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b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 106, 268 10 Grants and similar amounts paid (list in Schedule 0) 10 93, 212 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 1, 103 14 14 15 270 16 Other expenses (describe in Schedule 0) See Schedule 0 16 1, 365 17 95, 950 17 95, 950 17 95, 950		7a	Gross sales	of inventory, less returns and allowances	•••••	<u>6d</u>	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 106, 268 10 Grants and similar amounts paid (list in Schedule 0) 10 93, 212 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 1, 103 14 0ccupancy, rent, utilities, and maintenance 14 15 2700 15 270 16 Other expenses (describe in Schedule 0) See Schedule 0 16 1, 365 17 95, 950 17 95, 950 17 95, 950		b	Less: cost o	of goods sold 7b			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 106, 268 10 Grants and similar amounts paid (list in Schedule 0) 10 93, 212 11 Benefits paid to or for members 10 93, 212 12 Salaries, other compensation, and employee benefits 11 13 Professional fees and other payments to independent contractors 13 1, 103 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 270 16 Other expenses (describe in Schedule 0) See Schedule 0 16 1, 365 17 95, 950 17 95, 950 17 95, 950		C	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		70	
10 Grants and similar amounts paid (list in Schedule 0) 10 93,212 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 11 13 Professional fees and other payments to independent contractors 12 14 12 15 2700 16 0ther expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16		8	Other reven			0	
10 93,212 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 12 15 270 16 0ther expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16			Total reven	uc. Add intes 1, 2, 0, 4, 00, 00, 70, and 0	-und Balances (see the instructions for art 1 art 1 $5a$ $5a$ $5b$ $5a$ $6a$ $6a$ $6b$ $6c$ $6c$ $7a$		106 268
11 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 1,103 14 0ccupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 14 16 0ther expenses (describe in Schedule 0) See Schedule 0 17 705, 950			uranto anu	similar amounts paid (list in Schedule O)		10	93.212.
13 Professional fees and other payments to independent contractors 12 14 0ccupancy, rent, utilities, and maintenance 13 15 Printing, publications, postage, and shipping 14 16 Other expenses (describe in Schedule 0) 15 17 70 16 18 Evenese or (defieit) for the schedule 0			Dononia par			44	
10 Professional rees and other payments to independent contractors 13 1,103 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 270 16 Other expenses (describe in Schedule 0) See Schedule 0 16 1,365 17 Total expenses and lines 10 through 16 17 95,950	Expenses		e alariou, ou	in compensation, and employee benefits	10		
15 Printing, publications, postage, and shipping 15 270 16 Other expenses (describe in Schedule 0) See Schedule 0 16 1,365 17 Total expenses. Add lines 10 through 16 17 95,950			1 10103310114	rices and other payments to independent contractors	10	1,103.	
16 Other expenses (describe in Schedule 0) 15 270 17 Total expenses. Add lines 10 through 16 16 1,365 18 Expense of (definition of the through 16) 17 95,950			occupancy,	rent, utilities, and maintenance	44		
17 Total expenses. Add lines 10 through 16 See Schedule 0 16 1,365 18 Evene or (defail) for the set of the s			, intering, put	shouldons, postage, and shipping		15	270.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 17 95,950 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 18 10,318			e mer enpen	See Schedi		16	1,365.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on primerous column (A))			Excess or (c	eficit) for the year (Subtract line 17 from line 0)		▶ 17	95,950.
(must agree with end-of-year figure reported an arise was less less less less less less less le	sets		Net assets o	r fund balances at beginning of year (from line 97 column (A))	18	10,318.	
	As		(must agree	with end-of-year figure reported on prior year's return)			
Yet (must agree with end-of-year figure reported on prior year's return) 19 65,595 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0	Vet	20	Other chang	es in net assets or fund balances (explain in Schedule O)		19	65,595.
21 Net assets or fund balances at and of year. Combine lines 19 through 00		21	Net assets o	r fund balances at end of year. Combine lines 18 through 20			0.
LHA For Paperwork Reduction Act Notice, see the separate instructions.	LHA	For	Paperwork R	eduction Act Notice, see the separate instructions			75,913.

732171 11-22-17

Form **990-EZ** (2017)

COMMUNITIES WITHOUT BORDE Form 990-EZ (2017) ORGANIZATION	ERS A NONPROF	IT	20-0	8420	80 Page
Part II Balance Sheets (see the instructions for Part II)			20 0	0420	00 rage
Check if the organization used Schedule O to res	spond to any questic	on in this Part II			
		A) Beginning of year		(B) E	nd of year
22 Cash, savings, and investments		65,595	. 22		75,913
23 Land and buildings		03,333	23	-	13,913
24 Other assets (describe in Schedule 0)			24		
25 Total assets		65,595			75 012
26 Total liabilities (describe in Schedule 0)		0	the second second second	-	75,913
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		65,595			75 012
Part III Statement of Program Service Accomplishme	nts (see the instruct	ions for Part III	• 27		75,913
Check if the organization used Schedule O to resonance of the organization's primary exempt purpose? See Schedule O Constraints of the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant information of the services provided of the number of persons benefited of the services provided of the number of persons benefited of the services provided of the number of persons benefited of the services provided of the number of persons benefited of the services provided of the number of persons benefited of the services provided of the number of persons benefited of the services persons benefited of	services, as measured by expense nation for each program title.	on in this Part II		Required i01(c)(3)	penses for section and 501(c)(4) ons; optional for
(Grants \$) If this amount includes foreign g 29 See Schedule O	grants, check here	>	28	Ba	54,163
(Grants \$) If this amount includes foreign g	grants, check here		29	9a	39,049
(Grants \$) If this amount includes foreign g	rants check here		30		
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount includes foreign c	vrants, chock boro	·····			
32 Total program apprice expenses (add lines ODe through Ote)			3		02 010
Part IV List of Officers, Directors, Trustees, and Key E	mnlovees	·····	🏲 🛛 3	2	93,212
Check if the organization used Schedule O to res	nond to any quastic	ven if not compensated -	see the ins /	structions for	or Part IV)
					·····
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contribu	e benefit d deferred	(e) Estimated amount of other compensation
PETER SMITH					
PRESIDENT	30.00	0.		0.	0.
LOUIS LICHT					
VICE PRESIDENT	25.00	0.		0.	0.
REBECCA KIMBALL					
TREASURER	20.00	0.		0.	0.
RICHARD BAIL, MD			121.83		
EXECUTIVE VICE PRESIDENT/C	20.00	0.		0.	0.
AMY ARCHIBALD			100	0.	0
DIRECTOR OF OPERATIONS	25.00	0.		0.	0
JEFFREY BAIL	23.00	0.		0.	0.
DIRECTOR	15.00	0.		0.	0.
ROBIN KUTNER	13:00	0.		0.	0.
DIRECTOR	15.00	0.		0.	0
DEBRA MINARD	13.00	0.		0.	0.
DIRECTOR	15.00	0.		0.	0.

COMMUNITIES WITHOUT BORDERS A NONPROFIT

-	<u>990-EZ (2017) ORGANIZATION 20-084</u>	2080	ļ	Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Sch. O to respond to any question in the statement of the organization used Sch. O to respond to any question in the statement of the statemen	its in his Pa	the irt V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			100
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
D	Did the organization file Form 1120-POL for this year?	37b		X
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	00-		v
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38a		X
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			AN DESS.
44	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed MA The organization's books are in care of PETER SMITH Telephone no. 6 17-23	22 6	071	
42 a	The organization's books are in care of \blacktriangleright <u>PETER SMITH</u> Located at \triangleright <u>130 WASHINGTON STREET</u> , NEWTON, MA			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1240	0	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	X	
	If "Yes," enter the name of the foreign country: Zambia			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X	
	If "Yes," enter the name of the foreign country: Zambia			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43			0.
			24	
44.0	Did the organization maintain any denote adviced funde duvice the user O K Mas # Form 000 must be seen but divided to the to d		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			37
h	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a		X
0	of Form 990-EZ	446		v
C	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		X X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			- 23
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-EZ (2	COMMUNITIES WI 2017) ORGANIZATION	THOUT BORDER	RS A NON	IPROFI	T	20-08420	080	Page 4
	ganization engage, directly or indirectly, in r	political campaign activities	on behalf of or i	n oppositio	n to candidates for p	ublic office?	Ye	
Charles and the second s	omplete Schedule C, Part I Section 501(c)(3) organizatior	ac only		<u></u>			46	X
	All section 501(c)(3) organizations mus		Ob and 52 and	d complet	o tho toblog for line	o EO and E1		
	Check if the organization used Schedu							
				, are tr			Yes	s No
47 Did the or	ganization engage in lobbying activities or h	nave a section 501(h) election	on in effect durin	ng the tax ye	ear? If "Yes," complete	Sch. C, Part II	47	X
48 Is the org	anization a school as described in section 1	70(b)(1)(A)(ii)? If "Yes," co	mplete Schedule	Ε			48	X
49a Did the or	ganization make any transfers to an exempt	t non-charitable related orga	anization?				49a	X
b If "Yes," w	as the related organization a section 527 or	ganization?					49b	
	this table for the organization's five highest			rs, director	s, trustees, and key e	mployees) who ea	ch receive	d more
than \$100	0,000 of compensation from the organization				1		1	
	(a) Name and title of each employe	e	(b) Average per week dev		(C) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estin	
	NC)NE	positio		W-2/1099-MISC)	employee benefit plans, and deferred	compen	
	NC					compensation		
f Total num	ber of other employees paid over \$100,000)			0			
	this table for the organization's five highest			each rece	ived more than \$100,	000 of compensat	tion from th	ne
		NE						
(a) N	ame and business address of each indepen	dent contractor		(b)	Type of service	(c) C	ompensati	on
	ber of other independent contractors each i				🕨		1.1.1.1.5	0
	ganization complete Schedule A? Note: All : d Schedule A					N [10	Yes [
and the second s	d <u>Schedule A</u> s of perjury, I declare that I have examined th	his return including accom	anving schedul	e and state	monte and to the he			<u>No</u>
true, correct, ar	nd complete. Declaration of preparer (other t	than officer) is based on all	information of w	/hich nrena	rer has any knowledg		je aliu belle	31, IL IS
				nion propa	ion nao any knowieug			
Sign	Signature of officer					Date		
Here	PETER SMITH, PRESI	DENT						
		Dranazarla ajanatura		I Data	Charle Cr			
	Print/Type preparer's name	Preparer's signature		Date	Check X			
Paid	JOSHUA C. HOWELL	TOCUTTA O	OMDT T	02/11	self- emplo			_
Preparer	Firm's name ► J HOWELL TA	JOSHUA C. H		02/11	and the second s		0332	<u> </u>
Use Only	Firm's address > 175 BEDFOR					▶ 46-401		1
		MA 02420-44			Phone no.	781-863	-9500	<u> </u>
May the IRS dis	cuss this return with the preparer shown ab						Yes	No

)	X	Yes	No
	For	m 990-E	Z (2017)