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Form **990**

Department of the Treasury

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 1545-0047

Open to Public

	Revenue Servi	calendar year, or tax year beginning 01-01-2011 and ending 12-31-201			Inspection		
	ck if applica	C Name of organization		D Employer	ridentification number		
_	ress change	VISION BETOND BORDERS		83-0313			
— Nam	ne change	Doing Business As		E Telephon	e number		
_ Initia	al return	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	(406)58			
_ Terr	nınated	PO BOX 11385		G Gross rece	eipts \$ 1,052,214		
_	ended retur	BOZEMAN, MT 59719	_				
App	lication pen	ling					
		F Name and address of principal officer	H(a) Is thi				
		PATRICK KLEIN PO BOX 11385	affilia	tes?	ΓYes Γ No		
		BOZEMAN,MT 59719	H(b) Are all	l affiliates ind	cluded?		
. Tav					list (see instructions)		
	-exempt st		H(c) Grou	p exemptior	n number ►		
		WWW V BBO NLINE O RG	<u> </u>				
		ation Corporation Trust Association Other ►	L Year of for	mation 1994	M State of legal domicile M		
Par		ummary ly describe the organization's mission or most significant activities			_		
Governance	TRA DO N	GOAL OF THE MINISTRY IS TO SERVE THE WORLDWIDE CHURCH BY INING FOR THE LOCAL PEOPLE TO FULFILL CHRIST'S GREAT COMM E BY SUPPLYING THEM WITH NATIVE LANGUAGE BIBLES, TRAINING PLIES, PRAYER TEAMS AND EVANGELISM TO CHILDREN	ISSION IN TH	EIR OWN C	OUNTRIES THIS IS		
<u>န်</u>							
×6		k this box 🔭 if the organization discontinued its operations or disposed		1	I		
Activities &		ber of voting members of the governing body (Part VI, line 1a)		<u> </u>	3		
돌		ber of independent voting members of the governing body (Part VI, line 1b I number of individuals employed in calendar year 2011 (Part V, line 2a)		<u> </u>	5		
ନ		I number of individuals employed in calendar year 2011 (Fart V, line 2a)		⊢	6 (
		unrelated business revenue from Part VIII, column (C), line 12			7a (
		inrelated business taxable income from Form 990-T, line 34		<u> </u>	7b (
		,	Prio	r Year	Current Year		
	8 C	ntributions and grants (Part VIII, line 1h)		574,84			
a l		ogram service revenue (Part VIII, line 2g)		69,24	·		
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d).....		72,04	9 (
ë	11 0	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,37	0 0		
		tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), lir	e	710 51	1 052 214		
\dashv)		719,51	, ,		
		ants and similar amounts paid (Part IX, column (A), lines 1–3) nefits paid to or for members (Part IX, column (A), line 4)		•	0 389,212		
		laries, other compensation, employee benefits (Part IX, column (A), lines					
\$		10)		171,59	216,307		
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		(0 0		
ੜੀ	b To	al fundraising expenses (Part IX, column (D), line 25) ▶42,333					
_	17 0	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		261,94	2 373,011		
	18 To	tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		578,15	7 978,532		
	19 Re	venue less expenses Subtract line 18 from line 12		141,35	3 73,682		
Not Assets or Fund Balances				of Current ear	End of Year		
18 e	20 To	tal assets (Part X, line 16)		266,68	8 434,698		
주문		tal liabilities (Part X, line 26)		16,22	·		
<u> ž</u> Ē		t assets or fund balances Subtract line 21 from line 20		250,46	· ·		
Par	t III S	ignature Block					
		of perjury, I declare that I have examined this return, including accompanying					
knowie		pelief, it is true, correct, and complete. Declaration of preparer (other than offic	ਝਾ) is based on a	ali informatio	on of which preparer has an		
		*****	20	12-07-02			
Sign		Signature of officer		ite			
Here	: <u> k</u>	PATRICK KLEIN EXECUTIVE DIRECTOR/PRESIDENT					
	<u> </u>	Type or print name and title		_			
		parer's ROBBYN YAGER CPA 2012-06-28	Check If self-	Preparer's ta	expayer identification number		
Paid		atule - Kobbitt Mozik of M	employed •	P01254793	uona)		
Prepa		n's name (or yours GALUSHA HIGGINS & GALUSHA PC	<u> </u>	EIN 81-0272932			
Use C	Inly I add	elf-employed), ress, and ZIP + 4 777 EAST MAIN STE 201		EIN F 81-02/2932			
		BOZEMAN, MT 59715		Phone no	(406) 586-2386		
Mayt	he IRS dı	scuss this return with the preparer shown above? (see instructions)			✓ Yes 「No		
, -		, , ()					

Par	t III	Statement of Program Check if Schedule O contains				F
THE WIT	GOAL LOCA H NAT:	ly describe the organization's m OF THE MINISTRY IS TO SER L PEOPLE TO FULFILL CHRIS IVE LANGUAGE BIBLES, TRAI SM TO CHILDREN	VE THE WORLDWID	SION IN THEIR OWN	COUNTRIES THIS IS DONE	BY SUPPLYING THEM
2	the p	ne organization undertake any s rior Form 990 or 990-EZ?				Yes V No
3	Did th	es," describe these new services ne organization cease conducting ces?	g, or make significant	=		Yes ✓ No
4	exper	ribe the organization's programnses Section 501(c)(3) and 50 s and allocations to others, the	1(c)(4) organızatıons	and section 4947(a)(:	l) trusts are required to repor	
4a	CHRI	e) (Expenses : GOAL OF THE MINISTRY IS TO SERVE T IST'S GREAT COMMISSION IN THEIR ON HING, MEDICLA SUPPLIES, PRAYER TE	HE WORLDWIDE CHURCH VN COUNTRIES THIS IS D	ONE BY SUPPLYING THEM V		
4b	(Cod	e) (Expenses :	3	including grants of \$) (Revenue \$)
4c	(Cod	e) (Expenses s	;	including grants of \$) (Revenue \$)
4d		er program services (Describe penses \$	n Schedule O) including grants of	\$) (Revenue \$)
4e	Tota	al program service expenses►\$	869,043	3		

Part TV	Chec	klist of	Required	Schedules
4 1 1 7 7 7	CHEC	KIISL UI	Reduired	Scriedules

	•		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	<u> </u>
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
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, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

1 01111	990 (2011)			Page 4		
Par	t IV Checklist of Required Schedules (continued)					
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No		
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
C	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) and 501(c)(4) 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		No		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No		
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III					
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					
		28a		No		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No		
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 owner? If "Yes," complete Schedule L, Part IV	28c		No		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No		
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		No		
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</i> "Yes," complete Schedule R, Part I	33		No		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No		
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No		
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," complete Schedule R, Part V, line 2	35b		No		
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		No		
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? If "Yes," complete Schedule R, Part VI	37		No		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes			

•	•
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
a	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			
L	return			
ט		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country •			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . $$.	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		Νο
b	organization solicit any contributions that were not tax deductible?			
_	were not tax deductible?	6b		
_	Organizations that may receive deductible contributions under section 170(c).	,		NI -
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId	7		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check	if Schedule O	contains a	response to	anv	question i	ın thıs Part VI	_	_	_	_	_	_	_	_	_	. ত
CHECK	ii Schedale O	Contains a	. response to	uny	question	ili cilis i alc vi	•	•	•	•	•	•	•	•	•	• ,

Se	ction 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	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	2		No			
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		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes I							
7a		7a		No			
b		7b		No			
8							
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9		9		No			
	,						
Re	venue Code.)		Vec	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	No			
	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						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13		No			
14	Did the organization have a written document retention and destruction policy?	14		No			
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		Νo			
b	Other officers or key employees of the organization	15b		No			
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	16a		No				
b	16b						
Se	ection C. Disclosure						
			_	_			

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website 🔽 Another's website 🔽 Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► VISION BEYOND BORDERS
 PO BOX 11385

BOZEMAN, MT 59719

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, and **current** key employees 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, or 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 organiza	•	ated org	ganız	atıoı	ns co	ompen	sate	ed any current or fo	rmer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	Positi more unles an	(on (d e tha	c) o no n on rson er a /trus	t ch e bo is b nd a stee	eck x, oth	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) PATRICK KLEIN	40 00	X T	å.	x		ted.		68,945	0	0
PRESIDENT (2) JIM STRENGEL								·	0	_
SECRETARY/TREASURER (3) DAN GROVER	50	Х	_	Х				0	_	0
DIRECTOR (4) JOHN CARLTON	50	Х						0	0	0
DIRECTOR	50	Х						0	0	0
(5) WES FLINT DIRECTOR	50	Х						0	0	0
(6) DENNIS NUTTER DIRECTOR	50	х						0	0	0
(7) KEVIN WHITE DIRECTOR	50	х						0	0	0
										=

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n on son er a	e bo ıs b nd a	x, oth		Repoi compei from organiza 2/1099	rtable nsation i the	(E) Reportable compensation from related organizations (W- 2/1099-	am co	(F) Estimation ount of mpens from the	other ation ne on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former			MISC)	or	relate ganızat	
								_						
								Ļ						
1b	Sub-Total					•								
c d	=			•	•	•		<u>-</u>		68,945		0		0
2	Total number of individuals (inclusion) \$100,000 of reportable compens	uding but not lin	nited to			ted	above) who	received		n			
											F		Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy •	ee, o	r highest	compens • •	ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.													
5	Did any person listed on line 1a services rendered to the organization									nızatıon d	or individual for	4		No_
			comprec	C 5011	caai			, per			<u> </u>	5		N o
	ction B. Independent Cont								- -		- Ab			
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio												
	Nam	(A) ne and business add	dress							Desci	(B) uption of services		(C) Compens	
									$\overline{}$					
	Fotal number of independent conti \$100,000 of compensation from t			ot lin	nite	d to	those	liste	d above) v	vho receiv	ved more than			

Part V		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ts ts	1a	Federated campaigns 1a					
E E	b	Membership dues 1b					
50€		·					
ર્જુ 🗄 📗	С	Fundraising events 1c					
등등	d	Related organizations 1d					
°,E	e	Government grants (contributions) 1e					
등	f	All other contributions, gifts, grants, and 1f	906,488		i		i
更更	-	sımılar amounts not ıncluded above					
温息	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	_	lines 1a-1f \$ 56,085		005.400			
ु ख	h	Total. Add lines 1a-1f	▶-	906,488			
æ			Business Code				
를	2a	TRIP APPLICATIONS	561500	145,726	145,726		
e Ke	ь						
or Œ							
Ģ Se	C						
Ž.	d						
Ξ	e						
er⊕	f	All other program service revenue					
Program Serwce Revenue		Tatal Additions 25 26					
	g	Total. Add lines 2a-2f		145,726			
	3	Investment income (including dividence	· -				
		and other similar amounts)	<u> </u>				
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income					
	al .	or (loss) Net rental income or (loss)					
	d						
	- -	(i) Securities Gross amount	(II) O ther				
	7a	from sales of					
		assets other than inventory					
	b	Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising	Ī				
<u>•</u>		events (not including					
듄		\$					
ě.		of contributions reported on line 1c) See Part IV, line 18					
Œ.		a					
<u>a</u>	b	Less direct expenses b					
Other Revenue	С	Net income or (loss) from fundraising e	events 🕨				
_	9a	Gross income from gaming activities	·				
		See Part IV, line 19					
		a					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activ	rities				
	10a	Gross sales of inventory, less	Ī				
		returns and allowances .					
		а					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve	ntory 🟲				
		Miscellaneous Revenue	Business Code				
	11a					<u></u>	
	b						
	С						
	d	All other revenue					
	_	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions					
		TOTAL PEVENIUE: SEE THISTIACTIONS	•	1,052,214	145,726	0	0

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) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX	<u></u>		<u>)</u>	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	389,214	389,214		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	68,945	44,814	17,236	6,895
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	125,206	81,377	31,307	12,522
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes	22,156	15,912	4,632	1,612
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
С	Accounting	2,007	1,806	201	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees				
g	Other				
12	Advertising and promotion	18,769	16,892		1,877
13	Office expenses	69,388	56,400	7,858	5,130
14	Information technology	21,222		.,	
15	Royalties				
16	Occupancy	11,276	10,148	1,128	
17	Travel	234,310	223,607	1,030	9,673
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	231,310	223,007	1,050	5,075
19	Conferences, conventions, and meetings	1,237	1,162	75	
20	Interest	1,512	1,361	151	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,851	12,466	1,385	
23	Insurance	3,678	3,310	368	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)		.,		
a	BANK FEES	6,959	2,496	176	4,287
b	REPAIRS & MAINTENANCE	3,652	3,287	146	219
c	EQUIPMENT RENT AND STOR	3,058	2,752	306	_
d	PROPERTY TAXES	1,388	1,273	115	
e					
f	All other expenses	1,926	766	1,042	118
25	Total functional expenses. Add lines 1 through 24f	978,532		67,156	42,333
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	310,332	233,013	37,130	.2,555
	combined educational campaign and fundraising solicitation				vrm 990 (2011)

Form 990 (2011) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 64,176 Cash—non-interest-bearing 52,596 1 1 2 2 3 3 331 4 Accounts receivable, net . 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 8 51.843 9 9 3,000 Prepaid expenses and deferred charges 367.238 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 39,979 b Less accumulated depreciation 202,181 10c 327,259 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 266,688 16 16 434,698 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16,224 21,581 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 68,879 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 25 D 26 16,224 26 90,460 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 169,580 27 330,996 Unrestricted net assets 80.884 28 13,242 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 250.464 33 344.238 34 Total liabilities and net assets/fund balances 266,688 434.698 34

Pai	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1 (052,21
2	Total expenses (must equal Part IX, column (A), line 25)	2			978,53
3	Revenue less expenses Subtract line 2 from line 1	3			73,68
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	250,46
5	Other changes in net assets or fund balances (explain in Schedule O)	5			20,09
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3	344,23
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2 c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization VISION BEYOND BORDERS

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

Da	rt I	Pope	on for Di	ıblic Charity Sta	tue (All or	aanizatio	ns must som	nloto thic	183-U313		nc	
				te foundation becaus		_		•	<u> </u>	IIISti uctioi	115	
1	/ ga			ion of churches, or a								
2	<u>'</u>		•	•			-	·/(- /(~ /(· /	·•			
2 3	<u>'</u>		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
<i>3</i>	<u>'</u>			h organization opera						/1\/A\/;;;\	Entartha	
7	1			ity, and state	teu ili conjun	iction with	a nospital des	scribed iii s	ection 170(b)	(1)(A)(III)	. Enter the	:
5	Γ	_	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	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	 ~	describ	ed ın	at normally receives (A)(vi) (Complete P		al part of it	s support fron	n a governn	nental unit or	from the ge	eneral pub	lıc
8	Г			described in section		A)(vi) (C	omplete Part I	Ι)				
9	į.			at normally receives					ributions . me	mbershin fe	ees, and a	ross
-	'	_		rities related to its e	• •		• •		•	•		
				oss investment inco								s
			_	ganızatıon after June				· ·		. sanjiroili		-
.0	$\overline{}$			ganized and operated								
1	<u>'</u>	_		ganized and operated						to carry or	it the nurn	nsas nf
		the box	•	ly supported organiz ibes the type of supp b Type I	orting organ	ıızatıon and		es 11e thro	ugh 11h	_	1 509(a)(3 /pe III - O	-
e f g	,	other the section If the ocheck the Since A	nan foundat 509(a)(2) rganızatıon hıs box ugust 17,	received a written d	her than one	or more p	ublicly suppor	ted organiz	ations descri pe II or Type	bed in sect	ion 509(a)(1) or
			g persons? rson who d	rectly or indirectly c	ontrols, eith	er alone o	together with	persons de	escribed in (ii)	Ye	s No
				governing body of th			_		(11		1g(i)	1
		, ,	•	er of a person descri							1g(ii)	
			-	lled entity of a perso) above?				Lg(iii)	
h				ng information about							-5()	
(i) Name of supported organizatio		e of rted	ted EIN lines 1- 9 above vour governing		e ion in ted in erning	Did you no organizat col (i) o suppo	tify the tion in f your	(vi Is t organiza col (i) or in the	he ation in ganized	Am	(vii) ount of pport?	
				instructions))	Yes	No	Yes	No	Yes	No		
ota	1							1				

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. If the ection A. Public Support	e organization for	alis to qualify u	naer the tests li	stea pelow, ple	ase co	mpietė i	2art III.)
	endar year (or fiscal year beginning	(-) 2007	(h) 2000	(-) 2000	(4) 2010	(-) 2	011	(6) T - t - 1
	ın)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	U11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	638,983	1,005,825	912,651	574,842		974,130	4,106,431
2	grants ") 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							
	Total. Add lines 1 through 3	638,983	1,005,825	912,651	574,842		974,130	4,106,431
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly supported organization) included or							29,371
	line 1 that exceeds 2% of the	'						,
	amount shown on line 11, column							
_	(f)						-	
6	Public Support. Subtract line 5 from line 4							4,077,060
Se	ection B. Total Support	L		L	L		ı	_
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11	(f) Total
_	beginning in)					(-, -		4,106,431
7	Amounts from line 4 Gross income from interest,	638,983	1,005,825	912,651	574,842		974,130	4,106,431
8	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 (Explain in Part IV) Do not include gain or loss							
11	from the sale of capital assets Total support (Add lines 7 through 10)							4,106,431
12	Gross receipts from related activiti	es, etc (See insti	ructions)		l	12		
13	First Five Years If the Form 990 is check this box and stop here		•	, thırd, fourth, or fıf	th tax year as a !		3) organız	ation,
	<u> </u>	alia Gummant D						
14	ection C. Computation of Pub Public Support Percentage for 201			11 column (f))		14		99 280 %
15	Public Support Percentage for 201	O Schedule A , Par	t II, line 14			15		100 000 %
16a	33 1/3% support test—2011. If the and stop here. The organization qua				ne 14 ıs 33 1/3%	or more	, check t	his box ▶✓
b	33 1/3% support test—2010. If the	organization did	not check the box	k on line 13 or 16a	, and line 15 is 3	3 1/3%	or more,	check this_
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization or part to be sufficient to the organization of the o	–2011. If the orgation meets the "fa	inization did not d icts and circumst	check a box on line cances" test, chec	k this box and st e	op here.	Explain	>
h	in Part IV how the organization mee							▶厂
U	10%-facts-and-circumstances test 15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza supported organization	tion meets the "fa	icts and circumst	ances" test The	organization quali	ıfıes as a	a publicly	▶ ┌
18	Private Foundation If the organizationstructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and	see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 83-0313191

Name: VISION BEYOND BORDERS

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493208006392

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

itema	Revenue Service	orm 990. ► See separate instructions.	Inspection
	me of the organization ON BEYOND BORDERS		Employer identification number
Da	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar Fu	Inde or Accounts Complete if the
·	organization answered "Yes" to Form 99		inds of Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importantly land area ertified historic structure
	easement on the last day of the tax year]	Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements	;	2b
c	Number of conservation easements on a certified his	-	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	ــ erred. released. extinguished. or terminate	d by the organization during
	the taxable year ►		, ,
4	Number of states where property subject to conserva	ation easement is located ►	_
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		lling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year 🗕
7	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year
	▶ \$		
В	Does each conservation easement reported on line 2 170(h)(4)(B)(I) and 170(h)(4)(B)(II)?	2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easer	the footnote to the organization's financial	
Par	Complete if the organization answered '		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	l for public exhibition, education or researd	th in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$

Assets included in Form 990, Part X

Part	III Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Tr	easu	res, or O	the	r Similar As	ssets	(con	tinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ie foll	_		-		se of its collec	tion		
а	Public exhibition		d	Γ	Loan	or exch	nange progr	ams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	/ furthe	er the o	rganızatıon	's ex	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ular	┌ Ye	es	Г No
Par		ements. Comple	ete ıf	the	organ	ızatıon			es" to Form	990,		
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	diary	for c	ontribu	itions o	or other ass	ets r	not	┌ Ye	:s	┌ No
b	If "Yes," explain the arrangement in Part XI $^{\circ}$	/ and complete the	follow	ıng ta	able							
							L		Aı	mount		
С	Beginning balance						L	1 c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							┌ Ye	:s	□ No
b	If "Yes," explain the arrangement in Part XIV	1										
Pai	t V Endowment Funds. Complete	ıf the organızatıor	n ans	were	ed "Ye	s" to F	orm 990,	Par	t IV, line 10.			
		(a)Current Year	(b)	Prior \	/ear	(c) Tw	o Years Back	(d)	Three Years Back	(e) Fo	ur Yea	ars Back
1a	Beginning of year balance											
b	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs							\vdash				
f	•							\vdash				
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held a	is									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
C	Term endowment ▶											
3a	Are there endowment funds not in the posse	ssion of the organiza	ation 1	that a	re held	d and a	dmınıstered	d for	the	_		
	organization by (i) unrelated organizations								3a		es	No
				•				•	3a	· · ·	\dashv	
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization				ule R?	• • •		• .	· · · :	<u>ы</u>	\dashv	
4	Describe in Part XIV the intended uses of th	•						•				
Par	VI Land, Buildings, and Equipme					10.						
) Cost o		(b)Cost or o	other	(c) Accumulate	ed .		
	Description of property				sis (inve		basis (oth		depreciation		1) Boo	k value
1 a l	and		ı									
b E	Buildings						325	,952	11,2	235		314,717
cι	easehold improvements								,			<u> </u>
	quipment						41	,286	28,	744		12,542
	· ·							,				,
	Add lines 1a-1e <i>(Column (d) should equal Fo</i>			, line	10(c).)				►	\dashv		327,259
	== == (===== (a) ===== equal (equal (e	, , , , ,	(2)	,	(-/•/	- •	<u> </u>	-	Schedule	D (For		
									J	_ (. 🗸		-, -

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Frior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8	1,052,214 978,533
3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8	
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8	70.60
5 Donated services and use of facilities 6 Investment expenses 6 7 Prior period adjustments 7 Other (Describe in Part XIV) 8	73,68
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8	
6 Investment expenses 7 Prior period adjustments 7 Other (Describe in Part XIV) 8	
7 Prior period adjustments 8 Other (Describe in Part XIV) 8	-
8 Other (Describe in Part XIV)	
	20,09
Total adjustments (net) Was mes 1 °C	20,09;
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	93,774
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
1 Total revenue, gains, and other support per audited financial statements	1,052,214
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments 2a	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV) 2d	
e Add lines 2a through 2d	(
3 Subtract line 2e from line 1	1,052,21
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b Other (Describe in Part XIV) 4b	
c Add lines 4a and 4b	(
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5	1,052,21
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	
1 Total expenses and losses per audited financial statements	978,53
2 A mounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	(
3 Subtract line 2e from line 1	978,53
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	(
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5	978,53
Part XIV Supplemental Information	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
TAX POSITIONS UNDER FIN 48	PART X	THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) HAS ISSUED AN INTERPRETATION ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS INTERPRETATION ADDRESSES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORELIKELY-THAN-NOT FOR RECOGNITION AND RERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE DETERMINATION OF TAX EXEMPT STATUS IS CONSIDERED TO BE A TAX POSITION TAKEN WITH RESPECT TO THE PROVISIONS OF THE INTERPRETATION THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) THE ORGANIZATION'S POLICY IS TO EVALUATE THE LIKELIHOOD THAT ITS UNCERTAIN TAX POSITIONS WILL PREVAIL UPON EXAMINATION BASED ON THE EXTENT TO WHICH THOSE POSITIONS HAVE SUBSTANTIAL SUPPORT WITHIN THE INTERNAL REVENUE CODE AND REGULATIONS, REVENUE RULINGS, COURT DECISIONS AND OTHER EVIDENCE IT IS THE OPINION OF MANAGEMENT THAT THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THE OPINION OF MANAGEMENT THAT THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THE ORGANIZATION WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE SHOULD THEY OCCUR
PART XI, LINE 8 - OTHER ADJUSTMENTS		PRIOR YEAR ADJUSTMENTS PER AUDITED FS 20,092

"Yes" to Form 990, Part IV, line 14b.

SCHEDULE F Statement of

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

Part I General Information on Activities Outside the United States. Complete if the organization answered

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or

DLN: 93493208006392OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization VISION BEYOND BORDERS

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

83-0313191

2	For grantmakers. Describe in Pa United States	rt V the organia	zatıon's procedu	ires for monitoring the us	e of grant funds outside the	e
3	Activites per Region (Use Part \ (a) Region	(b) Number of offices in the	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	CENTRAL AMERICA AND THE CARIBEAN	0	0	SERVICÉS	MINISTERIAL SUPPORT, CHURCH DEVELOPMENT AND MAINTENANCE, BIBLE DISTRIBUTION	36,102
	EAST ASIA AND THE PACIFIC	0	0	SERVICES	CHILDREN HOMES, ORPHANAGE DEVELOPMENT AND MAINTENANCE, EDUCATION, MINISTERIAL SUPPORT, HUMANITARIAN ASSISTANCE, BIBLE DISTRIBUTIONS, DEISCIPLESHIP MATERIALS	218,681
	MIDDLE EAST AND NORTH AMERICA	0	0	GRANTS, PROGRAM	PRINTING AND BIBLE DISTRIBUTION	60,000
	SOUTH ASIA	0	0	GRANTS, PROGRAM SERVICES	CHILDREN HOMES, ORPHANAGE DEVELOPMENT AND MAINTENANCE, EDUCATION, MINISTERIAL SUPPORT, HUMANITARIAN ASSISTANCE, BIBLE	66,876
	EUROPE	0	0	GRANTS, PROGRAM SERVICES	DISTRIBUTION CHILDREN HOMES, ORPHANAGE DEVELOPMENT AND MAINTENANCE, EDUCATION, HUMANITARIAN ASSISTANCE, BIBLE DISTRIBUTION	6,820
	SUB-SAHARAN AFRICA	0	0	GRANTS, PROGRAM	HUMANITARIAN ASSISTANCE	735
	Sub-total Total from continuation sheets	0				389,214 0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ☐ Use Part V if additional space is needed.

(b) IR: me of sec zationand E applic	ion	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othei
		EAST ASIA AND THE PACIFIC	FLANNEL GRAPHS/TEACHING AIDS		HAND DELIVERY		EDUCATIONAL MATERIALS - FLANNEL GRAPHS/TEACHING AIDS	FM∨
		MIDDLE EAST AND NORTH AFRICA	PURCHASE AND DISTRIBUTION OF BIBLES	20,000	WIRE TRANSFER/CHECK			
		MIDDLE EAST AND NORTH AFRICA	PURCHASE AND DISTRIBUTION OF BIBLES	40,000	WIRE TRANSFER/CHECK			
		SOUTH ASIA	HUMANITARIAN SUPPORT, ORPHANAGE MAINTENANCE AND SUPPORT	43,000	WIRE TRANSFER/HAND DELIVERY			
		EAST ASIA AND THE PACIFIC	ORPHANAGE DEVELOPMENT AND MAINTENANCS/HUMANITARIAN SUPPORT/BIBLE PURCHASE AND DISTRIBUTION	44,910	HAND DELIVERY			
		CENTRAL AMERICA AND THE CARRIBBEAN	MINISTERIAL SUPPORT, CHURCH BUILDING AND MAINTENANCE	22,600	HAND DELIVERY			
		EAST ASIA AND THE PACIFIC	ORPHANAGE DEVELOPMENT AND MAINTENANCE/EDUCATION/HUMANITARIAN SUPPORT		HAND DELIVERY			
		SOUTH ASIA	RESCUE WOMEN AND GIRLS FROM TRAFFICKING/ORPHANAGE CARE/EDUCATION/DISCIPLESHIP MATERIALS	13,250	WIRE TRANSFER/CHECK			
		EAST ASIA AND THE PACIFIC	HUMANITARIAN SUPPORT/ DISCIPLESHIP MATERIALS/CHRUCH MAINTENANCE AND MINISTERIAL SUPPORT	7,100	HAND DELIVERY			
		EAST ASIA AND THE PACIFIC	PURCHASE AND DISTRIBUTION OF BIBLES	6,000	HAND DELIVERY			
		EUROPE	ORPHANAGE DEVELOPMENT AND MAINTENANCE/EDUCATION/HUMANITARIAN SUPPORT	· ·	HAND DELIVERY			
		EAST ASIA AND THE PACIFIC	PURCHASE AND DISTRIBUTION OF BIBLES	25,700	HAND DELIVERY/WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	ORPHANAGE DEVELOPMENT AND MAINTENANCE/EDUCATION/HUMANITARIAN SUPPORT	· ·	HAND DELIVERY			
			HUMANITARIAN SUPPORT/ORPHANAGE MAINTENANCE AND SUPPORT/DISCIPLESHIP MATERIALS/PURCHASE AND DISTRIBUTION OF BIBLES	6,500	HAND DELIVERY			

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

9

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+ + +			†		
		+ +			+		
		+ +			+		
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						1	dula E (Earm 000) 2011

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 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Г	Yes	∀	Νo
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)	Г	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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	া	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)	Г	Yes	া	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ন	Νo

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to	provide the information	n (see instructions)	required in Part I,	line 2, and any additional
information				

information.		
<u>I dentifier</u>	ReturnReference	Explanation
PROCEDURE FOR MONITORING		SCHEDULE F, PART I, LINE 2 THE PROCEDURES FOR
GRANTS OUTSIDE THE U S		MONITORING THE USE OF GRANT FUNDS INCLUDE BUT ARE
		NOT LIMITED TO, REQUIRING RECEIPTS, TESTIMONIES,
		SIGHT VISITS AND PICTURES AS WELL AS PERIODIC
		REPORTS AND UPDATES FIELD INVESTIGATIONS ARE
		CONDUCTED AND SOME SUPPORT IS SENT IN GOOD FAITH
		BECAUSE WE TRUST THAT THE ORGANIZATION IS
		FAITHFUL AND ACCOUNTABLE WITH THE SUPPORT AND
		HAS PROVEN TO BE RESPONSIBLE IN THE PAST
-		
-		
-		
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		Schedule F (Form 990) 2011

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DLN: 93493208006392

OMB No 1545-0047

Department of the Treasury

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Inspection

Internal Revenue Service Name of the organization **Employer identification number** VISION BEYOND BORDERS

Pa	rt I Types of Property				83-0313191			
	Types of Froperty	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	Method of a contribution		_	
1	Art—Works of art			J				
	Art—Historical treasures .						-	
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods	Х		31,930	THRIFT STORE V	ALUE		
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	1	18,000	FMV			
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	Other► (BOXTENTS)	X	1	4,160	FMV			
26	CLARK Other►(<u>FORKLIFT</u>)	×	1	1,995	 FM\/			
	Other ►()			= 7,7,7,0				
	Other ► ()							
29	Number of Forms 8283 received	by the org	anızatıon durıng the tax yea	ar for contributions				
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackn	owledgement	29			
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a	\longrightarrow	No
b	If "Yes," describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif	·		·		31		No
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II						T	
33	If the organization did not report describe in Part II	revenues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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DLN: 93493208006392

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization VISION BEYOND BORDERS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

83-0313191

SECTION B, LINE 11		Explanation		
		AN OFFICER OF THE BOARD WILL RECEIVE AND REVIEW THE FORM 990 WITH THE ACCOUNTING FIRM FOR ACCURACY BEFORE THE FORM IS FILED. THE FORM 990 IS PRESENTED TO THE BOARD AT ITS NEXT MEETING AND RECOMMENDED FOR APPROVAL		
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS OF INTEREST ARE DICUSSED AT BOARD MEETINGS ANY CONFLICTS WHICH MAY ARISE ARE DEALT WITH AS NECESSARY BY THE BOARD OF DIRECTORS		
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S 990 IS AVAILABLE TO THE PUBLIC VIA GUIDESTAR ORG OR UPON REQUEST		
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANICAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST		
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PRIOR YEAR ADJUSTMENTS PER AUDITED FS 20,092 TOTAL TO FORM 990, PART XI, LINE 5 20,092		