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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 2009, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MEDIATORS BEYOND BORDERS Number and street (or P O box, if mail is not delivered to street address) Room/suite 1807 JANCEY STREET 1ST FL City or town, state or country, and ZIP + 4 PITTSBURGH PA 15206-1065	D Employer identification number 20-5716275
		E Telephone number (412) 441-1151
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>		F Group Exemption Number _____
<p>I Website: ▶ <u>www.mediatorsbeyondboarders.org</u></p>		G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____
<p>J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<p>K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.</p>		
<p>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ</p>		▶ \$ 148,369.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	135,400.
2 Program service revenue including government fees and contracts	12,820.
3 Membership dues and assessments	
4 Investment income	
5a Gross amount from sale of assets other than inventory	149.
b Less: cost or other basis and sales expenses	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	149.
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
6a Gross revenue (not including \$ _____ of contributions reported on line 5c)	
6b Less: direct expenses other than fundraising expenses	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
7a Gross sales of inventory, less returns and allowances	
b Less: cost of goods sold	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8 Other revenue (describe ▶ _____)	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	148,369.
10 Grants and similar amounts paid (attach schedule)	
11 Benefits paid to or for members	
12 Salaries, other compensation, and employee benefits	49,143.
13 Professional fees and other payments to independent contractors	48,597.
14 Occupancy, rent, utilities, and maintenance	3,235.
15 Printing, publications, postage, and shipping	2,289.
16 Other expenses (describe ▶ See Other Expenses Statement)	54,478.
17 Total expenses. Add lines 10 through 16	157,742.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-9,373.
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)	34,063.
20 Other changes in net assets or fund balances (attach explanation)	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	24,690.

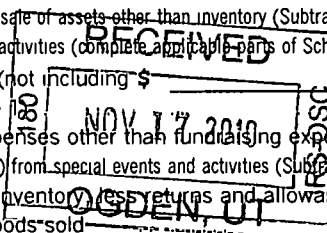
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	32,828.	35,036.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ See L-24 Stmt)	5,185.	5,913.
25 Total assets	38,013.	40,949.
26 Total liabilities (describe ▶ See L-26 Stmt)	3,950.	16,259.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,063.	24,690.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED DEC 09 2010



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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)	
What is the organization's primary exempt purpose? SEE ATTACHED			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28 LIBERIAN INITIATIVE SEE ATTACHED			
(Grants \$ 150.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		52,587.
29 ANNUAL CONGRESS SEE ATTACHED			
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		14,622.
30 COPENHAGEN SEE ATTACHED			
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		4,765.
31 Other program services (attach schedule) SEE STMT			
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		3,488.
32 Total program service expenses (add lines 28a through 31a)	32		75,462.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
KENNETH CLOKE 2411 18TH STREET SANTA MONICA CA 90405	PRESIDENT 30.00	0.	0.	
ROBERT A. CREO 1807 JANCEY STREET PITTSBURGH PA 15206	DIRECTOR 5.00	0.	0.	
NAN WALLER BURNETT 1746 COLE BLVD SUITE 295 GOLDEN CO 80401	DIRECTOR 22.00	0.	0.	
LYNN COLE 301 W. PLANN STREET SUITE 409 TAMPA BAY FL 33606	DIRECTOR 22.00	0.	0.	
MARVIN JOHNSON 1221 SMITH VILLAGE ROAD GREENBELT MD 20904	DIRECTOR 0.00	0.	0.	
CAROL J. LARKIN CAMPUS BOX 1120, ONE BROOKINGS DRIVE ST. LOUIS MO 63130	DIRECTOR 2.00	0.	0.	
RACHEL WOHL 903 COMMERCE ROAD ANNAPOLIS MD 21401	DIRECTOR 8.00	0.	0.	
DEBORAH LAUFER 8734 FIRST AVENUE SILVER SPRING MD 20910	DIRECTOR 20.00	0.	0.	
VIRGINIA MORRISON 39 ALLYN AVENUE SAN ANSELMO CA 94960	SECRETARY 21.00	0.	0.	
DOUGLAS NOLL P. O. BOX 2336 CLOVIS CA 93613	DIRECTOR 15.00	0.	0.	
PRABHA SANKARANARAYAN 1807 JANCEY STREET PITTSBURGH PA 15206	TREASURER 24.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
	▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	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 period covered by this return?	X	
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
	▶ 38b 4,500.		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	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.		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
	▶ 0.		
40e	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		X
41	List the states with which a copy of this return is filed ▶ <u>Pennsylvania</u>		

42a The organization's books are in care of ▶ PRABHA SANKARANARAYAN Telephone no. ▶ (412) 441-1151
 Located at ▶ 1807 JANCEY STREET PITTSBURGH PA ZIP + 4 ▶ 15206

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ▶ _____		X

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** _____

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

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 11/10/10
 Signature of officer: *Prabha Sankararayanan*
 Date: 11/10/10
 Type or print name and title: PRABHA SANKARARAYAN, TREASURER

Paid Preparer's Use Only

Preparer's signature: *Kuhleman Kollar CPA* Date: 10/30/10
 Check if self-employed:
 Preparer's Identifying Number (See instructions): 900101265
 Firm's name (or yours if self-employed), address, and ZIP + 4: KUHLEMAN KOLLAR & ASSOCIATES CPAs, P.C.
 300 OLD POND RD, STE. 206
 BRIDGEVILLE PA 15017-1270
 EIN: 30-0034664
 Phone no: (412) 221-8185

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)		250.	58,177.	175,598.	135,800.	369,825.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3		250.	58,177.	175,598.	135,800.	369,825.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						98,309.
6 Public support. Subtract line 5 from line 4						271,516.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4		250.	58,177.	175,598.	135,800.	369,825.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			125.	8.	0.	133.
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 IV.)						
11 Total support. Add lines 7 through 10						369,958.
12 Gross receipts from related activities, etc. (see instructions)					12	18,177.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: **MEDIATORS BEYOND BORDERS** Employer identification number: **20-5716275**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
ROBERT CREO FUND LIBERIAN INTIATIVE	X		10,000.	4,500.		X	X		X	
Total				▶ \$	4,500.					

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Name as Shown on Return
MEDIATORS BEYOND BORDERS

Employer Identification No
20-5716275

Line 24 - Other Assets:	Beginning of Year	End of Year
ADVANCES	0.	1,500.
FIXED ASSETS	5,347.	5,544.
LESS ACCUMULATED DEPRECIATION AND AMORTIZATION	-1,462.	-2,431.
TRADEMARK	1,300.	1,300.
Totals to Form 990-EZ, Part II, line 24	5,185.	5,913.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCRUED PAYROLL TAXES	410.	2,772.
DEFERRED REVENUE	540.	195.
LOAN PAYABLE	3,000.	4,500.
ACCRUED EXPENSES	0.	8,792.
Totals to Form 990-EZ, Part II, line 26	3,950.	16,259.

Additional Information

PAGE 2-PART III - ORGANIZATIONS PRIMARY EXEMPT PURPOSE

Mediators Beyond Borders (MBB) is a nonprofit tax-exempt organization that brings together mediators and other allied professionals who volunteer worldwide to support local conflict resolution capacity-building efforts in underserved areas to make these efforts more effective and sustainable. MBB's vision is to build sustainable conflict resolution capacity for a more peace "able" world.

MBB interprets "beyond borders" broadly. MBB acts across geographical, political, economic, societal, and cultural boundaries. MBB partners with other nongovernmental organizations, universities, community organizations, professional societies, environmental, commercial and other entities worldwide to develop skills for group facilitation, public dialogue, strategic planning, collaborative negotiation, peer mediation, restorative justice, and public policy consensus building.

Additional Information

PAGE 2-PART III-LINE 28-LIBERIAN INITIATIVE

The Liberian Initiative began its work with a group of 94 refugees living in Ghana, preparing them for community reconciliation on return to Liberia. Between 2008 and 2010, MBB and its local partners continued to work with these former child soldiers toward peaceful coexistence in three Liberian cities. MBB mentored these young men and women in conflict resolution skills, and other life skills, as they learned to fit into the community. Some planted crops on land donated by local elders, and farmed it jointly with more experienced community dwellers. Some obtained employment in peacemaking, in water and sanitation, in mechanics, and in construction; others entered college. The partners and MBB acted as a bridge to the community to prevent and resolve disagreements, and helped the young men and women through major life decisions, setbacks, and successes.

The project is preparing for its second phase, in which MBB will offer a similar program to young women who were disproportionately affected by the civil war. Many took up arms or were forced into sexual slavery for their survival or that of their children. A significant portion of the team's activities have been aimed at research on funding sources and on the development of evaluation tools. Funding arrangements and project design are nearing completion. Monitoring and evaluation methods for the activities to date as well as those in the next phase are also nearing completion.

MBB anticipates working alongside their local partners to mentor the young women, and arranging for them to learn sustainable farming and carry it forward by teaching others. MBB will teach and facilitate a series of dialogues in hopes of increasing awareness of the effects of trauma, reducing the stigma many women fighters carry, and creating greater understanding across ethnic groups, fighter status, class and gender in these communities.

Additional Information

PAGE 2-PART III-LINE 29-ANNUAL CONGRESS

MBB's 3rd Annual Congress was held in March of 2009, themed, "Preparing to Serve." Leaders in peacebuilding and over 140 MBB members from around the world exchanged ideas, honed and learned skills to promote and spread conflict resolution programs and initiatives worldwide, including discussing the many diverse ways to participate with MBB.

Additional Information

PAGE 2 PART III-LINE 31- OTHER PROJECT INITIATIVES

The Zimbabwe initiative launched in February of 2009 to assist civil society in Zimbabwe with preparing for a peaceful transition and developing internal capacity for solving the most pressing humanitarian challenges. The initiative is comprised of 3 individual stages that will be implemented over 3 years. The Initiative is focusing on developing a civil society network to facilitate and enhance communication among hostile factions, providing conflict resolution training, and initiating a public dialogue/consensus-building program.

The Hurricane Katrina Initiative places MBB working with community based mediators in New Orleans, LA and Biloxi, MS to improve their skills and to develop community mediation programs.

MBB is working with CCRC in Columbia to bring a culture of peace and reconciliation in the Caribbean region of Colombia.

MBB Conflictpedia is a MBB knowledge base that includes MBB public documents, project reports, announcements, reflections from the field, event reports, and other resources collected and written by MBB members.

MBB is assisting a group in the Neve Shalom Wahat Al Salam village that is developing a customized approach to mediation for use by Arab/Jewish co-mediators to mediate Arab/Jewish disputes. A MEI team of three mediators spent time in NSWAS to engage with Phase II of their program to research the feasibility of a multi-cultural mediation curriculum custom designed for use by Palestinian and Jewish Israelis. The team participated with and observed a group of Palestinian and Jewish mediators, educators, and community leaders from across Israel in their 3 -day seminar proceedings and presented three workshops on "Identity and Social Relations," "Leveraging Power Dynamics, Non-Violent Dialogue," and "Experiencing History in the Body." The MEI team also participated in an evaluation of this program and was immersed in deeper engagement with the villages long standing programs.

Additional Information

PAGE 2- PART III - LINE 30 - COPENHAGEN

On December 7-19, 2009, delegates from around the world met in Copenhagen in an effort to negotiate a climate change treaty to slow global warming. MBB is the only mediation organization that will be officially observing the proceedings of the UN Climate Change Conference (COP15) in Copenhagen, the most important environmental conference since Kyoto. MBB will assume a global leadership role as it urges delegates to include mediation in the new protocols and hosts an environmental mediation seminar.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Depreciation	1,031.
ANNUAL CONGRESS	14,424.
BANK FEES	1,504.
Amortization	87.
DIRECTORS AND OFFICERS INSURANCE	1,208.
DUES AND SUBSCRIPTIONS	345.
FOOD FOR PROJECT INITIATIVES	5,055.
PAYROLL TAXES	1,413.
STATE REGISTRATION FEES	175.
SUPPLIES	5,367.
TRAVEL AND MEETINGS	22,986.
WEBSITE	883.
Total	54,478.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ANNA SPAIN 4857 TEMP STREET BOULDER CO 80304 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CHARLIE PILLSBURY 247 ST. RONAN STREET NEW HAVEN CT 06511 Foreign city _____ Foreign country _____	Title EXECUTIVE DIRECTO Hours/Week 13.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SANDI DIMOLA 621 GETTYSBURG STREET PITTSBURGH PA 15206 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DAVID JOSEPH 8 LATHAM FARM ROAD SMITHFIELD RI 02917 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 8.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JACK BOYSON 3726 TUDOR ARMS AVE BALTIMORE MD 21211 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> ASHOK PANIKKAR <hr/> BANGALORE, IN Foreign city BANGALORE Foreign country IN	Title DIRECTOR <hr/> Hours/Week 5.00	<hr/> 0.	<hr/> 0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> ALAN GROSS <hr/> 63 KIT CARSON CIRCLE POCONO PINES PA 18350 Foreign city _____ Foreign country _____	Title DIRECTOR <hr/> Hours/Week 5.00	<hr/> 0.	<hr/> 0.	

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization	Employer identification number
	MEDIATORS BEYOND BORDERS	20-5716275
	Number, street, and room or suite number. If a P O box, see instructions	
	1807 JANCEY STREET 1ST FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	PITTSBURGH PA 15206-1065	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ PRABHA SANKARANARAYAN -----

Telephone No. ▶ (412) 441-1151 ----- FAX No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the extended due date for filing the return. See instructions</small>	Name of Exempt Organization MEDIATORS BEYOND BORDERS		Employer identification number 20-5716275
	Number, street, and room or suite number. If a P O box, see instructions 1807 JANCEY STREET 1ST FL		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PITTSBURGH PA 15206-1065		

Check type of return to be filed (File a separate application for each return):

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **PRABHA SANKARANARAYAN**
Telephone No. **(412) 441-1151** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **Nov 15**, 20 **10**.
- For calendar year **2009**, or other tax year beginning _____, 20____, and ending _____, 20____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **TO COMPLETE THE RETURN WITH ACCURATE AND CORRECT INFORMATION**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ 0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature _____ Title **CPA** Date **07/13/10**