Form **990** 

#### SHORT-YEAR - CHANGE IN ACCOUNTING PERIOD

### **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

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

2018 **Open to Public** 

OMB No. 1545-0047

Inter	nai nevei	nue Service			iniution.		Inspection			
<u>A</u>	For the	e 2018 cale	ndar year, or tax year beginning 04/01 , 2018, and e	ending	12/3	31	, <b>20</b> 18			
в	Check it	if applicable:	C Name of organization TRANSLATORS WITHOUT BORDERS-US INC		[	D Employe	r identification number			
	Address	s change	Doing business as			27-3840123				
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address) Roo	E	Telephon	e number				
	Initial re	eturn	30 Main Street Suite 500				203-794-6698			
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	Danbury, CT, 06810			Gross re	1			
	Applicat	tion pending	F Name and address of principal officer: Andrew Brenenkamp				ubordinates? 🗌 Yes 🗹 No			
			30 Main Street Suite 500, Danbury, CT 06810				included? 🗌 Yes 🗌 No			
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3)                 501(c) ( ) ◄ (insert no.)           4947(a)(1) or           5	527	If "No," attac	h a list. (se	e instructions)			
J	Website	e: 🕨 🛛 ww	w.translatorswithoutborders.org		<b>H(c)</b> Group e	xemption i	number 🕨			
				formation:	2010	M State	of legal domicile: MA			
P	art I	Summ	-							
	1	Briefly de	escribe the organization's mission or most significant activities:	Translato	rs Without	Borders	is not for profit			
Activities & Governance		providing	language services for humanitarian and development programs arou	und the w	orld.					
nar										
ver	2		is box $\blacktriangleright$ if the organization discontinued its operations or dispo				ts net assets.			
ဗိ	3		of voting members of the governing body (Part VI, line 1a)			3	8			
کە مە	4		of independent voting members of the governing body (Part VI, line	-		4	8			
itie	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	5				
č	6		nber of volunteers (estimate if necessary)			6	7,000			
Ă	7a		elated business revenue from Part VIII, column (C), line 12			7a	0			
	b	Net unrel	ated business taxable income from Form 990-T, line 38	<u> </u>		7b	0			
					Prior Yea	r	Current Year			
e	8		tions and grants (Part VIII, line 1h)	·	1,1	198,480	1,118,982			
Revenue	9	-	service revenue (Part VIII, line 2g)		2	289,755	440,521			
Sev.	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)			0	0			
-	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .			0	0			
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 1		1,4	488,235	1,559,503			
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)			0	35,168			
	14		paid to or for members (Part IX, column (A), line 4)			0	0			
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10		2	255,642	241,782			
ens	16a		nal fundraising fees (Part IX, column (A), line 11e)			0	0			
Expenses	b		draising expenses (Part IX, column (D), line 25)  2,05	50						
	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	·		241,287	1,182,012			
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	·	1,4	196,929	1,458,962			
	19	Revenue	less expenses. Subtract line 18 from line 12			-8,694	100,541			
Net Assets or Fund Balances				Begi	nning of Curr		End of Year			
sset	20		ets (Part X, line 16)	·		973,884	1,257,918			
let A ind E	21		ilities (Part X, line 26)	·	238,707 422					
			ts or fund balances. Subtract line 21 from line 20			735,177	835,902			
- 2	art II	Signat	ture 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.

	Andrew Bredenkama	11-14-2019							
Sign	Signature of officer		Date						
Here	Andrew Bredenkamp, President								
	Type or print name and title								
Paid	Print/Type preparer's name Preparer's signature	Date	Check if	PTIN					
Preparer	Jeremy Cork Gereny Cork	11-14-2	019 self-employed	P01544850					
Use Only	Firm's name ► Easy Office dba Jitasa	Firm's EIN ►	26-2176601						
	Firm's address  1750 W Front Street Suite 200, Boise, ID 83702	Phone no. 2	08-287-4777						
May the IRS	May the IRS discuss this return with the preparer shown above? (see instructions)								
For Paparture Poduction Act Nation contraction instructions									

For Paperwork Reduction Act Notice, see the separate instructions.

Statement of Program Service Accomplishments

Form 990 (2018)

Part III

4e

Total program service expenses ►

	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 access to vital knowledge in their own language by: Providing aid
	in humanitarian crisis response through translation and interpreting; providing translation and simplification services that are
	culturally appropriate, accessible and open-source; building language translation capacity at the local level; and raising awareness
0	globally of language barriers.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
-	
	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 \$ 880,998 including grants of \$ 35,168 ) (Revenue \$ 124,801 )
	Crisis Response - Words of Relief - During the fiscal year, TWB deployed its Words of Relief (WoR) humanitarian language
	services in Bangladesh and northeast Nigeria. In Bangladesh, WoR provided research-based language guidance, training, and terminology support as well as audio and text translations for the Rohingya refugee response. In northeast Nigeria, TWB
	developed language mapping, terminology services, interpreter training, and research-based guidance on language in data
	collection, and provided translation support to humanitarian action in support of internally displaced people and host communities.
	WoR is designed to eliminate language barriers that can impede vital response and relief efforts, by facilitating more effective
	two-way communication between affected populations and responders. The learning generated by research and interventions on
	the ground was used to raise awareness across the humanitarian sector globally of language as an underregarded factor in the
	reach, impact, and accountability of humanitarian action.
41	
4b	(Code: ) (Expenses \$ 195,751 including grants of \$ 0) (Revenue \$ 315,720)
	Other programs in Development and Preparedness - TWB development and preparedness programs provide language support for non-crisis aid programs worldwide, facilitating effective communication between humanitarian workers and the populations they
	serve. TWB focuses on the most vulnerable by translating life-saving information and building local language translation capacity
	for underserved languages or where no translation capacity exists. The development and preparedness language service program
	relies on TWB's custom translation environment Kató to deliver the majority of its work. Kató is a managed, crowd-sourced
	platform connecting the TWB community of approximately 30,000 volunteer translators and language professionals directly with
	non-profit partners. In 2018, TWB delivered over 20 million words in 200 language pairs in for over 100 NGO partners amplifying
	the reach and impact of their work. TWB also advises aid organizations on the most effective approach to multilingual
	communication in specific contexts and develops custom workflows and technologies. Beyond written translation, TWB also
	provides a range of other language services including plain language editing, audio translation, localization and multimedia
	support (transcription, subtitling, voiceovers).
4c	(Code: ) (Expenses \$ 7,762 including grants of \$ 0 ) (Revenue \$ 0 )
	Gamayun, the language equality initiative combines language technology and machine learning to improve communication with
	people who speak marginalized languages. It builds voice and text data, integrating them into effective fit-for-purpose tools for
	humanitarian and development contexts. In 2018, TWB began putting the framework of Gamayun in place, interviewing potential
	partners for use cases, securing interest and advice from technologists, and beginning the first small-scale project. TWB worked
	on a challenge presented by the World Food Programme (WFP), as part of the Humanitarian Action Challenge sponsored by The
	City of the Hague. Over two months, TWB developed a prototype of a domain-adapted machine translation (MT) engine for
	Levantine Arabic to English that was specifically trained with food security terminology and social media content targeted for the
	Syrian population in the Middle East. This provided the proof of concept, laying the foundation of the project.
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 1
	(Expenses \$ 18,246 including grants of \$ 0) (Revenue \$ 0)

1,102,757

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Part	V 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	v	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	<b>Section 501(c)(3) organizations.</b> 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		~
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		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
	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		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		~
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	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
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? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		~
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		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

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Part	V Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		~				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		r				
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		~				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		~				
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? <i>If "Yes," complete Schedule L, Part II</i>	26		r				
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		r				
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~				
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		~				
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		~				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified							
	conservation contributions? If "Yes," complete Schedule M	30		~				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~				
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		~				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		~				
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	~					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	~					
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		~				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	~					
Part								
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 5	-						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and							
С	reportable gaming (gambling) winnings to prize winners?	1c	~					

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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 5									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~							
	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?									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O									
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	~							
b	If "Yes," enter the name of the foreign country:  Ireland, Nigeria									
	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		~						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~						
С	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		~						
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).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-								
<b>b</b>	and services provided to the payor?	7a 7b		~						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		~						
d	required to file Form 8282?	7c								
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~						
f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	76 7f		~						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h								
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the									
Ū	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	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:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
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:									
а	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 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	<b>Note.</b> 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         Enter the amount of reserves on hand       13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		•						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
15	excess parachute payment(s) during the year?	15		~						
	If "Yes," see instructions and file Form 4720, Schedule N.	10		-						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		V						
	If "Yes," complete Form 4720, Schedule O.			-						
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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	-							
	Check if Schedule O contains a response or note to any line in this Part VI			~					
Secti	on 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 <b>1a</b> 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.	<u>}</u>							
b									
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		~					
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		r					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~					
6	Did the organization have members or stockholders?	6		~					
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		~					
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		~					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	~						
b	Each committee with authority to act on behalf of the governing body?	8b	~						
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		~					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	nue C	ode.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		~					
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		~					
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	~						
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	r						
13	Did the organization have a written whistleblower policy?	13	~						
14	Did the organization have a written document retention and destruction policy?	14	~						
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	~						
b	Other officers or key employees of the organization	15b		~					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		~					
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?								
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► MA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other ( <i>explain in Schedule O</i> )	T (Sec	tion t	501(c)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	policy	/, and					

State the name, address, and telephone number of the person who possesses the organization's books and records >

The Organization, (203)794-6698

20

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

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.

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

					C)			_		
(A)	(B)	(da m	ot ob		ition	then e		(D)	(E)	(F)
Name and Title	Average	Average box, unless person is both an						Reportable	Reportable	Estimated
	hours per week (list any	er officer and a director/trustee)					ee)	compensation from	compensation from related	amount of other
	veek (list ally hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Andrew Bredenkamp	4.00									
President		~		~				0	0	0
Chris Fyfe	1.00									
Treasurer (outgoing)	T	~		~				0	0	0
Simon Hale	1.00									
Treasurer (incoming)		~		~				0	0	0
Donna Parrish	1.00									
Secretary		~		~				0	0	0
Nigel Fisher	1.00									
Board Member		~						0	0	0
Salvatore Giammarresi	1.00									
Board Member		~						0	0	0
Iris Orriss	1.00									
Board Member		~						0	0	0
Francis Tsang	1.00									
Board Member		~						0	0	0
Val Swisher	1.00									
Board Member		~						0	0	0
Dermot Carty	1.00									
Board Member		~						0	0	0
Aimee Ansari	40.00									
Executive Director				~				126,307	0	0
										Farm <b>990</b> (0019)

received more than \$100,000 of compensation from the organization ►

#### SHORT-YEAR - CHANGE IN ACCOUNTING PERIOD

Part	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					_ (0								
	(A)	(B)	(do n	ot ch	Pos ieck		e than c	one	(D)	(E)		(F)	
1			verage box, unless person is l urs per officer and a director/t					n an	Reportable compensation	Reportable compensation fro	Estimated amount of		
	week (list any						<u> </u>	from	related		other	I	
	hours for related	Individual trustee or director	nstit	Officer	Key employee	lighe	Former	the organization	organizations (W-2/1099-MIS)		compensati from the	on	
		organizations	dual	utior	¥	ldu	est c	e,	(W-2/1099-MISC)	(11 2) 1000 1110		organizatio	
		below dotted line)	r	nal tr		oye	omp					and related	
			stee	Institutional trustee		<sup>w</sup>	Highest compensated employee					organizatio	
				ð			ated						
											_		
1b	Sub-total							►	126,307		0		0
С	Total from continuation sheets to Part		n A								-		
d	Tatal (add lines the sud ta)								126,307		0		0
2	Total number of individuals (including but	t not limited	l to th	iose	list	ed a	above	e) w	ho received me	ore than \$100	,000 of	1	
	reportable compensation from the organi	zation 🕨							1				
		<i></i>									[	Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete s								oloyee, or high			3	V
4	For any individual listed on line 1a, is the										-	0	
4	organization and related organizations	areater that	an \$1	50.	000	ipei )? <i>I</i> i	f "Yes	ла s."	complete Sch	edule J for s	such		
	individual	-							-			4	~
5	Did any person listed on line 1a receive of												
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedı	ıle J f	for s	such person			5	~
	on B. Independent Contractors												
1	Complete this table for your five highest of												h
	compensation from the organization. Rep year.	bort compe	nsatio	on to	or tr	ie c	aiend	ar y	ear ending wit	n or within the	e organ	Ization's	tax
	(A)								(B)			(C)	
	Name and business add	ress							Description of s	ervices	Cor	mpensation	
None													
								-					
2	Total number of independent contractor	ors (includir	na hu	it n	ot I	imit	ed to	⊥ ∖th	inse listed abr	ove) who			
<u>~</u>	i de la contraction de la contractione de la contractione		.9 00		<b>J</b> L I		ວບເບ	/ U I					

0

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

Form 990 (2018)

**Statement of Revenue** 

Part VIII

#### **(C)** Unrelated business (D) Revenue excluded from tax **(B)** Related or (A) Total revenue exempt function revenue revenue under sections 512–514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . 1a 0 b Membership dues . . . 1b 0 Fundraising events . . . 1c 0 С **d** Related organizations . . . 1d 0 Government grants (contributions) е 1e 0 All other contributions, gifts, grants, f and similar amounts not included above 1f 1,118,982 Noncash contributions included in lines 1a-1f: \$ 0 g Total. Add lines 1a-1f . . h ► 1,118,982 Program Service Revenue **Business Code** Translation Services 2a 541930 440,521 440,521 0 0 b С d е f All other program service revenue . 0 0 0 0 Total. Add lines 2a-2f . . g ► 440,521 3 Investment income (including dividends, interest, and other similar amounts) . . . . . . . . ► 4 Income from investment of tax-exempt bond proceeds 5 Royalties . . . . ► (i) Real (ii) Personal Gross rents . . 6a Less: rental expenses b С Rental income or (loss) 0 0 Net rental income or (loss) d ► . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory Less: cost or other basis b and sales expenses . С Gain or (loss) . 0 0 d Net gain or (loss) ► . . . Other Revenue Gross income from fundraising 8a events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . . а Less: direct expenses . . . . b b С Net income or (loss) from fundraising events ► 9a Gross income from gaming activities. See Part IV, line 19 . . . . . а Less: direct expenses . . . . b b Net income or (loss) from gaming activities . . С Gross sales of inventory, less 10a returns and allowances . . . а b Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . С ► Miscellaneous Revenue **Business Code** 11a b С All other revenue . . . . . d Total. Add lines 11a-11d . е ► 0 . . Total revenue. See instructions 12 1,559,503 0

0

440,521

Page 10

**(D)** Fundraising

expenses

~

42

2,008

#### 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 (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service 8b, 9b, and 10b of Part VIII. 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 . . . 35,168 35,168 4 Benefits paid to or for members . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . . 126,308 51,620 74,688 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 . . . . . . 97,955 40,338 57,617 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . 9 10 17,519 6,125 11,394 11 Fees for services (non-employees): Management . . . . . . . а b Legal . . . . . . . . . . . . . 886 886 С Accounting . . . . . . . . . . . . 32,307 16,583 15,724 d Lobbying . . . . . . . . Professional fundraising services. See Part IV, line 17 е Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . 967,867 817,456 150,411 12 Advertising and promotion . . . . . 13 Office expenses . . . . . . . 26,249 25,987 220 14 Information technology . . . . . 13,818 13,736 82 15 Royalties . . . . . . . . Occupancy . . . . . . . . 16 7.098 7.098 Travel . . . . . . . . . . . . . . 17 113,790 81,768 30,014 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest . . . . . . . . . . . . 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . 2,103 2,103 23 17,894 6,878 11,016 24 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 O.) а b С d All other expenses е Total functional expenses. Add lines 1 through 24e 25 1,458,962 1,102,757 354,155 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here  $\blacktriangleright$  if

following ŠOP 98-2 (ASC 958-720)

2,050

Form 990 (2018)

	n 990 (20 <b>art X</b>	,			Page <b>11</b>
P	art A	Check if Schedule O contains a response or note to any line in this Pa	4 X		
			(A) Beginning of year	•	(B) End of year
	1	Cash-non-interest-bearing	591,844	1	599,336
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	277,810	3	423,232
	4	Accounts receivable, net	73,815	4	207,193
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	10,709	9	10,554
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b> 1,013	10,707		10,004
	b	Less: accumulated depreciation 10b 1,013	985	10c	0
	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	9,484	14	8,518
	15	Other assets. See Part IV, line 11	9,237	15	9,085
	16	Total assets. Add lines 1 through 15 (must equal line 34)	973,884		1,257,918
	17	Accounts payable and accrued expenses	95,725	17	205,536
	18	Grants payable		18	
	19	Deferred revenue	142,982	19	216,480
	20	Tax-exempt bond liabilities		20	2.0,.00
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ŝ	22	Loans and other payables to current and former officers, directors,			
Liabilities	LL	trustees, key employees, highest compensated employees, and			
.iat		disqualified persons. Complete Part II of Schedule L		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	0	25	0
	26	Total liabilities. Add lines 17 through 25	238,707	26	422,016
ses		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	620,897	27	687,550
3al	28	Temporarily restricted net assets	114,280	28	148,352
q	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
let	33	Total net assets or fund balances	735,177	33	835,902
2	34	Total liabilities and net assets/fund balances	973,884	34	1,257,918
	• 1		773,004		Form <b>990</b> (2018)

Form **990** (2018)

Form 9	90 (2018)			Pa	age <b>12</b>
Par	t 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		1,55	9,503
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,45	8,962
3	Revenue less expenses. Subtract line 2 from line 1	3		10	0,541
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		73	5,177
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			184
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, column (B))	10		83	5, <b>902</b>
Par	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," ex Schedule O.	plain	in		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	or		
	reviewed 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	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account				~
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	in		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?				~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	0	e 3b		

Form **990** (2018)

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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



Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
TRANSLATORS WITHOUT BORDERS-US INC	27-3840123

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 331/3% 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 331/3% 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	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you docur	ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

2

orm 990 or 990-EZ) 2018						Page
Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1	I)(A)(iv) and 1	170(b)(1)(A)(v	i)
(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Section A. Public Support						
year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
s, grants, contributions, and mbership fees received. (Do not ude any "unusual grants.")						
	Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to A. Public Support year (or fiscal year beginning in) ► s, grants, contributions, and nbership fees received. (Do not	Support Schedule for Organizations Descr         (Complete only if you checked the box on line         Part III. If the organization fails to qualify under <b>A. Public Support</b> rear (or fiscal year beginning in) ▶         (a) 2014         s, grants, contributions, and         nbership fees received. (Do not	Support Schedule for Organizations Described in Sect(Complete only if you checked the box on line 5, 7, or 8 ofPart III. If the organization fails to qualify under the tests list. <b>A. Public Support</b> year (or fiscal year beginning in) ▶(a) 2014(b) 2015s, grants, contributions, andnbership fees received. (Do not	Support Schedule for Organizations Described in Sections 170(b)(1         (Complete only if you checked the box on line 5, 7, or 8 of Part I or if th         Part III. If the organization fails to qualify under the tests listed below, p         A. Public Support         rear (or fiscal year beginning in) ▶         (a) 2014       (b) 2015         (c) 2016         s, grants, contributions, and         nbership fees received. (Do not	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 1         (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization         Part III. If the organization fails to qualify under the tests listed below, please completed         A. Public Support         rear (or fiscal year beginning in) ▶         (a) 2014         (b) 2015         (c) 2016         (d) 2017         s, grants, contributions, and nbership fees received. (Do not	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v         (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qu         Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)         A. Public Support         rear (or fiscal year beginning in) ▶         (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018         s, grants, contributions, and         nbership fees       received. (Do not       (Do not)       (Do not)       (Do not)

- 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. . . .
- 5 The portion of total contributions by each person (other than а governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . .

Public support. Subtract line 5 from line 4

Total

#### Section B. Total Support

6

Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	<b>First five years.</b> If the Form 990 is for the organization, check this box and <b>stop he</b>	•					
Secti	ion C. Computation of Public Suppor	rt Percentag	е				
14	Public support percentage for 2018 (line	6, column (f) di	ivided by line 1	1, column (f))		14	
15	Public support percentage from 2017 Sch	hedule A, Part	II, line 14 .			15	
16a	331/3% support test-2018. If the organ	ization did not	check the box	x on line 13, a	nd line 14 is 3	3 <sup>1</sup> /3% or m	ore, check this
	box and stop here. The organization qua	lifies as a publ	licly supported	organization			🕨
b	331/3% support test-2017. If the organi	zation did not	check a box c	on line 13 or 16	a, and line 15	is 33 <sup>1</sup> /3% o	or more, check

#### 17a 10%-facts-and-circumstances test-2018. 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 b 10%-facts-and-circumstances test-2017. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

instructions	
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Schedule A (Form 990 or 990-EZ) 2018

► 

% %

Schedule A (Form 990 or 990-EZ) 2018

#### 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.)

Secti	on A. Public Support			,		/	
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	443,762	540,692	1,467,605	1,198,480	1,118,982	4,769,521
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		35,625	226,371	289,755	440,521	992,272
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	443,762	576,317	1,693,976	1,488,235	1,559,503	5,761,793
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			16,000	16,568	12,205	44,773
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			42.250	75.252	95 400	204 111
	Add lines 7a and 7b	0	0	43,259	75,353	85,499	204,111
8	Public support. (Subtract line 7c from line 6.)	0	0	59,259	91,921	97,704	248,884
Secti	on B. Total Support						5,512,909
	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	443,762	576,317	1,693,976	1,488,235	1,559,503	5,761,793
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						
С	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	443,762	576,317	1,693,976	1,488,235	1,559,503	5,761,793
14	First five years. If the Form 990 is for the organization, check this box and stop here	•				ar as a sectior	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8					15	<b>95.68</b> %
16	Public support percentage from 2017 Sch					16	96.64 %
	on D. Computation of Investment In		-		(0)		
17	Investment income percentage for 2018 (			•	( ))	17	0 %
18	Investment income percentage from <b>2017</b>					18	0 %
19a							
b	33 <sup>1</sup> / <sub>3</sub> % support tests – 2017. If the organiz	-	-	-		-	
	line 18 is not more than 331/3%, check this I	box and <b>stop h</b>	ere. The organi	zation qualifies	as a publicly su	upported organi	zation 🕨 🗌
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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- **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.
- **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.
- **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.
- **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.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 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).*
- 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).*
- **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.*
- **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.*
- **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.*
- **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.
  - **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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990 or 990-EZ) 2018 \_

Part	Supporting Organizations (continued)	
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	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?

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.

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.

#### Section C. Type II Supporting Organizations

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).

#### Section D. All Type III Supporting Organizations

			res	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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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.

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete **line 3** below.
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- а 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.
- 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.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

Yes No

11b

11c

1

2

1

3

2a

2b

3a

Yes No

Vee Ne

Yes No

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. Section B. Type I Supporting Organizations

### 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 tru	st on Nov. 20, 1970 (explai	n in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organizat	ions must complete Section	ns A through E.
Section A—Adjusted Net Income	(A) Prior Year	(B) Current Year

Section A-Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
<b>3</b> Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> 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>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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).

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	Page I
Secti	ion D–Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VISupplemental 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.)


		SHORT-YEAR - C	HANGE IN ACCOUNTING PERIO	D		
		Supplement	al Financial Statements			OMB No. 1545-0047
(Form	n 990)	Complete if the org	ganization answered "Yes" on Form 990,			2018
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.           Department of the Treasury         ► Attach to Form 990.						Open to Public
	Revenue Service		990 for instructions and the latest inform	nation.		Inspection
Name o	f the organization			Employ	er identific	ation number
1		OUT BORDERS-US INC				-3840123
Par			<b>ised Funds or Other Similar Fun</b> 'Yes" on Form 990, Part IV, line 6.	ds or <i>l</i>	Accoun	ts.
	Compr		(a) Donor advised funds		(b) Funds	and other accounts
1	Total number	at end of year			.,	
2		ue of contributions to (during year)				
3	Aggregate val	ue of grants from (during year) .				
4		ue at end of year				
5	•		advisors in writing that the assets he			
6			e organization's exclusive legal contro			
6			nd donor advisors in writing that grar it of the donor or donor advisor, or fo			
				-	-	·
Par	Conse	rvation Easements.				
			Yes" on Form 990, Part IV, line 7.			
1	,	conservation easements held by the				
			tion or education) Preservation of		-	•
		of natural habitat on of open space	Preservation of	a certi	ried histo	oric structure
2			eld a qualified conservation contributio	n in the	e form of	a conservation
_		he last day of the tax year.		[		at the End of the Tax Year
а	Total number	of conservation easements		[	2a	
b	-	-	s		2b	
c			historic structure included in (a)		2c	
d			(c) acquired after 7/25/06, and not	on a	0.1	
3		•	sferred, released, extinguished, or tern	· · · [ ninated	2d	rganization during the
Ŭ	tax year ►			matou	by the e	rganization during the
4	Number of sta	tes where property subject to conser	rvation easement is located $\blacktriangleright$			
5	-		garding the periodic monitoring, insp			-
-			sements it holds?			
6	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conse	rvation ea	sements during the year
7	Amount of exp	enses incurred in monitoring inspectin	g, handling of violations, and enforcing	conserv	ation eas	ements during the year
•	►\$					emente danng the year
8	Does each cor	nservation easement reported on line	2(d) above satisfy the requirements of	sectior	n 170(h)(4	-)(B)(i)
9		<b>e</b> 1	conservation easements in its revenue		•	
		accounting for conservation easeme	f the footnote to the organization's finants	ancials	statemen	ts that describes the
Part			s of Art, Historical Treasures, or	Other	Similar	Assets.
			'Yes" on Form 990, Part IV, line 8.			
1a	•	•	AS 116 (ASC 958), not to report in its			
			assets held for public exhibition, ed			
	-		ootnote to its financial statements that			
b			FAS 116 (ASC 958), to report in its a assets held for public exhibition, ed			
		, provide the following amounts relati	•	acation	, 01 1030	
	(i) Revenue in	cluded on Form 990, Part VIII, line 1	-		. 🕨	\$
	(ii) Assets incl	uded in Form 990, Part X			. 🕨	\$
2	If the organization	ation received or held works of art,	historical treasures, or other similar	assets	for fina	ncial gain, provide the
	-		FAS 116 (ASC 958) relating to these it			•
a	Revenue inclu	ded on Form 990, Part VIII, line 1 .			. 🕨	\$
b	Assets include	ea in Form 990, Part X	<u></u>		. 🕨	5

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	SHORT-YE	AR - CHANGE IN A	CCOUNTING PE	RIOD	
-	e D (Form 990) 2018				Page <b>2</b>
Part					
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other reco	rds, check any of th	e following that are a	significant use of its
а	Public exhibition	d	Loan or exchang	ge programs	
b	Scholarly research	е	Other		
С	Preservation for future generations				
4	Provide a description of the organization's XIII.	collections and expla	ain how they further	the organization's ex	empt purpose in Part
5	During the year, did the organization solic assets to be sold to raise funds rather than	to be maintained as			
Part					
	Complete if the organization answ 990, Part X, line 21.				
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table:		
					Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
<b>2</b> a	Did the organization include an amount on				-
1	If "Yes," explain the arrangement in Part XI	II. Check here if the e	xplanation has been	provided on Part XIII	<u></u>
Par					
	Complete if the organization answ				
		Current year (b) Pri	or year (c) Two yea	rs back (d) Three years ba	ack (e) Four years back
<b>1</b> a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and				
d	Grants or scholarships				
е	Other expenditures for facilities and				
_	programs				
f	Administrative expenses				
g	End of year balance			<u></u>	
2	Provide the estimated percentage of the cu		e (line 1g, column (a	a)) held as:	
a	Board designated or quasi-endowment				
b	Permanent endowment  %				
С	Temporarily restricted endowment				
0-	The percentages on lines 2a, 2b, and 2c sh			and a desiriation of fam.	41
3a	Are there endowment funds not in the pos organization by:	session of the organi	zation that are held	and administered for	
	•				Yes No
	(i) unrelated organizations				. 3a(i)
	(ii) related organizations				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz				. <b>3b</b>
4	Describe in Part XIII the intended uses of th	-	owment tunds.		
Part					0 Dart V line 10
	Complete if the organization answ				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	0	0	0
d	Equipment	0	1,013	1,013	0
е	Other	0	0	0	0

0

Schedule D (Form 990) 2018

Part VII	Investments-Other Securities.			
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11b. See F	orm 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	<b>(b)</b> Book value		ethod of valuation: nd-of-year market value
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Column (k	) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments-Program Related.			
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See F	orm 990,	Part X, line 13.
	(a) Description of investment	(b) Book value		ethod of valuation:
			Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV	V, line 11e or 11f.	See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>Fotal.</b> (Column (b	) must equal Form 990, Part X, col. (B) line 25.) 🕨			0
1 1 - 1 - 11 - 1 - 7     1				

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

Schedu	e D (Form 990) 2018				Page <b>4</b>
Part			-	Return.	1
1	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			1	4,898,295
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	4,898,295
a	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	3,324,540		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)		14,252		
е	Add lines <b>2a</b> through <b>2d</b>	-		2e	3,338,792
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,559,503
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	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		5	1,559,503
Part				r Return	•
	Complete if the organization answered "Yes" on Form 990,	Part IV	/, line 12a.		
1	Total expenses and losses per audited financial statements			1	4,811,885
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,324,540		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII.)		28,383		
е	Add lines <b>2a</b> through <b>2d</b>			2e	3,352,923
3	Subtract line <b>2e</b> from line <b>1</b>	· · ·		3	1,458,962
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	0		
b	Other (Describe in Part XIII.)		0	-	
_c	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, lin</i> <b>XIII Supplemental Information.</b>	ie 18.) .		5	1,458,962
2; Parl Sched wheth	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part ule D, Part X, Line 2 - TWB annually evaluates all federal and state income tax er these income tax positions TWB takes meet the definition of an uncertain table and Accounting Standards Codification. TWB's Form 990, Return of Organizati	to prov position ax positi	vide any additional in ns. This process inclu ion under the Income	formation. Ides an ana Taxes Topi	alysis of ic of the
March	31, 2016 are subject to tax examination, generally for three years after they we	ere filed	<u>i.</u>		
Cohod					
Scheo	ule D, Part XI, Line 2d - The Rosetta Foundation revenue.				
Sched	ule D. Part XII. Line 2d - The Posetta Foundation expenses				

			SHORT-Y	EAR - CHAN	IGE IN ACCOUNTING P	ERIOD			
	EDULE F n 990)	State	ement of	i Activitie	s Outside the Uni	ited States		OMB No. 1545	-0047
(FOI)	11 990)	► Comple	te if the organ	ization answer	ed "Yes" on Form 990, Part I	V, line 14b, 15, or	16.	201	8
	nent of the Treasury	Þ	Go to www.irs		ach to Form 990. for instructions and the lates	tinformation		Open to P	
	Revenue Service							Inspection identification n	
TRAN	ISLATORS WITH							27-3840123	
Par		Information ), Part IV, line		ies Outside	the United States. Con	plete if the orga	nization	answered "\	'es" on
1	other assistan award the gran	ce, the grantents or assistan	ees' eligibility ice?	for the grant	cords to substantiate the a ts or assistance, and the s	selection criteria	used to	✓ Yes	🗌 No
2	For grantmak outside the Un		in Part V the	e organization	's procedures for monitorir	ng the use of its	grants ar	nd other ass	istance
3	Activities per F	Region. (The fo	ollowing Part	-	an be duplicated if addition	nal space is need	led.)		
	<b>(a)</b> Regior	1	(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 liste a program se describe specifi service(s) in the	ervice, c type of	(f) Tot expenditur and invest in the rea	res for ments
(1)	Sch F, Stmt 1								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
3a b	Subtotal Total from sheets to Part	continuation							
с	Totals (add lin		0	69				1,0	044,825

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

### 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 (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) Sch F, Stmt 2 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 ► . . . \_\_\_\_\_1 3 ► 0

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II

Schedule F (Form 990) 2018

Page 2

Schedule F (Form 990) 2018

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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)							

Schedule F (Form 990) 2018

Page 3

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	ア 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)	Ves	🖌 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	V No

Schedule F (Form 990) 2018

#### 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.

Schedule F, Part I, Line 2 - TWB has a procurement procedure to support the selection of suppliers and a recruitment procedure to support the selection of employees and consultants. Contracts are required for suppliers and consultants over \$1,000 and payment is only made once the delegated manager approves that services have been performed as agreed. The accounts are able to be classified by date, payee, currency and grant and amount. Regular review of the grant funds is performed by the Executive Director, project manager and finance.

Schedule F, Part V, Statement 1

Form: Schedule F (2018)

Page: 1

TRANSLATORS WITHOUT BORDERS-US INC

EIN: 27-3840123

Part I, Line 3

Accounts and Activities Outside the United States

		Offices	Employees	Total
Region Activities Services	Europe (including Iceland and Greenland) Program Services Nonprofit providing translations services for humanitarian and development programs around the world	0	38	590,286
Region Activities Services	Sub-Saharan Africa Program Services Nonprofit providing translations services for humanitarian and development programs around the world	0	10	157,952
Region Activities Services	East Asia and the Pacific Program Services Nonprofit providing translations services for humanitarian and development programs around the world	0	4	109,041
Region Activities Services	Middle East and North Africa Program Services Nonprofit providing translations services for humanitarian and development programs around the world	0	2	57,649
Region Activities Services	South Asia Program Services Nonprofit providing translations services for humanitarian and development programs around the world	0	8	51,033
Region Activities Services	North America (including Canada and Mexico, but not the United States) Program Services Nonprofit providing translations services for humanitarian and development programs around the world	0	4	50,994
Region Activities Services	South America Program Services Nonprofit providing translations services for humanitarian and development programs around the world	0	2	15,447
Region Activities Services	Russia and the newly independent States Program Services Nonprofit providing translations services for humanitarian and development programs around the world	0	1	12,423
	Total:	0	69	1,044,825

Schedule F, Part V, Statement 2

Form: Schedule F (2018)

Page: 2

Grants To Organization Outside US

TRANSLATORS WITHOUT BORDERS-US INC

EIN: 27-3840123

Part II, Line 1

		Cash Grant	Non-Cash Assistance
Region	Sub-Saharan Africa	35,168	
Grant	Grants to TWB Nigeria		
Cash Disbursement	Wire Transfer		
Desc. of Non-Cash Asst.			
Valuation			

SCHE	DUL	E (	)	
(Form	990	or	990-	ΕZ

**Supplemental Information to Form 990 or 990-EZ** Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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



Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
TRANSLATORS WITHOUT BORDERS-US INC	27-3840123
Form 990, Part VI, Section B, Line 11b - The form 990 will be reviewed by the Executive Director, the T	reasurer, and the Head of Finance,
prior to submission.	
Form 000 Dart VI Section D. Line 120. Deard members regularly out out of discussions when there is	a paragived conflict of interact Deard
Form 990, Part VI, Section B, Line 12c - Board members regularly opt out of discussions when there is	a perceived conflict of Interest. Board
members with clear, regular Col are not accepted on to the Board.	
Form 990 Part VI Section P. Line 15. Componentian is approved by the board	
Form 990, Part VI, Section B, Line 15 - Compensation is approved by the board.	
Form 990, Part VI, Section C, Line 19 - Form 990 is available in organization's website at the following	address
www.translatorswithoutborders.org. It is also available on Guidestar website. Form 1023 will be provide	
Form 990, Part IX, Line 11g - Consultant and Management Services - \$449,155; Translation Consultant	Services - \$219.175: Other
Consultant Services - \$299,537.	

Cat. No. 51056K

Schedule	O, Statement 1	TRANSLATORS WI	THOUT BORD	ERS-US INC
	orm: Form 990 (2018)		EIN	27-3840123
Page: <b>2</b>	age: 2		Pa	rt III, Line 4d
	Other Program Services Accomplishments			
Activity	Description	Expense	Grants	Revenue
Code				
	Other programs like HEAT, Sphere and Advocacy.	18,246	0	0
Total:		18,246	0	0

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

#### TRANSLATORS WITHOUT BORDERS-US INC

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

## 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	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr ent	<b>g)</b> 512(b)(13) rolled tity?
						Yes	No
(1) See Schedule R, Part VII, Statement 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							



27-3840123

SCHEDULE R (Form 990)

Schedule R (Form 990) 2018

(7)

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (i) (k) (a) (b) (c) (d) (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Predominant Share of total Legal Direct controlling Share of end-of- Disproportionate Code V-UBI General or Percentage related organization income (related, domicile entity income year assets allocations? amount in box 20 managing ownership unrelated, of Schedule K-1 (state or partner? excluded from (Form 1065) foreign tax under country) sections 512-514) Yes No Yes No (1) (2) (3) (4) (5) (6)

## 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	( Section 5 contr ent	<b>i)</b> 512(b)(13) rolled ity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)	-								
(7)	-								

Page 2

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Part	<b>Transactions With Related Organizations.</b> Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 34	4, 35b, or 36.		
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	nizations listed in Parts	ill–IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			18	1	~
b	Gift, grant, or capital contribution to related organization(s)			<b>1</b> k	) V	
с	Gift, grant, or capital contribution from related organization(s)			10	;	~
d	Loans or loan guarantees to or for related organization(s)			10	1 1	
е	Loans or loan guarantees by related organization(s)			16	•	~
f	Dividends from related organization(s)			11	•	~
g	Sale of assets to related organization(s)			10	1	~
ĥ	Purchase of assets from related organization(s)			<b>1</b> h	1	~
i	Exchange of assets with related organization(s)					~
i	Lease of facilities, equipment, or other assets to related organization(s)					V
•						
k	Lease of facilities, equipment, or other assets from related organization(s)				<u>د</u>	V
1	Performance of services or membership or fundraising solicitations for related organization(s)					~
m					n	~
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .				1	~
0	Sharing of paid employees with related organization(s)					V
р	Reimbursement paid to related organization(s) for expenses			1p	<b>)</b>	V
q	Reimbursement paid by related organization(s) for expenses					V
4					•	
r	Other transfer of cash or property to related organization(s)			11		V
S	Other transfer of cash or property from related organization(s)					V
2	If the answer to any of the above is "Yes," see the instructions for information on who must o					lds.
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining am	ount invo	lved
		type (a-s)				
(1)						
(2)						
//						
(3)						
(4)						
(5)						
(6)						

Page **3** 

### 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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all p sec 501 organiz	bartners tion c)(3)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	Disprop	<b>1)</b> ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(</b> Gene mana part	eral or aging	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	1

Schedule R (Form 990) 2018

# Supplemental Information. Part VII Provide additional information for responses to questions on Schedule R. See instructions. \_\_\_\_\_ \_\_\_\_\_

Schedule R, Part VII, Statement 1

Form: Schedule R (2018)

Page: 1

TRANSLATORS WITHOUT BORDERS-US INC

EIN: 27-3840123

Part II

Descri	otion o	f Identification	of Related	Tax-Exempt	Organizations
200011					o gameatono

Name and EIN	The Rosetta Foundation				
Address	Marina House Eastpoint Office Park Dublin 3				
	Dublin, Ireland, Ireland				
Primary activities	Charitable				
State or foreign country	Ireland				
Exempt code section	501c3				
Public charity status	10				
Direct controlling entity	Translators Without Borders				
512(b)(13) controlled organizat	ion?				
Name and EIN	Translators Without Borders Nigeria				
Address	Red Roof Humanitarian Hub Makachalla House Bye Pass				
	Maiduguri, Nigeria				
Primary activities	Charitable				
State or foreign country	Nigeria				
Exempt code section	501c3				
Public charity status					
Direct controlling entity	Translators Without Borders				