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Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AH	or th	e 2022 calendar year, or tax year beginning and e	ending		
B c	Check if pplicab	le: C Name of organization		D Employer identific	cation number
	Addr				
	Name	Doing business as		81-19368	50
	Initial		Room/suite		
	Final	2000 MASSACHUSETTS AVENUE NW 1ST F		202-599-	
_	termi ated			G Gross receipts \$	4,287,703.
	Amer	WASHINGION, DC 20030		H(a) Is this a group re	
	Appli tion			for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
11	Гах-е>	empt status: 🔀 501(c)(3) 🔄 501(c) () (insert no.) 🗌 4947(a)(1) o	or 📃 527	lf "No," attach a	list. See instructions
	Nebs			H(c) Group exemption	
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 2016 N	State of legal domicile: DC
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO BU	JILD A	WORLD WHER	E REFUGEES
Activities & Governance		AND OTHER DISPLACED PEOPLE CAN MOVE INTER	RNATIO	NALLY FOR W	ORK;
ern	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			8
യ യ	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$			8
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	8
viti	6	Total number of volunteers (estimate if necessary)		6	2
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,318,658.	4,280,832.
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,500.	6,871.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,320,158.	4,287,703.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		36,593.	827,548.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		473,474.	504,483.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
8dx		Total fundraising expenses (Part IX, column (D), line 25) 38,89	91.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		462,504.	745,485.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		972,571.	2,077,516.
	19	Revenue less expenses. Subtract line 18 from line 12		347,587.	2,210,187.
s or ces			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		466,736.	2,641,000.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		75,020.	39,097.
		Net assets or fund balances. Subtract line 21 from line 20		391,716.	2,601,903.
Pa	art II	Signature Block			

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

Sign Here	Signature of officer STEPHANIE COUSINS, CEO Type or print name and title	Date
Paid	Print/Type preparer's name Preparer's signature Date CHRISTABEL VALLADARES CPACHRISTABEL VALLADARE11/13	/23
Preparer	Firm's name NISIVOCCIA LLP	Firm's EIN 22-1914888
Use Only	Firm's address 200 VALLEY RD. SUITE 300	
	MT. ARLINGTON, NJ 07856	Phone no. (973) 328-1825
May the I	S discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notice. see the separate instructions.	Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

It III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	CAN MOVE L SKILLS TO Yes X Yes X Sured by expenses. In total expenses, and
Briefly describe the organization's mission: TO BUILD A WORLD WHERE REFUGEES AND OTHER DISPLACED PEOPLE INTERNATIONALLY FOR WORK; LEVERAGING THEIR OWN PROFESSIONA SECURE THEIR FUTURES. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as meas Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported. (code:) (Expenses \$ 1,764,141. including grants of \$ 827,548.) (Revenue \$ TALENT BEYOND BOUNDARIES (TBB) PROPOSED TO BUILD A GLOBAL PARTNERS EXPANDING OPPORTUNITIES FOR DISPLACED PEOPLE TO A DURABLE STATUS AND LIVELIHOODS IN SAFE COUNTRIES. REGISTRATIALENT CATALOG EXPANDED BY MORE THAN 40% BY THE END OF 202 JANUARY THROUGH OCTOBER 2022, MORE THAN 176 DISPLACED PEOPL	CAN MOVE L SKILLS TO Yes X Yes X Sured by expenses. In total expenses, and
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JOB OFFERS THROUGH TBB AND PARTNER PROGRAMS. TO DATE, TBB	
OVER 1600 INDIVIDUALS TO SECURE STABLE AND SUSTAINABLE EMP.	
	LOYMENT AND
DURABLE LEGAL STATUS IN A NEW COUNTRY.	
TO ACHIEVE THIS IMPACT, TBB EXPANDED ITS GLOBAL PARTNER NE	
EMPLOYERS HAVE BEEN HIRED THROUGH TBB'S PROGRAMS SINCE INC.	
PARTNER ORGANIZATIONS SUPPORT MORE THAN 30 REFUGEES TO SEC	URE JOB
(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
Other program services (Describe on Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$)
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(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,764,141.) Form 990 (
(Expenses \$ including grants of \$) (Revenue \$) Form 990 (

Form	990	(2022)

Form 990 (2022) TALENT BEYOND BOUNDARIES INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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 I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
IZa	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1Lu		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Form	aan	(2022)
	330	(2022)

17401113 784010 03053R001

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
20	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
~ .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		,	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
23200	(gambing) withings to prize withers?			(2022)
_02002	5			(-366)

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Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country JORDAN , CANADA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		┝───
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10 а	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
5	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	TEG		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	(2020)
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Form 990 (2022)

TALENT BEYOND BOUNDARIES INC

and for a "No" response Part VI Governance, Management, and Disclosure, For each "Yes" response to lines 2 through 7b holou

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se				v
<u>Soc</u>	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			Χ
Sec	tion A. Governing body and Management			Vac	No
10	Enter the number of voting members of the governing body at the end of the tax year	. 8		Yes	NO
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year		-		
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	8			
b	Enter the number of voting members included on line 1a, above, who are independent 1k	-	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		•	x	
~	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the dir		2	~	
3		-			х
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 bit the organization because during the user of a significant diversion of the organization because during the user of a significant diversion of the organization because the user of a significant diversion of the organization because the user of a significant diversion of the organization because the user of a significant diversion of the organization because the user of a significant diversion of the organization because the user of a significant diversion of the organization because the user of a significant diversion of the organization because the user of a significant diversion of the organization because the user of a significant diversion of the organization because the user of the organization because the organization because the user of the organization because the organization becau		4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets		5 6		X
6	Did the organization have members or stockholders?		0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint and				х
	more members of the governing body?		7a		<u>л</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock				х
-	persons other than the governing body?		7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			v	
a	The governing body?		8a	X X	
b	Each committee with authority to act on behalf of the governing body?		8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache				v
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code.)			
40-					
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapt	ers, affiliates,		Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates,	10b		
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates,		Yes	
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates, fore filing the form?	10b 11a	X	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates, fore filing the form?	10b 11a 12a	x	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	fore filing the form?	10b 11a	X	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	fore filing the form?	10b 11a 12a 12b	X X X	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates, fore filing the form? onflicts? describe	10b 11a 12a 12b 12c	X X X X	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates, fore filing the form? onflicts? describe	10b 11a 12a 12b 12c 13	X X X X X	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates, fore filing the form? onflicts? describe	10b 11a 12a 12b 12c	X X X X	
b 11a b 12a b c 13	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates, fore filing the form? onflicts? describe	10b 11a 12a 12b 12c 13	X X X X X	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates, fore filing the form? onflicts? describe independent	10b 11a 12a 12b 12c 13	X X X X X X	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates, fore filing the form? onflicts? <i>describe</i> independent	10b 11a 12a 12b 12c 13	X X X X X X X X	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body be Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	ers, affiliates, fore filing the form? onflicts? <i>describe</i> independent	10b 11a 12a 12b 12c 13 14	X X X X X X	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates, fore filing the form? onflicts? <i>describe</i> independent	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X X	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body be Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	ers, affiliates, fore filing the form? onflicts? <i>describe</i> independent	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X X	X
b 11a b 12a b c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates, fore filing the form? onflicts? <i>describe</i> independent	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body be Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ers, affiliates, fore filing the form? onflicts? <i>describe</i> independent	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	X
b 11a b 12a b c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates, fore filing the form? onflicts? describe independent	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	X
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body be Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to to Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements?	ers, affiliates, fore filing the form? onflicts? describe independent	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	X
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with the organization's exempt purposes?	ers, affiliates, fore filing the form? onflicts? describe independent	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X X	X

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records

7

SMARTER GOOD INC - 415-851-0852
State the name, address, and telephone number of the person who possesses the organization's books and record

402 MARINA WAY, RICHMOND, CA 94801-3207

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Form **990** (2022)

Part VII	compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ted
	mployees, and Independent Contractors	

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	ia a a	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1099-1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) NOURA ISMAIL	40.00				-					
GLOBAL PROGRAM DIRECTOR		1				X		101,647.	Ο.	Ο.
(2) BRUCE COHEN	2.00									
DIRECTOR		X						0.	0.	0.
(3) FADI CHALOUHY	2.00									
DIRECTOR		X						0.	0.	0.
(4) JOHN MCCALLUM	2.00									
DIRECTOR		X						0.	0.	0.
(5) BRADLEY WINER	2.00									
DIRECTOR/TREASURER		X		Х				0.	0.	0.
(6) MARY LOUISE COHEN	2.00									
DIRECTOR/PRESIDENT		X		Х				0.	0.	0.
(7) ERIKA KELTON	2.00									
DIRECTOR		х						0.	0.	0.
(8) JUDY SLATYER	2.00									
DIRECTOR		X						0.	0.	0.
(9) JOHN CAMERON	2.00								0	0
DIRECTOR		X						0.	0.	0.
					<u> </u>					
		-			-					
		1								
		1								
		1								
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232007 12-13-22

Form **990** (2022)

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	Form 990 (2022) TALENT BEYOND BOUNDARIES INC 81-1936850 Page 8													
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box, offic	not cl , unle:	Posi heck i ss pei	more rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa om th anizat d relat anizati	e ion ed
	•								101,647.		0.			0.
	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 101,647.		0.			0.
2	Total number of individuals (including but n compensation from the organization								-	,000 of reportabl	e			1
3	Did the organization list any former officer,	,		,					, , , ,	,			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	im of reportab	le co	ompe	ensa	atior	n and	d otl	her compensation from	the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	accrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indiv	idual for services		4		X X
	ion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	•	•						n the organization's tax		pens			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C ompe	;) nsatio	n
								_						
								_						
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi:	•	iot lir	nite	d to		se lis)	stec	above) who received n	nore than				
												Form	990 (2022)

232008 12-13-22

Form **990** (2022)

Forn	n 99)0 (2022) TALENT BEYO	ND	BOUNDAR	IES INC		81-1936	850 Page 9
Pa	rt \	VIII	Statement of Revenue						
			Check if Schedule O contains a respo	nse	or note to any li				
						(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a						
our]			
Am (с	Fundraising events 1c						
Giff		d	Related organizations 1d						
ns, Simi			Government grants (contributions) 1e		59,515.				
er S		f	All other contributions, gifts, grants, and		001 015				
Contributions, Gifts, Grants and Other Similar Amounts					221,317.	-			
hon		g	Noncash contributions included in lines 1a-1f			1 200 022			
a O		h	Total. Add lines 1a-1f			4,280,832.			
•					Business Code				
Program Service Revenue	2	a b		_					
Ser		b c							
		d		- 1					
Bogra		e		_					
Pro			All other program service revenue	_					
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends, ir	ntere	st, and				
			other similar amounts)						
	4		Income from investment of tax-exempt bo	nd p	roceeds				
	5		Royalties						
			(i) Real		(ii) Personal	-			
	6	a	Gross rents 6a			-			
		b	Less: rental expenses 6b Rental income or (loss) 6c			-			
		c d							
	7		Gross amount from sales of (i) Securiti		(ii) Other				
	1.	u	assets other than inventory 7a		()				
		b	Less: cost or other basis						
Iue			and sales expenses 7b						
evenue		с	Gain or (loss)						
		d	Net gain or (loss)						
Other R	8	а	Gross income from fundraising events (not						
Ò			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a 8b		-			
			Less: direct expenses						
	9		Gross income from gaming activities. See						
	ິ	ч	Part IV, line 19	9a					
		b	Less: direct expenses	9b					
			Net income or (loss) from gaming activities						
	10		Gross sales of inventory, less returns						
				10a					
			•	10b					
		с	Net income or (loss) from sales of inventor	у					
sn			MICOPIIANEOUG		Business Code	6 071	6 071		
Miscellaneous Revenue	11		MISCELLANEOUS	_	900099	6,871.	6,871.		
∋llar ven		b		_					
Be		c d		_					
Σ			All other revenue			6,871.			
	12		Total revenue. See instructions			4,287,703.	6,871.	0.	0.
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	990 (2022) TALENT BEYON	ND BOUNDARIES	5 INC	81-19	36850 Page 1
	ion 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon		-		X
	not include amounts reported on lines 6b, 8b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	827,548.	827,548.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	448,035.	260,239.	153,604.	34,192
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	24,171.	15,315.	8,856.	
10	Payroll taxes	32,277.	18,748.	11,066.	2,463
11	Fees for services (nonemployees):				
а	Management				
b	Legal	17,427.	9,481.	7,946.	
С	Accounting	16,810.	7,618.	9,192.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	440,173.	400,384.	39,789.	
12	Advertising and promotion	11,195.	9,338.	1,857.	
13	Office expenses	4,249.	4,105.	144.	
14	Information technology	168.	168.		
15	Royalties				
16	Occupancy	30,952.	30,952.	F	
17	Travel	116,636.	109,751.	5,990.	895
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	12 (22)	10 050		
19	Conferences, conventions, and meetings	13,698.	13,352.	334.	12
20	Interest	75.		75.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		1 005		
23	Insurance	6,722.	1,227.	5,495.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				

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Check here

а

b

С

d

е

25

26

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amount, list line 24e expenses on Schedule 0.)

TAXES AND LICENSES

MISCELLANEOUS

All other expenses

DUES AND SUBSCRIPTIONS

BANK FEES AND OTHER CHA

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

11

34,387.

13,617.

6,935.

5,522.

26,919.

2,077,516.

14,789.

12,977.

6,891.

1,881.

19,377.

1,764,141.

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1,329.

38,891.

2022.05000 TALENT BEYOND BOUNDARIES IN 03053R01

19,598.

2,312.

7,542.

274,484.

640.

44.

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Part X Balance She

Deferred revenue

Escrow or custodial account liability. Complete Part IV of Schedule D

Tax-exempt bond liabilities

990 (2022) TALENT BEYOND	BOUNDARIES INC		81-	1936850 Page 11
rt X	Balance Sheet				<u> </u>
	Check if Schedule O contains a response or not	e to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		426,341.	1	2,573,270.
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		23,132.	4	
5	Loans and other receivables from any current or				
	trustee, key employee, creator or founder, subst	antial contributor, or 35%			
	controlled entity or family member of any of thes	e persons		5	
6	Loans and other receivables from other disqualif	ied persons (as defined			
	under section 4958(f)(1)), and persons described		6		
7	Notes and loans receivable, net		7		
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		17,263.	9	42,888.
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation			10c	
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 1	1		12	
13	Investments - program-related. See Part IV, line			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		0.	15	24,842.
16	Total assets. Add lines 1 through 15 (must equa		466,736.		2,641,000.
17	Accounts payable and accrued expenses		15,505.	17	39,097.
18	Grants payable			18	
40	Defermed version		40		

22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 59,515 0. 25 of Schedule D 75,020. 39,097. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 391,716. 2,601,903. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 391,716. 2,601,903. Total net assets or fund balances 32 32 466,736. 2,641,000. 33 33 Total liabilities and net assets/fund balances

19

20

21

Assets

Form **990** (2022)

19

20

21

Form	990 (2022) TALENT BEYOND BOUNDARIES INC	81-19	36850	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,287					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,077					
3								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,601	L,9	03.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		200				

Form **990** (2022)

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Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public

. Inspection

Namo	of the	organizati

Nan	ne of t	the organization דע ד די			NO				r identification number
Da	rt I	Reason for Public		BOUNDARIES I		hia nart) (la cinctruction		1-1936850
				-				15.	
	organ	ization is not a private found		. .		,			
1	\square	A church, convention of ch				on 170(b)(1)(A)(I).		
2	\square	A school described in sect					,		
3	\square	A hospital or a cooperative							
4		A medical research organiz	cation operated in co	injunction with a nospita	l described	u in sectio	A)(1)(d)011 nd	J(III). Enter	the hospital's name,
5		city, and state: An organization operated for	or the henefit of a co		d or oporo	tod by a a	overemental	unit docoril	and in
5		section 170(b)(1)(A)(iv). (C		niege of university owne	u or opera	lieu by a g	oveninentari	Init descrit	
6		A federal, state, or local go		montal unit described in	soction 1	70(6)(1)(4)	(₁)		
7	X	An organization that norma						he general	l public described in
'		section 170(b)(1)(A)(vi). (C		antial part of its support	nom a gov	ennenia		ne general	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11)				
9	\square	An agricultural research or				ed in conii	inction with a	land-grant	college
Ũ		or university or a non-land-							
		university:	g: g ·g. · -			,	,,		<u>j</u> :
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen							
		income and unrelated busi							
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), t	typically by	y giving
		the supported organization		• • • • •	a majority	of the dire	ctors or truste	es of the s	supporting
	_	organization. You must o	•						
b		Type II. A supporting org							
		control or management of			ame perso	ons that co	ontrol or mana	ige the sup	oported
		organization(s). You mus	•						
С		Type III functionally inte						lly integrate	ed with,
		its supported organizatio						rtad argan	ization(a)
d		Type III non-functionally that is not functionally inf							
		requirement (see instruct	с С	e ,			•	Janalleni	liveriess
<u>م</u>		Check this box if the orga	,	•					
U		functionally integrated, o					а турст, турс	n, rype m	
f	Ente	er the number of supported of		inally integrated cappert	ing organi	Lation			
		vide the following information	•	ed organization(s).					·
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota	ai								1

Schedule A (Form 990) 2022

TALENT BEYOND BOUNDARIES INC

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 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	667,363.	510,156.	618,422.	1,318,658.	4,280,832.	7,395,431.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	667,363.	510,156.	618,422.	1,318,658.	4,280,832.	7,395,431.
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)						
6	Public support. Subtract line 5 from line 4.						7,395,431.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	667,363.	510,156.	618,422.	1,318,658.	4,280,832.	7,395,431.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		760.	28,243.	1,500.	6,871.	37,374.
11	Total support. Add lines 7 through 10						7,432,805.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (•			14	99.50 %
	Public support percentage from 2021					15	99.89 %
16 a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organization	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		
k	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is [.]	10% or
	more, and if the organization meets t	he facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A (Form 990) 2022

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TALENT BEYOND BOUNDARIES INC

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

26	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization'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, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						<u></u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 202	I Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20	J22 (line 10c, colur	nn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2022. If the						17 is not
	more than 33 1/3%, check this box a	and stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check	this box and see in	structions	<u></u>
2320	23 12-09-22					Schedule /	A (Form 990) 2022
				16			

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TALENT BEYOND BOUNDARIES INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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17 2022.05000 TALENT BEYOND BOUNDARIES IN 03053R01

10b | Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 TALENT BEYOND BOUNDARIES INC

	rt IV Supporting Organizations (continued)		- 10	ige o
	continuea)		Yes	No
	Les the exercited executed a gift or contribution from any of the following nervore?		res	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			

	the organization maintained a close and continuous working relationship with the supported organization(s).
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's
	supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions

a _____ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b		The organization	is the parent o	of each of its s	upported organizatio	ns. Complete line 3 below.
---	--	------------------	-----------------	------------------	----------------------	----------------------------

c 🗌	The organization supported	a governmental entity.	Describe in Part VI	how you supported	a governmental entity	(see instructions).
-----	----------------------------	------------------------	---------------------	-------------------	-----------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | Schedule A (Form 990) 2022

2

3

2a

2b

3a

Yes No

_18

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

TATENT DETOND DOONDANTED INC	TALENT	BEYOND	BOUNDARIES	INC
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Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	,			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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TALENT BEYOND BOUNDARIES INC

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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	O						
Part VI	Supplemental Part IV Section A	intormation. Pro	$\frac{1}{2}$ vide the explanation of the explanation	nations required b	y Part II, line 10; F	Part II, line 17a or 17b; Section B, lines 1 and 2	Part III, line 12;
	line 1; Part IV, Secti	ion D, lines 2 and 3;	Part IV, Section	n E, lines 1c, 2a, 2	b, 3a, and 3b; Pa	rt V, line 1; Part V, Sect	tion B, line 1e; Part \
	Section D, lines 5, 6	3, and 8; and Part V	, Section E, line	s 2, 5, and 6. Also	complete this pa	rt for any additional inf	ormation.
	(See instructions.)						
	0					Sak	odulo A (Earm 000)
2028 12-09-2	2			21		301	edule A (Form 990)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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



Employer identification number 81-1936850

Name of the organization

TALENT BEYOND BOUNDARIES INC

		(a) Donor advised funds	((b) Funds and other accounts
1	Total number at end of year		1	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor ac	lvised fur	nds
•	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor o			
Par	rt II Conservation Easements. Complete if the org		0, Part IV	
1	Purpose(s) of conservation easements held by the organizati		,	,
	Preservation of land for public use (for example, recrea		of a histo	orically important land area
	Protection of natural habitat			ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the fo	rm of a co	onservation easement on the l
_	day of the tax year.			Held at the End of the Ta
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic stru			2c
•	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			
•	year		and organ	inzation daming the tax
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		 of	
-	violations, and enforcement of the conservation easements it			Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,			
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conse	rvation ea	asements during the year
				C ,
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 1	70(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	•		Yes
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ements th	nat describes the
	organization's accounting for conservation easements.	-		
Par	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or	Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stateme	nt and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research i	n furthera	ince of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these i	tems.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement a	nd baland	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fi	urtherand	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treater			
	the following amounts required to be reported under FASB A		5,	-
	Revenue included on Form 990, Part VIII, line 1			\$
а	Assets included in Form 990, Part X			
b	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990

		BEYOND BOU						81-19			age 2
Par	t III Organizations Maintaining	Collections of A	rt, Hist	torical Tr	reasures, or C	Other	Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	sion, and other record	ds, checl	k any of the	following that ma	ıke sigr	nificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange program						
b	Scholarly research	e		Other							
с											
4								ose in Par	t XIII.		
5	During the year, did the organization solicit								٦		٦
Der	to be sold to raise funds rather than to be n								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "Yes	" on Fo	orm 990), Part IV,	line 9, oi		
4-	reported an amount on Form 990, Pa		-l' (- 1				
та	Is the organization an agent, trustee, custod										7
h	on Form 990, Part X?								Yes		No
D	If "Yes," explain the arrangement in Part XII	I and complete the to	bilowing	table:					Amoun	t	
•	Paginning balance						10		Amoun		
	Beginning balance						1c 1d				
	Additions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on I								Yes		No
	If "Yes," explain the arrangement in Part XII					-					1
Par											
		(a) Current year	i	rior year	(c) Two years bad			ears back	(e) Four	' years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	rrent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.									
3a	Are there endowment funds not in the poss	ession of the organiz	ation that	at are held a	and administered	for the			1	V I	
	organization by:								3a(i)	Yes	No
	(i) Unrelated organizations										
	(ii) Related organizationsb If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
					·				3b		
	Describe in Part XIII the intended uses of th t VI Land, Buildings, and Equipr		owment	tunas.							
1 0	Complete if the organization answer		0 Part IV	/ line 11a 9	See Form 990 Pa	rt X lin	o 10				
		(a) Cost or c		i				d	(d) Roo	kvolu	
	Description of property	basis (investr		• •	t or other (other)	'	umulate ciation	,u	(d) Boo	r valu	5
19	Land	· · ·		54013		aspic					
	Land Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must		X. colur	nn (B). line i	10c.)						0.
		,	, - 5.41		- /						

Schedule D (Form 990) 2022

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	on Form 990, Part IV, lin (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	of yoor market yolyo
	(b) Book value	(c) Method of Valuation: Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11c, See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	() = = = = = = = = = = = = = = = = = =		, ,
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		·	
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 75.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, IIn	e Tie or Tit. See Form 990, Part X, line 25.	
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4) (E)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must equal Form 000, Part X, col. (P) lin	25)		
Total. (<i>Column (b) must equal Form 990, Part X, col. (B) line</i> 2. Liability for uncertain tax positions. In Part XIII, provide			hat raparta tha
Liability for uncertain tax positions. In Part All, provide	THE LEXT OF THE LOOTIOLE	to the organization's infancial statements t	nat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

232053 09-01-22

-	dule D (Form 990) 2022 TALENT BEYOND BOUNDARIES J			-1936850 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem		enue per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,287,703.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,287,703.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b	4c		
		5	4,287,703.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
5 Ра	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem			
5 Pa		nents With Exp		urn.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Exp a.	penses per Re	
	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With Exp a.	penses per Re	urn.
1	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents With Exp	penses per Re	urn.
1 2	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Exp a. 2a	penses per Re	urn.
1 2 a	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With Exp a. 2a 2b	penses per Re	urn.
1 2 a b	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	nents With Exp a. 2a 2b 2c	penses per Re	urn.
1 2 b c d	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Denses per Ref	urn. 2,077,516. 0.
1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2e	urn.
1 2 b c d e	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2e	urn. 2,077,516. 0.
1 2 b c d 3	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents With Exp a. 2a 2b 2c 2d	2e	urn. 2,077,516. 0.
1 2 b c d 3	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	2e	urn. 2,077,516. 0.
1 2 a b c d e 3 4 a	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	2e	urn. 2,077,516. 0. 2,077,516. 0.
1 2 d e 3 4 b c 5	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	2e 3	urn. 2,077,516. 0. 2,077,516.

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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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT FOUNDATION AS DESCRIBED IN SECTION
501(A) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME
TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE
ORGANIZATION IS ALSO EXEMPT UNDER TITLE 47 SECTION 1508 OF THE DISTRICT OF
COLUMBIA TAXATION, LICENSING, PERMITS, ASSESSMENTS, AND FEES. ACCORDINGLY,
NO PROVISION FOR FEDERAL OR STATE INCOME TAX HAS BEEN PRESENTED IN THE
ACCOMPANYING FINANCIAL STATEMENTS.

AS REQUIRED BY LAW, THE ORGANIZATION FILES INFORMATIONAL RETURNS WITH BOTH

THE FEDERAL AND DISTRICT OF COLUMBIA GOVERNMENTS ON AN ANNUAL BASIS - FORM

990 WITH THE INTERNAL REVENUE SERVICE, AND BASIC BUSINESS LICENSE

 232054 09-01-22
 Schedule D (Form 990) 2022

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 17401113 784010 03053R001
 2022.05000 TALENT BEYOND BOUNDARIES IN 03053R01

SUBJECT	то	EXAM	INAT	ION	ЗҮ Т	HESE	AUTH	ORIT	IES	WITHIN	I CE	RTAIN	STAT	UTO	RILY
DEFINED	PER	IODS	FOR	BOTI	H FE	DERA	L AND	THE	DIS	STRICT	OF	COLUM	BIA.		
				_							-				
													Sche	dule D	(Form 990)

TALENT BEYOND BOUNDARIES INC

 Schedule D (Form 990) 2022
 TALENT
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 Part XIII
 Supplemental Information (continued)

Department of the	ne Treasury			Attach to Form 990.			Open to Public
Internal Revenue		Go to w	ww.irs.gov/Forn	n990 for instructions and the latest in	nformation.		Inspection
Name of the	organization					Employer i	identification number
TALENT	BEYOND E	BOUNDARIE	S INC			81-193	36850
Part I	General Info Form 990, Part I		ctivities Ou	tside the United States. Comple	te if the orgar	nization answe	ered "Yes" on
1 Forg			n maintain recor	ds to substantiate the amount of its gra	ints and other	assistance,	
				the selection criteria used to award the			Yes X No
	r antmakers. Desc d States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistan	ce outside the
3 Activit	ties per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional space is n	leeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	is a pro	vity listed in (gram service, e specific type	, expenditures
			contractors in the region	recipients located in the region)	of service	e(s) in the regi	on in the region
3 a Subto	tal	0	(0
	from continuation s to Part I	0	(0
	s (add lines 3a						
and 3	b)	0	0				0

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

2022

232071 10-17-22

SCHEDULE F (Form 990)

Schedule F (Form 990) 2022	22 TALENT	BEYOND	BOUNDARIES INC		81-19	81-1936850		Page 2
Part II Grants and Oth recipient who re	ner Assistance to Or sceived more than \$5,	Grants and Other Assistance to Organizations or Entities Outsi recipient who received more than \$5,000. Part II can be duplicated	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	complete if the or, eded.	ganization answerec	I "Yes" on Form (90, Part IV, line 15, fo	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO FACILIATE TALENT BEYOND BOUNDARIES CANADA'S PROGRAM'S	2 7 7 7		c		
		EAST ASIA AND THE PACIFIC	T PALITATE TALENT TO FACILIATE TALENT BEYOND BOUNDARIES AUSTRALIA'S PROGRAM'S OPERATIONS					
		MIDDLE EAST AND NORTH AFRICA	TO FACILIATE TALENT BEYOND BOUNDARIES JORDAN'S PROGRAM'S OPERATIONS			.0		
	f recipient organizatio anization by the IRS,	ons listed above that are or for which the grantee	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	toreign country, ction 501(c)(3) eq	recognized as a tax uivalency letter			
 Enter total number of 	Enter total number of other organizations of entitles	or entitles					Sched	Schedule F (Form 990) 2022

232072 10-17-22

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
	IV, line 16.	(g) Description of noncash assistance					Sched
81-1936850	on Form 990, Part	(f) Amount of noncash assistance					-
8	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(e) Manner of cash disbursement					
IES INC	ites. Complete if [.]	(d) Amount of cash grant					-
BOUNDAR	e the United Sta d.	c) Number of recipients					
TALENT BEYOND BOUNDARIES	ce to Individuals Outsid dditional space is neede	(b) Region					
Schedule F (Form 990) 2022 T	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

232073 10-17-22

Schedule F (Form 990) 2022 TALENT BEYOND BOUNDARIES INC Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X 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)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

Schedule F (Form 990) 2022	TALENT	BEYOND	BOUNDARIES	INC
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81-1936850 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. Schedule F (Form 990) 2022 232075 10-17-22 35 17401113 784010 03053R001 2022.05000 TALENT BEYOND BOUNDARIES IN 03053R01

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.



TALENT BEYOND BOUNDARIES INC

81-1936850

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEVERAGING THEIR OWN PROFESSIONAL SKILLS TO SECURE THEIR FUTURES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OFFERS AND DURABLE LEGAL STATUS. TBB'S SUPPORT FOR REFUGEES HAS

EXPANDED GLOBALLY, SUPPORTING CANDIDATES LIVING IN EIGHT COUNTRIES TO

SECURE JOB OFFERS IN THREE COUNTRIES AS OF 2022.

FORM 990, PART VI, SECTION A, LINE 2:

MARY LOUISE COHEN, DIRECTOR/PRESIDENT, AND BRUCE COHEN, DIRECTOR, ARE

HUSBAND AND WIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

TALENT BEYOND BOUNDARIES HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT TO THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED PRIOR TO THE RETURN BEING FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

TALENT BEYOND BOUNDARIES CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

17401113 784010 03053R001

Schedule O (Form 990) 2022	Page 2				
Name of the organization TALENT BEYOND BOUNDARIES INC	Employer identification number 81-1936850				
POLICY WHICH IT REGULARLY MONITORS AND ENFORCES. THE BOA	RD MANDATES THAT				
ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY SIGN A CONFLICT OF					
INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY					
EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, GOVERNING BODY					
AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A CONFLICT OF INTEREST IS					
DETERMINED TO EXIST MANAGEMENT AND THE GOVERNING BODY WILL BE NOTIFIED					
IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY					
DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT					
UNTIL SUCH TIME THERE IS NO LONGER A CONFLICT. IN ADDITIO	N WHENEVER A LARGE				
PURCHASE OR OTHER TRANSACTION FOR SERVICES ARE PROVIDED THEY ARE REVIEWED					
FOR APPROVAL. THE TRUSTEES ARE REQUIRED TO MAKE FULL DISCLOSURE OF ANY					
INTEREST THEY, THEIR FAMILY, OR ORGANIZATION MAY HAVE. TH	E BOARD THEN				
DECIDES IF INVOLVEMENT WOULD CONSTITUTE A CONFLICT OF INT	EREST.				

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE ORGANIZATION'S KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD MEMBERS, AN INDEPENDENT BODY. THE QUALIFICATIONS AND EXPERIENCE OF THE INDIVIDUAL ARE ALSO TAKEN INTO ACCOUNT WHEN DETERMINING COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

TALENT BEYOND BOUNDARIES MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. FORMS 990 AND 1023 AS WELL AS THE FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE AT 2000 MASSACHUSETTS AVENUE NW 1ST FLOOR, WASHINGTON D.C. 20036.

FORM	990,	PART	IX,	LINE	11G,	OTHER	FEE	s:				
232212 10-	28-22									Sche	dule O	(Form 990) 2022
								37				
1740111	3 784	010 (03053	R001	2	022.05	000	TALENT	BEYOND	BOUNDARIES	IN	03053R01

Name of the organization TALENT BEYOND BOUNDARIES INC	Employer identification num 81-1936850
OTHER OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	42,17
MANAGEMENT AND GENERAL EXPENSES	30,23
FUNDRAISING EXPENSES	
TOTAL EXPENSES	72,41
CONSULTING:	
PROGRAM SERVICE EXPENSES	358,21
MANAGEMENT AND GENERAL EXPENSES	9,55
FUNDRAISING EXPENSES	
TOTAL EXPENSES	367,76
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	440,17