

EXTENSION FILED
Short Form

OMB No. 1545-0047

Form **990-EZ**

Return of Organization Exempt From Income Tax

2020

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
COMMUNITIES WITHOUT BORDERS A NONPROFIT ORGANIZATION

D Employer identification number
****-***2080**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
130 WASHINGTON STREET

E Telephone number
617-233-6071

City or town, state or province, country, and ZIP or foreign postal code
NEWTON, MA 02458

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **www.communitieswithoutborders.org**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **86,317.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received 1 85,363.
	2 Program service revenue including government fees and contracts 2
	3 Membership dues and assessments 3
	4 Investment income 4 954.
	5a Gross amount from sale of assets other than inventory 5a
	b Less: cost or other basis and sales expenses 5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c
	6 Gaming and fundraising events:
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b	
c Less: direct expenses from gaming and fundraising events 6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d	
7a Gross sales of inventory, less returns and allowances 7a	
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 O) 8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 86,317.	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10 57,783.
	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 2,775.
	14 Occupancy, rent, utilities, and maintenance 14
	15 Printing, publications, postage, and shipping 15 617.
	16 Other expenses (describe in Schedule O) 16 2,621.
17 Total expenses. Add lines 10 through 16 17 63,796.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 22,521.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 159,353.
	20 Other changes in net assets or fund balances (explain in Schedule O) 20 0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 181,874.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

COMMUNITIES WITHOUT BORDERS A NONPROFIT ORGANIZATION

Form 990-EZ (2020)

** - ***2080 Page 2

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	159,353.	181,874.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	159,353.	181,874.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	159,353.	181,874.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 PROGRAM EXPENSES FOR EDUCATING CHILDREN IN ZAMBIA.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	46,388.
29 See Schedule O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	11,395.
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	57,783.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this 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-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PETER SMITH PRESIDENT	30.00	0.	0.	0.
LOUIS LICHT VICE PRESIDENT/TREASURER	30.00	0.	0.	0.
ROBIN KUTNER CLERK	20.00	0.	0.	0.
GISELA GEIGER DIRECTOR	15.00	0.	0.	0.
CHOMBA KALUBA DIRECTOR	15.00	0.	0.	0.
REBECCA KIMBALL DIRECTOR	15.00	0.	0.	0.
THERESA LUNGU DIRECTOR	15.00	0.	0.	0.
DEBRA MINARD DIRECTOR	15.00	0.	0.	0.

COMMUNITIES WITHOUT BORDERS A NONPROFIT ORGANIZATION

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

		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
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	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 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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
b Did the organization file Form 1120-POL for this year?	37b		X
38 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?	38a		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39 Section 501(c)(7) organizations. Enter:			
a 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	
40 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 ▶ 0.			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 List the states with which a copy of this return is filed ▶ MA			
42 a The organization's books are in care of ▶ PETER SMITH Telephone no. ▶ 617-233-6071 Located at ▶ 130 WASHINGTON STREET, NEWTON, MA ZIP + 4 ▶ 02458			
b 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)?	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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 0.			
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	44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c Did the organization receive any payments for indoor tanning services during the year?	44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 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		

COMMUNITIES WITHOUT BORDERS A NONPROFIT ORGANIZATION

Form 990-EZ (2020)

** - *** 2080 Page 4

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: _____
PETER SMITH, PRESIDENT
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	JOSHUA C. HOWELL	JOSHUA C. HOWELL	08/12/21		P00503325
	Firm's name ▶ J HOWELL TAX SERVICES, LLC	Firm's address ▶ 175 BEDFORD STREET, SUITE 8 LEXINGTON, MA 02420-4481		Firm's EIN ▶ ** - *** 8140	Phone no. 781-863-9500

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

COMMUNITIES WITHOUT BORDERS A NONPROFIT
ORGANIZATION

Employer identification number
-*2080

Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property:	Amount:
INTEREST	954.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
OFFICE, BANK & FILING FEES, & MISC	491.
INSURANCE	460.
WEBSITE & ADVERTISING	721.
LOSS ON EXCHANGE RATE	949.
Total to Form 990-EZ, line 16	2,621.

Form 990-EZ, Part III, Primary Exempt Purpose - CWB ENABLES THE EDUCATION, HEALTH, AND WELFARE OF ORPHANS AND OTHER VULNERABLE CHILDREN (OVC'S) IN ZAMBIA. IT PROVIDES SCHOLARSHIPS TO OVC'S FOR FEES, BOOKS, UNIFORMS, AND SHOES REQUIRED TO CONTINUE EDUCATION THROUGH HIGH SCHOOL. IT ASSISTS COMMUNITY SCHOOLS LACKING GOVERNMENT SUPPORT BY FUNDING TEACHER TRAINING, PAYING OR SUPPLEMENTING TEACHER SALARIES, AND PROVIDING BOOKS, LIBRARY FACILITIES, COMPUTERS, AND DESKS. IT ALSO FUNDS CAPITAL PROJECTS, SUCH AS THE ELECTRIFICATION AND THE IMPROVEMENT OF SANITARY FACILITIES IN COMMUNITY SCHOOLS.

Form 990-EZ, Part III, Line 29, Program Service Accomplishments:

HUMAN SERVICES-MULTIPURPOSE: ENABLING THE PRIMARY AND SECONDARY HIGHER EDUCATION OF ORPHANS AND OTHER VULNERABLE CHILDREN (OVC'S) IN TOWNSHIPS IN ZAMBIA WORKING THROUGH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization COMMUNITIES WITHOUT BORDERS A NONPROFIT ORGANIZATION	Employer identification number **-***2080
--	--

LOCAL NGOS AND CBOS. PROMOTING RELATIONSHIPS WITH COMMUNITIES IN LESS DEVELOPED COUNTRIES. SPONSORING THE EDUCATION OF SELECTED PRE-SCHOOL TEACHERS. TUTORING SECONDARY STUDENTS BEFORE EXAMS AND DELIVERING MEDICINES. SPONSORING SELECTED SUPPLEMENTARY FEEDING PROGRAMS.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
 The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.
 The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

