Amount o	monetary	(vi) Amount of			
	organizatior	ו		(described on lines 1-9 above or IRC section		in your document?	support		other support (see			
				(see instructions))	Yes	No	Instruct	ons)	Instructions)			
Total												
		duction Act N	l Notico, coo the Inst	ruotiono for			Sohor		m 990 or 990 EZ) 2014			

Schedule	A ((Form 990 or 990-EZ) 20	14
Part II		Support Schedule	fc

Page **2**

	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 gualify under the tests listed below, please complete Part III.)

See	ction A. Public Support					-		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(6	e) 2014	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization'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							
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.					+		
	ction B. Total Support							
-	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(0, 2010	(,	(0) = 0 : =	(0, 2010		<u></u>	(1) 1010
8	Gross income from interest.							
Ŭ	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business							
3	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain					+		
10	or loss from the sale of capital							
	•							
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10							
			l iono)			12		
	Gross receipts from related activities, First five years. If the Form 990 is fo		,	rd fourth or fifth			(a)(2)	
13	organization, check this box and stop							
Sec	ction C. Computation of Publ		rcentage					
	Public support percentage for 2014 (column (f))		14		%
	Public support percentage from 2013		•					%
	33 1/3% support test - 2014. If the o						heck this bu	
100	stop here. The organization qualifies							
h	33 1/3% support test - 2013. If the d							······ · · · · · · · · · · · · · · · ·
	and stop here. The organization qua	0						
17-	10% -facts-and-circumstances tes							
170								
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"							
D	10% -facts-and-circumstances tes							
	more, and if the organization meets the							
40	organization meets the "facts-and-cire							
18	Private foundation. If the organization	m ala not check a	box on line 13, 16	ba, 160, 17a, or 17	D, CHECK THIS DOX	and se	e instruction	is 🕨 📖

Schedule A (Form 990 or 990-EZ) 2014

Translators	Without	Borders-US,	Inc.
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Schedule A (Form 990 or 990 EZ) 2014 C/O Actis-Grande, Ronan & Co LLC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

ction A. Public Support						
ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	8,903.	61,150.	154,439.	302,463.	443,762.	970,717.
Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
•						
•						
ization's benefit and either paid to						
, ,						
	0.000			202 462		
Total. Add lines 1 through 5	8,903.	61,150.	154,439.	302,463.	443,762.	970,717.
						0
· · ·						0.
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
amount on line 13 for the year						0.
Add lines 7a and 7b						0.
Public support (Subtract line 7c from line 6.)						970,717.
	(a) 2010	(b) 2011	(c) 2012	(d) 2013		(f) Total
	8,903.	ο⊥,⊥5U.	104,439.	302,463.	443,/62.	970,717.
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is required approximation of the second second						
Other income. Do not include gain or loss from the sale of capital						
Total support. (Add lines 9, 10c, 11, and 12.)	8,903.	61,150.	154,439.	302,463.	443,762.	970,717.
	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here	<u> </u>			-		
	ic Support Pe					
-		-	olumn (f))			100.00 %
		•			16	100.00 %
•			ne 13, column (f))		17	.00 %
		•••			18	%
		· •	-		-	
23 09-17-14			, <u>.</u> ,			
	ndar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (subtract line 7c from line 6) Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Invest as 1/3% support tests - 2014. If the more than 33 1/3%, check this box and 33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, check Private foundation. If the organization as 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, check Private foundation. If the organization as 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, check Private foundation. If the organization as 1/3% support tests - 2013. If the and in the organization. If the organization as 1/3% s	ndar year (or fiscal year beginning in) (a) 2010 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 8,903. 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 8,903. Gross receipts from activities that are not an unrelated trade or business under section 513 7 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 8,903. The value of services or facilities furnished by a governmental unit to the organization without charge 8,903. Total. Add lines 1 through 5 8,903. Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 8,903. Add lines 7a and 7b 9 9 Public support (Subtract line 7c from line 6). 8,903. Gross income from interest, dividends, payments received on securities loans, rents, royaities and income from similar sources and lines 10. 8,903. Add lines 10 and 10b Net income from similar sources acquired after June 30, 1975 8,903. Add lines 10 and 10b Net income from interest, dividends, payments received on securities loan and 10b 8,903. Net income pron tincluded in line 10b, whether or not the b	Indar year (or fiscal year beginning in) (a) 2010 (b) 2011 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 8, 903. 61, 150. 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 8, 903. 61, 150. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's tax-exempt and the pradit of or expended on its behalf The value of services or facilities further organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 8, 903. 61, 150. Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 rt % of the amount on line 18 for the year (a) 2010 (b) 2011 Amounts from line 6 Gross income from initrest, dividends, payments received on securities losines is regularly carried on securities losines travelines to and to b (a) 2010 (b) 2011 Runcins from line 6 R. 903. 61, 150. R. 903. 61, 150. (b) 2011 Amounts from line 6 R. 903. 61, 150. (b) 2011 (c) 2010 (c) 2011 Amounts from line 6 R. 903. 61, 150. (c) 2011 (c) 2010 (c) 2011 (c) 2010 (c) 2011	ndar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 8, 903. 61, 150. 154, 439. Gross receipts from admissions, merchandles odl or services per- formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 61, 150. 154, 439. Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 7 7 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 7 7 The value of services or facilities furnished by a governmental unit to the organization without charge 8,903. 61,150. 154,439. Amounts included on lines 1, 2, and 3 received from disquale persons Amounts included on lines 1, 2, and 3 received from disquale persons that execute prater of statuse that cannot the inst 2 work here and and income from inferest, dividends, payments received on securities loans, rents, royallies and income from similar sources und income from similar sources individends, payments received on securities loans, rents, royallies and income from unrelated business is regularly darf. (Lad inst, 10, 11, 11, 12) 8, 903. 61, 150. 154, 439. Add lines 10 and 10b Met income from unrelated business is regularly carried on Cher income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 8, 903. 61, 150. 154, 439.	dar year (or fiscal year beginning in) ► (a) 2010 (b) 2011 (c) 2012 (d) 2013 Gifts, grants, contributions, and membarship fees received. (Do not include any 'unusual grants.') 8, 903. 61, 150. 154, 439. 302, 463. Gress receipts from admissione, received. (Do not include any 'unusual grants.') 8, 903. 61, 150. 154, 439. 302, 463. Gress receipts from activities that are not an unrelated trade or business under section 513 1	diff year legring in ly (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 GRts_grants_contributions, and membership less received. (Do not include any 'unusual grants.') (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 Cross receipts from admissions, merchandles add or services performed, or facilities fundation and the section 513 (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 Cross receipts from admissions, merchangles during and an unders section 513 (a) 2014 (b) 2011 (c) 2012 (c) 2012 (d) 2013 (e) 2014 Tax evonues level of or the organization admission merchangles during and an unders section 513 (a) 2014 (b) 2011 (c) 2012 (d) 2013 (d) 2013 (d) 2014 (d) 2014 (d) 2013 (d) 2014 (d) 2013 (d) 2014 (d) 2014

(Forr Depart	HEDULE D n 990) ment of the Treasury I Revenue Service	Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes" to Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l Attach to Form 990. m 990) and its instructions is at www.irs	b.		OMB No. 1545-0047
Nam	e of the organization	on Translators Withou c/o Actis-Grande,	•			identification number 7-3840123
Pa	t I Organiza	itions Maintaining Donor Advise		or A		
I a		n answered "Yes" to Form 990, Part IV, line			soounts.	
	organization		(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at en	nd of year		(~		
2		f contributions to (during year)				
2		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in		ed fund	ls	
Ũ	-	n's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	-	oses and not for the benefit of the donor of			•	
		ate benefit?			-	Yes No
Pa		ation Easements. Complete if the org				
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).			
	Preservation	of land for public use (e.g., recreation or e	education) Preservation of a histo	orically	important la	and area
	Protection of	f natural habitat	Preservation of a cert	ified his	toric structi	ure
	Preservation	of open space				
2	•	through 2d if the organization held a quali	fied conservation contribution in the form	of a coi	nservation e	easement on the last
	day of the tax year			г		
				-		at the End of the Tax Year
		onservation easements			2a	
		ricted by conservation easements			2b	
		vation easements on a certified historic str			2c	
a		vation easements included in (c) acquired			2d	
3		al Register vation easements modified, transferred, re		_		in the tax
Ŭ	year		leased, extinguished, or terminated by the	Jorgan	Zation dunin	
4		 where property subject to conservation ea	sement is located			
5		tion have a written policy regarding the pe				
	violations, and enfo	orcement of the conservation easements i	t holds?			Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring th	e year 🕨	
7	Amount of expense	es incurred in monitoring, inspecting, and	enforcing conservation easements during	the yea	ar 🕨 \$	
8	Does each conserv	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170	(h)(4)(B)	(i)	
	and section 170(h)	(4)(B)(ii)?				Yes No
9		be how the organization reports conservation	-			
		le, the text of the footnote to the organiza	tion's financial statements that describes	the org	anization's a	accounting for
Da	conservation ease	ments. Itions Maintaining Collections o	f Art Historical Trassuras, or O	thor S	imilar Ac	seate
Fa		the organization answered "Yes" to Form		uner c		55015.
10		elected, as permitted under SFAS 116 (AS		nont on	d balanco a	boot works of art
ia	-	s, or other similar assets held for public ext				
		note to its financial statements that descri		1100 01 1		bo, provido, in r dre xin,
b		elected, as permitted under SFAS 116 (AS		t and ba	alance shee	t works of art. historical
~		similar assets held for public exhibition, e				
	relating to these ite		,		,	J
	Ũ	ded in Form 990, Part VIII, line 1			▶ \$	
		d in Form 990, Part X			▶ \$	
2		received or held works of art, historical tre			provide	
	the following amou	ints required to be reported under SFAS 1	16 (ASC 958) relating to these items:			
а		in Form 990, Part VIII, line 1			▶ \$	
b	Assets included in	Form 990, Part X			▶ \$	

		tors Witho				nc.				
		is-Grande,							40123	
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following th	at are a sig	nificant u	use of its o	collection it	ems
	(check all that apply):									
а	Public exhibition	d	ı 🖂 ı	oan or exc	hange prog	rams				
b	Scholarly research	e		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ey further t	he organizat	tion's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	asures, or otl	her similar a	issets		. .	
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered	"Yes" to Fo	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi								, ı	
	on Form 990, Part X?							∟	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:						
									Amount	
с	c Beginning balance									
d	d Additions during the year 1d									
e Distributions during the year 1e										
f Ending balance If										
2a	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if	f the organization ar	swered '	'Yes" to Fo	orm 990, Par	t IV, line 10				
		(a) Current year	(b) Pr	ior year	(c) Two yea	ars back (d	I) Three ye	ears back	(e) Four ye	ars back
1a	Beginning of year balance	105,815.								
b	Contributions	172,929.								
	c Net investment earnings, gains, and losses									
d	Grants or scholarships	146,396.								
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance	132,348.								
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1 c	a, column (a)) held as:					
а	Board designated or guasi-endowment	,	%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	0.00%								
	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	-	ation tha	t are held a	and administ	ered for the	organiza	ation		
	by:	5					5		Ye	es No
										X
										X
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Sched	ule R?						
4	Describe in Part XIII the intended uses of the								0.0	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered). Part IV.	line 11a. S	See Form 99). Part X. lir	ne 10.			
	Description of property	(a) Cost or o			t or other		umulate	d	(d) Book v	alue
		basis (investr			(other)	1	eciation		(,	
	Land		,		. /					
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	Add lines 1a through 1e. (Column (d) must en		X colum	n (R) line	10c)					0.
TULA	\cdot \neg uu iiiles ta tiiluugit te. (Uululiili (u) lilust et	quai i 01111 330, Pall	A, COIUIT	ייווו, (ם), וווופ						<u> </u>

Schedule D (Form 990) 2014

Trar	nslators	Withou	ıt Bord	ler	່ສ−ບ	JS,	Inc.
c/o	Actis-G	cande,	Ronan	&	Co	LLC	

) (Form 990) 2014	c/o Act:		rande,	Ronan	& C	Co LLC		27	7-3840123	Page 3
Part VII	Investments -	Other Securiti	es.								
	Complete if the orga			to Form 990	, Part IV, line						
(a) Descrip	otion of security or categ	Ory (including name of s	ecurity)	(b) Boo	ok value	(c) Method	of valuation:	Cost or en	d-of-year market	value
(1) Financi	al derivatives										
	-held equity interests										
(3) Other			Γ								
(A)											
(B)											
(C)											
(D)											
(E)											
(F)											
(G)											
(H)											
	b) must equal Form 990	, Part X, col. (B) line	12.) 🕨								
	Investments -										
	Complete if the org	-		to Form 990	. Part IV. line	11c. S	See Form 9	90. Part X. lin	ie 13.		
	(a) Description of	investment		(b) Boo	k value	(c) Method	of valuation:	Cost or en	d-of-year market	value
(1)										-	
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)						+					
(9)											
,	b) must equal Form 990	Part X col (B) line	13)								
Part IX		, r arc/, con (b) into									
	Complete if the orga	anization answered	l "Yes" i	to Form 990	Part IV. line	11d. 5	See Form 9	90. Part X. lir	ne 15.		
				Description	, ,					(b) Book va	alue
(1)			. ,	•							
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
	ımn (b) must equal Fo	rm 990 Part X co	(B) line	. 15)							
Part X	Other Liabilitie		1 (2)							1	
	Complete if the orga		1 "Yes" 1	to Form 990	. Part IV. line	11e o	r 11f. See F	Form 990. Pa	rt X. line 25	5.	
1.		escription of liability					ook value	,	,		
	deral income taxes					. ,					
(2)											
(3)								_			
(4)								_			
(5)											
(6)											
(7)											
(7)											
(9)											
	ımn (b) must equal Fo	rm 990 Part X co	(R) line	25)							
	(for uncortain tax pos					o the		n'a finanaial a			

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2014

	Translators Without Border				
	dule D (Form 990) 2014 c/o Actis-Grande, Ronan &				3840123 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per F	Returr	า.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,423,170.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	2b	1,979,408.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,979,408.
3	Subtract line 2e from line 1			3	443,762.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	443,762.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,334,404.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,979,407.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,979,407.
3	Subtract line 2e from line 1			3	354,997.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	354,997.
Pa	rt 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 X, Line 2:

TWB annually evaluates all federal and state income tax positions. This							
process includes an analysis of whether these income tax positions TWB							
takes meet the definition of an uncertain tax position under the Income							
Taxes Topic of the Financial Accounting Standards Codification.							
TWB's Forms 990, Return of Organization Exempt from Income Tax, for the							
years ending March 31, 2013 and 2012 are subject to tax examination,							
generally for three years after they were filed.							

SCHEDULE F (Form 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part		ates –	MB No. 1545-0047
Department of the Treasury	-	-	Attach to Form 990.			Open to Public
Internal Revenue Service	Information about	out Schedule F	(Form 990) and its instructions is at	<u>www.irs.gov/f</u>		nspection
Name of the organization Translators W:	ithout Bor	dorg_IIG	Inc		Employer identit	rication number
c/o Actis-Gra					27-384012	23
			tside the United States. Comple	ate if the organ		
Form 990, Pa				ete il the organ	ization answered	
		maintain recor	ds to substantiate the amount of its gr	ants and other	assistance	
•	•		the selection criteria used to award the			Yes X No
2 For grantmakers. De United States.	escribe in Part V the	organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
3 Activities per Region	. (The following Part	I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program		gram service,	expenditures for and
	in the region	independent contractors	services, investments, grants to recipients located in the region)		e specific type ce(s) in region	investments
		in region	recipients located in the region)		., .	in region
Sub-Saharan Africa -				In addition		
primarily East			Grants issued to fund a	, ,	3 facilitated	
Africa, Kenya, West			healthcare translation		ng of local	
Africa and Rwanda	0	2	center in Nairobi, Kenya	Kenyans to		0.
			Grants issued to train	Training We		
			translators to disseminate		o translate	
			Ebola crisis health	and dissem:	inate public	
Western Africa	0	4	inforation	information	n related to	46,943.
			Create an accessible	Words of Re	elief project	
			database of translated	to translat	ce 300,000	
			documents and train a	words of c	ritical crisis	
Kenya	0	4	network of local health	relief and	health	179,743.
3 a Sub-total	0	10				226,686.
b Total from continuati						, <u>,</u>
sheets to Part I		0				0.
c Totals (add lines 3a						
and 3b)	0	10				226,686.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part V for Column (e) descriptions Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Part II Grants and Othe	1100000000000000000000000000000000000	c/o Actis-Grande, R nce to Organizations or Entities Outs	ourders-us, an & Co LLC ethe United States. C	Complete if the or	27-3840123 ganization answered "Yes" on	4 0 1 2 3 I "Yes" on Form ⁵	990, Part IV, line 15, for	- Page 2 any
recipient who re	ceived more than \$5	recipient who received more than \$5,000. Part II can be duplicated if	dicated it additional space is needed.	eded.				
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Establishment of the translation training					
		Nairobi, Kenya	center	29,159.		.0		
			Online training					
			module development,					
			and training people	c		c		
		western Airica	to equcate them on	.0		>		
			Words of Relief broiert established					
			to translate 300 000					
		Kenya	words of critical	.0		.0		
2 Enter total number of the IRS, or for which t	f recipient organizatio the grantee or couns	ans listed above that are el has provided a sectic	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	e foreign country,	recognized as tax-e;	cempt by		
3 Enter total number of other organizations or entities	f other organizations	or entities						
	See Part V for	Column	(d) descriptions	υ Σ			Schedu	Schedule F (Form 990) 2014

See Part V for Column (d) descriptions 32

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2014
3 art IV, line 16.	IV, line 16.	(g) Description of non-cash assistance					Schedu
27-3840123	n Form 990, Part	(f) Amount of non-cash assistance					
Inc.	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.	(e) Manner of cash disbursement					
orders-US an & Co I	ites. Complete if	(d) Amount of cash grant					
ithout Bo nde, Rona	e the United Sta d.	c) Number of recipients					
Translators Without Borders-US, C/o Actis-Grande, Ronan & Co LLC	e to Individuals Outsid Iditional space is neede	(b) Region					
T] Schedule F (Form 990) 2014 C ,	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

Translators Without Borders-US, Inc. c/o Actis-Grande, Ronan & Co LLC

27-3840123	Page 4
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Part	V 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 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; do not 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 X 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 X 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes X No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Translators Without Borders-US, Inc.		
Schedule F (Form 990) 2014 C/O Actis-Grande, Ronan & Co LLC	27-3840123	Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accountiny investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); Part III (accounting method); estimated number of recipients), as applicable. Also complete this part to provide any additional information	hod); and Part III, column (c)
Part I, line 3, Column (e):		
(a) Region:		
Sub-Saharan Africa - primarily East Africa, Kenya, West A	Africa and Rwa	inda
(e) Specific Types of Services in Region: In addition to	cash grants,	
TWB facilitated the training of local Kenyans to be profe	essional	
translators in order to get healthcare information out to	o Kenyan	
communities where only Swahili or a tribal language is sp	oken.	
Region: Western Africa		
(e) Specific Types of Services in Region: Training Wester	n Africans to)
translate and disseminate public information related to H	Sbola crisis	
health information to local languages.		
Region: Kenya		
(e) Specific Types of Services in Region: Words of Relief	project to	
	1.1.1.6	

into key local languages in Kenya.

Part II, Column (d):

Region: Western Africa

(d) Purpose of Grant: Online training module development, and training

translate 300,000 words of critical crisis relief and health information

people to educate them on the translation of Ebloa crisis health

information so it can be disseminated in local dialect

Region: Kenya

(d) Purpose of Grant: Words of Relief project established to translate

300,000 words of critical crisis relief and health information into key 432075 09-24-14 Schedule F (Form 990) 2014

Translators Without Borders-US, Inc.Schedule F (Form 990) 2014c/o Actis-Grande, Ronan & Co LLC27-3840123Pa	
	ge 5
Part V Supplemental Information	900
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.	
local languages in Kenya.	

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 1/1 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Translators Without Borders-US, Inc. Employer identification number Name of the organization 27-3840123 c/o Actis-Grande, Ronan & Co LLC Form 990, Part I, Line 1, Description of Organization Mission: health and medicine from one language to another by providing pro-bono translation services to vetted, NPOs and NGOs world-wide. Form 990, Part III, Line 1, Description of Organization Mission: workers helping affected populations that do not speak the same language, and raising awareness of language barriers. Form 990, Part III, Line 2, New Program Services: TWB received a major grant to develop a translation crisis relief network intended to improve communications with communities when crisis response aid workers and affected populations do not speak the same language. Words of Relief aims to eliminate linguistic barriers that can impede vital response and relief efforts during and after a crisis by: translating key crisis and disaster messages into key languages before crises occur, building a spider network of diaspora translators who are trained to assist immediately upon activation of a crisis response, and creating a crowd sourced, online application that connects the translation team with aid workers and data aggregators who need immediate help.

Form 990, Part VI, Section A, line 2: Edith Boehler, Treasurer/Director is the sister-in-law of Andrew Bredenkamp, Director.

Form 990, Part VI, Section B, line 11:

Form 990 is available in organization's website a	t the following address:
www.translatorswithoutborders.org.	
It is also available on Guidestar website. Form 1	023 will be provided upon
request.	
Form 990, Part IX, Line 11g, Other Fees:	
Payroll service fees:	
Program service expenses	0.
Management and general expenses	1,442.
Fundraising expenses	0.
Total expenses	1,442.
Grant writing fees:	
Program service expenses	0.
Management and general expenses	8,849.
Fundraising expenses	0.
Total expenses	8,849.
Personnel fees:	
Program service expenses	68,869.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	68,869.
432212 08-27-14	Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization Translators Without Borders-US, Inc.

c/o Actis-Grande, Ronan & Co LLC

President for approval before electronic filing submission.

Form 990 is reviewed and approved by the organizations Treasurer and

Form 990, Part VI, Section C, Line 19:

Form 990 is available in organization's website at the following address:

Schedule O (Form 990 or 990-EZ) (2014)

Program service expenses	0.
Management and general expenses	8,849.
Fundraising expenses	0.

Program service expenses	68,869.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	68,869.

Employer identification number

27-3840123

Schedule O (Form 990 or 990 EZ) (2014) Name of the organization Translators Without Borders-US, c/o Actis-Grande, Ronan & Co LLC	
Consulting:	27-3640123
	12,105.
Program service expenses	
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	12,105.
Training and Technical:	
Program service expenses	36,292.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	36,292.
Translation:	
Program service expenses	72,590.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	72,590.
Monitoring:	
Program service expenses	4,500.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	4,500.
Insurance:	
Program service expenses	0.
Management and general expenses	3,874.
Fundraising expenses	0 • Schedule O (Form 990 or 990-EZ) (2014
08-27-14	Generale & (Form 330 or 330-EZ) (2014

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization Translators Without Borders-US, Inc. c/o Actis-Grande, Ronan & Co LLC	Employer identification number 27-3840123
Total expenses	3,874.
Total Other Fees on Form 990, Part IX, line 11g, Col A	208,521.