# Form 990

#### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 2020

Department of the Treasury

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.

Open to Public

Form 990 (2020)

		de Service	Go to www.irs.gov/Form990 for instructions and the latest info			Inspection		
100			ear, or tax year beginning , 2020, and	ending		, 20		
	neck if a	ipplicable:	C Name of organizationBORDER COMMUNITY ALLIANCE INC		D Emplo	oyer identification number		
	ddress c	hange	Doing business as			61-1726630		
	ame cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Teleph	none number		
_ In	itial retu	m	PO BOX 1863			(520) 449-0327		
F	nal retur	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	s receipts		
□ A	mended	return	TUBAC, AZ 85646		\$	296,906		
A	plication	n pending	F Name and address of principal officer:	H(a) Is this a	group return f	or subordinates? Yes X No		
				H(b) Are all	subordinate	es included? Yes No		
I Ta	x-exemp	pt status: X 501	(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	The second secon		t. See instructions		
J W	ebsite:		RCOMMUNITYALLIANCE.ORG	H(c) Group		No.		
K F	orm of or	rganization: X Corp			State of leg			
Par		Summary		2023	Otato of Tog	112		
	1		ne organization's mission or most significant activities: FOSTER EDUCATE	ON COLLAR	ODATI	ON, SOCIAL		
-			ID CULTURAL EXCHANGE BETWEEN U.S. AND MEXICO BORDER	The contract of the contract o	The second secon	ON, SOCIAL		
Activities & Governance		ADVOCACT AL	NO COLIORAL EXCHANGE BEIWEEN U.S. AND MEXICO BORDER	COMMUNITI	ES			
nai		-						
Ver	2	Chook this how	Tif the constitution discounting of its counting of its country of	-511				
8			if the organization discontinued its operations or disposed of more than 25%	or its net assets.	1 1			
∞ŏ	3	A STATE OF THE PARTY OF THE PAR	members of the governing body (Part VI, line 1a)		. 3	11		
ies	4		endent voting members of the governing body (Part VI, line 1b)		. 4	11		
Ξ	5		ndividuals employed in calendar year 2020 (Part V, line 2a)		. 5	2		
Act	6		volunteers (estimate if necessary)		. 6			
	7a	Total unrelated b	usiness revenue from Part VIII, column (C), line 12		. 7a	0		
	b	Net unrelated but	siness taxable income from Form 990-T, Part I, line 11		. 7b	0		
Revenue				Prior Year		Current Year		
	8	Contributions and	grants (Part VIII, line 1h)	425	5,455	246,262		
	9	Program service	revenue (Part VIII, line 2g)			44,975		
	10	Investment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)		3,715	2,955		
Re	11	Other revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,714		
	12	Total revenue - a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	429	9,170	296,906		
	13		ar amounts paid (Part IX, column (A), lines 1-3)		2,128	96,476		
	14		or for members (Part IX, column (A), line 4)		-/120	0		
	15							
Expenses	NAME OF THE PARTY		ompensation, employee benefits (Part IX, column (A), lines 5-10)	9		62,643		
ens	1				THE REAL PROPERTY.	0		
, d	17		expenses (Part IX, column (D), line 25)	27	0.460	172 000		
ш	18		88 A. M.		2,462	173,883		
			Add lines 13-17 (must equal Part IX, column (A), line 25)		4,590	333,002		
. 0	19	Revenue less ex	penses. Subtract line 18 from line 12		5,420)	(36,096)		
Net Assets or Fund Balances	00	T	. W. E 40)	Beginning of Curr		End of Year		
sset	20	Total assets (Par	AND		3,546	186,404		
et A	21	Total liabilities (P			3,607	52,561		
	22		d balances. Subtract line 21 from line 20	169	9,939	133,843		
Pai		Signature						
true,	r penaltie correct, a	es of perjury, I declare and complete. Declarat	that I have examined this return, including accompanying schedules and statements, and to the best of m ion of preparer (other than officer) is based on all information of which preparer has any knowledge.	y knowledge and beli	ef, it is			
		I.						
Cian		JOSE LO	DPEZ					
Sign		Signature of o	fficer		Da	te		
Her	Here JOSE LOPEZ, TREASURER							
		Type or print	name and title					
		Print/Type prepare	The state of the s	Check	if	PTIN		
Paid Scott R Meyer CPA Lut Myn SPA S-(-Z) self-employed P012								
Pre	oarer		Scott R. Meyer, CPA P.C.	Firm's EIN				
Use	Only		1700 East Fort Lowell Rd Ste 105	Phone no.				
			Tucson AZ 85719	There is.	520	991_2724		
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	990 (2020) BORDER COMMUNITY ALLIANCE INC 61-1726630 Page
a	t III Statement of Program Service Accomplishments
-	Check if Schedule O contains a response or note to any line in this Part III
	FOSTER EDUCATION, COLLABORATION, SOCIAL ADVOCACY AND CULTURAL EXCHANGE BETWEEN U.S. AND MEXICO
	BORDER COMMUNITIES
_	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$099 including grants of \$) (Revenue \$)
	PROVIDED MEXICAN CHARITIES WITH HUMANITARIAN FUNDING THROUGH FUNDACION DEL EMPRESARIO SONORENS
	A.C.
	(Code:) (Expenses \$63,548 including grants of \$) (Revenue \$6,745)
	PROVIDED CROSS BORDER CULTURAL TOURS
	(Code)
	(Code:) (Expenses \$24,174 including grants of \$) (Revenue \$18,977 )
	PROVIDED INFORMATIONAL SERVICES FOR THE NATIONAL PARK SERVICE THROUGH A GRANT
-	Other program services (Describe on Schedule O.)
	(Evenence &
•	Total program service expenses 303,669
	500,000

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 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 X 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . . . 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a X 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 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? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions 17 X 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 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Part IV Checklist of Required Schedules (continued) Yes No 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 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 24a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 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 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 or any of these persons? If "Yes," complete Schedule L, Part II X 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 entity (including an employee thereof) or family member of any of these X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part 28 IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a 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 lines 28a or 28b? If 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .......... 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 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 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance 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 ....... 8 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . . . . . . . . . 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2020) BORDER COM ITY ALLIANCE INC 61-1726630 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O b 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 X If "Yes," enter the name of the foreign country b 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? C 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 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? b 7b C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . . . f 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g X h 7h X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . . . . a 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 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 b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? a 13a

**Note:** See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . .

the organization is licensed to issue qualified health plans

If "Yes," see instructions and file Form 4720, Schedule N.

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O.

C

b

14a

15

X

X

14a

14b

15

Form 990 (2020) BORDER COM ITY ALLIANCE INC Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year . . . . . . . . 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . 11a h Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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.

- - 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
  - PAM MCNUTT (520) 449-0327, PO BOX 1863, Tubac, AZ 85646

Form 990 (2020)	0 (2020)	990	Form
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BORDER COMMUNITY ALLIANCE INC

61-1726630

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors

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

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

- 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) EVAN KORY DIRECTOR	1 .00	x						0	0	0
(2) LAWRENCE MELLO	1.00	х						0	0	0
(3) JIM HOFF DIRECTOR	1.00	х						0	0	0
(4) SARA MARTIN	1.00	х						0	0	0
(5) JOSE LOPEZ DIRECTOR	1 .00	х						0	0	0
(6) JAN SAUNDERS DIRECTOR	1.00	х						0	0	0
(7) DAN ANDERSON DIRECTOR	1.00	х						0	0	0
(8) PHIL LAVOIE VICE PRESIDENT	5 .00	x		х				0	0	0
(9) CECILIA QUADE PRESIDENT	10.00	x		x				0	0	0
(10)JOHN JAMES TREASURER	<u>5 .</u> 0 <u>0</u>	x		x				0	0	0
(11)SUSAN SCOTT SECRETARY	5.00	х		x				0	0	0
(12)									0	<u> </u>
(13)										
(14)										

61-1726630

Part V	Section A. Officers, Directors, Trustees,	Key Employ	ees, an	d Hi	ighe	st C	ompe	nsat	ed Employees (co	ntinued)				
A THURSDAY					(	C)								
	(A)	(B)			Pos	sition			(D)	(E)		= ;	(F)	
		1 1 1 1					an one		Reportable	Reportable			ed amour	nt
	Name and title	Average					both an (trustee)		compensation	compensation			other	
		per week		70 700	7.75.796				from the	from related			ensation	
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		related	dual	tion	٦	mple	st co	Per						
		organizations below	Individual trustee or director	al tn		Key employee	duc			and the second				
		dotted line)	tee	nstitutional trustee			Highest compensated employee							
							ted							
(4.5)			-		_	_		-		THE RESERVE	_			
(15)														
(46)														
(16)														
(47)					-						-			-
(17)														
(40)			-								-			
(18)										7-3.00				
(40)			-								_	COLUMN THE PROPERTY OF		A CONTRACTOR OF THE PARTY OF TH
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C PANTATION OF			-	_	_									
(23)														
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(25)														
											_			
1b	Subtotal					٠.		. >						
С	Total from continuation sheets to Part VII, Sec	tion A .						. •						
d	Total (add lines 1b and 1c)							. >	0		0			0
2	Total number of individuals (including but not limit	ed to those lis	ted ab	ove)	who	rec	eived r	nore	than \$100,000 of					
	reportable compensation from the organization	<b>&gt;</b>												C
													Yes	No
3	Did the organization list any former officer, director	, trustee, key	employ	ee, c	or hig	ghes	t comp	ensa	ated					
	employee on line 1a? If "Yes," complete Schedule	J for such indi	vidual									3		X
4	For any individual listed on line 1a, is the sum of r	eportable con	npensa	tion	and	othe	r com	pens	ation from the					
	organization and related organizations greater than	\$150,000? If	"Yes,"	comp	olete	Sch	edule .	J for	such					
	individual	<i>.</i> .										4		X
5	Did any person listed on line 1a receive or accrue	compensatio	n from	any	unre	elate	d orga	nizat	tion or individual					
	for services rendered to the organization? If "Yes,"	complete Sch	edule J	for s	such	pers	son					5		х
Section	on B. Independent Contractors												Vec-million voils	(0)
1	Complete this table for your five highest compens	ated indepen	dent co	ontra	ctors	s tha	t recei	ved i	more than \$100,00	0 of	W COUNTY SO			
	compensation from the organization. Report com	pensation for	the cal	enda	ar ye	ar er	nding v	vith o	or within the organi	zation's tax yea	ır.			
	(A)								(B)			(C)		
	Name and business addr	ess							Description of servi	ces	y	Compensa	ition	
		AND THE PARTY OF T	411004											
														Selection (Inc.
			2 X3 E Nate:	10.000										-
						******								
2	Total number of independent contractors (including	g but not limi	ted to t	hose	liste	ed al	oove) v	vho			6115			R 19
	received more than \$100,000 of compensation from				<b>•</b>		,							

Part VIII Statement of Revenue

		Check it Schedule O contains a response	or no	te to any line in this l	Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					3000013 312-314
ts s	b	Membership dues	1b	12,805				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	1c					
s, G	d	Related organizations	1d					
Sift ar A	e	Government grants (contributions)	1e				E-Ut Advided	Statement 12
inil)	f	All other contributions, gifts, grants,						A A STATE OF THE S
er S		and similar amounts not included above	1f	233,457		STATE OF THE PARTY OF		
é é	g	Noncash contributions included in					AND PRODUCT	
ont nd (		lines 1a-1f	1g	\$				
- S E	h	Total. Add lines 1a-1f		-	246,262			
				Business Code				
ø	2a	CULTURAL TOURS		561520	6,745	6,745		
<u>S</u>	b	GRANT SERVICES		561499	18,977	18,977		
Se	C	EDUCATIONAL EVENTS		611600	19,253	19,253		
am	d				10/200	13,233		
Program Service Revenue	е							
Pro	f	All other program service revenue	<u> </u>					
	1	Total. Add lines 2a-2f			44,975	EL KALICATO		Automatica Committee
	3	Investment income (including dividends, intere						
		other similar amounts)			2,955			2,955
	4	Income from investment of tax-exempt bond p	roce	eds▶	2/303			2,955
	5	Royalties			*****			
		(i) Real		(ii) Personal				
	6a	Gross rents 6a		``				
	b	Less: rental expenses 6b						
	C	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
Revenue		and sales expenses 7b						
Ver	С	Gain or (loss) 7c						
	d	Net gain or (loss)						
Other	8a	Gross income from fundraising						
ŏ		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising events						
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
		Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities	<u> </u>					
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventory						
"			Man and	Business Code				
e e	95	MISCELLANEOUS		900099	2,714	2,714		
lan	b						**************************************	
eve	С							
Miscellanous Revenue		All other revenue	•					
		Total. Add lines 11a-11d			2,714	SECTION SECTION		
	12	Total revenue. See instructions			296,906	47,689	0	2.955

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to an	ny line in this Part IX			
	not include amounts reported on lines 6b, 7b, 0b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	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	96,476	96,476		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		1		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			100	
	persons described in section 4958(c)(3)(B)			nage of the	
7	Other salaries and wages	58,192	46,554	5,819	5,819
8	Pension plan accruals and contributions (include				7,020
	section 401(k) and 403(b) employer contributions)			The Year	
9	Other employee benefits				
10	Payroll taxes	4,451	3,561	445	445
11	Fees for services (nonemployees):				
a	Management	19,992	15,994	1,999	1,999
b	Legal				
C	Accounting	7,230	4,338	1,446	1,446
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 Schedule O.)	10,910	8,728	1,091	1,091
12	Advertising and promotion	6,202	3,721	620	1,861
13	Office expenses	6,313	5,051	631	631
14	Information technology				
15	Royalties				
16	Occupancy	7,207	5,765	721	721
17	Travel	63,548	63,548		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	434		St. St. St. St. St. St. St.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	967	773	97	97
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 O.)				
а	BANK AND MERCHANT FEES	6,012	4,810	601	601
b	EDUCATIONAL EVENTS	7,848	7,848		
C	NPS GRANT EXPENSES	24,174	24,174		Contract to the contract to th
d	STUDENT INTERNS	7,721	7,721		
е	All other expenses	5,759	4,607	576	576
25	Total functional expenses. Add lines 1 through 24e	333,002	303,669	14,046	15,287
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)	227,002	232,003	22,030	13,207

Form 990 (2020)

Part X Ba Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year	Ϊ	(B) End of year
	1	Cash - non-interest-bearing	76,256	1	
	2	Savings and temporary cash investments	66,905	2	75,239
	3	Pledges and grants receivable, net	66,905	3	75,754
	4	Accounts receivable, net	***************************************	4	
	5	Loans and other receivables from any current or former officer, director,		4	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	THE PERSON NAMED IN	6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	***************************************	9	2,231
	10a	Land, buildings, and equipment: cost or other			2,231
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	30,385	11	33,180
	12	Investments - other securities. See Part IV, line 11	30,383	12	33,180
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	173,546	16	186,404
	17	Accounts payable and accrued expenses	3,607	17	52,336
	18	Grants payable	3,007	18	32,330
	19	Deferred revenue		19	225
	20	Tax-exempt bond liabilities		20	225
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	Make a large a	21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,607	26	52,561
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	139,554	27	100,663
Ba	28	Net assets with donor restrictions	30,385	28	33,180
pu		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
S 01	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	169,939	32	133,843
_	33	Total liabilities and net assets/fund balances	173,546	33	186,404

orm 9	990 (2020) BORDER COMMUNITY ALLIANCE INC	61	-1726	530	Pa	ge 12
Pari						
	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		296,	906
2	Total expenses (must equal Part IX, column (A), line 25)		2		333,	002
	Revenue less expenses. Subtract line 2 from line 1		3		(36,	096)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4		169,	939
5	Net unrealized gains (losses) on investments	[	5			
	Donated services and use of facilities	[	6			
7	Investment expenses		7	-		
	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	Г				
10	32, column (B))		10		133,	843
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	Check if Schedule O contains a respense of hote to any line in the second	- M			Yes	No
4	Accounting method used to prepare the Form 990:   Cash   Accrual   Other					
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
20	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:				1	
	_ ceparate sacre	1		2b	x	
b	Were the organization's financial statements audited by an independent accountant?			100	21	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	⊠ Separate basis			9-10-5	No.	100000
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			20		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			38	I	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			31		(2020)

EEA

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#### SCHEDULE A (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

2020

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

BORDER COMMUNITY ALLIANCE INC 61-1726630 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

990 or 990-EZ) 2020

BORDER COMMUNITY ALLIANCE INC

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 Schedule A (Form 990 or 990-EZ) 2020

Part II Support Sch Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support		·				per la
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and					7-7-1	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					and planty and	
	furnished by a governmental unit to the					_	
	organization without charge						
4	Total. Add lines 1 through 3						
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	Sint Ball Ball	to have been seen				
	shown on line 11, column (f)				a sussession and a suss		
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support			Particular and the second			
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,					(NAME)	
	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.)						
11						<b>1</b>	State State
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the org				The second secon		
_	organization, check this box and stop here	<u></u>		<u></u>			▶ 📋
_	ction C. Computation of Public Suppo						
	Public support percentage for 2020 (line 6, c			Series C		14	%
	Public support percentage from 2019 Sched					15	%
168	33 1/3% support test - 2020. If the organizat						SOURCE STATE OF THE PROPERTY O
	box and <b>stop here</b> . The organization qualifies						
1	o 33 1/3% support test - 2019. If the organizat						
47.	this box and <b>stop here.</b> The organization qua						
1/2	10%-facts-and-circumstances test - 2020.						3
	10% or more, and if the organization meets th					Contract of the Contract of th	
	Part VI how the organization meets the facts						
	organization						
	0 10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization me						
	in Part VI how the organization meets the fa						
40	organization						▶ 📙
18	<b>Private foundation.</b> If the organization did no						-
	instructions						

61-1726630

Schedule A (Form 990 or 990-EZ) 2020

Part III Support Sc 90 or 990-EZ) 2020 BORDER COMMUNITY ALLIANCE INC
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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) >	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	200,898	213,833	100,674	155,785	246,262	917,452
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					44,975	44,975
3	Gross receipts from activities that are not an	A					
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to	0111116 0 91		K W C GET			
	or expended on its behalf						
5	The value of services or facilities						MY CALL
	furnished by a governmental unit to the				119058	pull total	
	organization without charge				M. C.	UTS:	
6	Total. Add lines 1 through 5	200,898	213,833	100,674	155,785	291,237	962,427
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3			to the same of			
	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						
8	Public support. (Subtract line 7c from						
	line 6.)						962,427
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	200,898	213,833	100,674	155,785	291,237	962,427
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	error many	A SECTION AND ADDRESS.	en rom	and the same		
	royalties, and income from similar sources			78		2,955	3,033
b	Unrelated business taxable income (less	1-1-1 VI -01-13			to be all the		A STATE OF THE STA
	section 511 taxes) from businesses		12 2	Call to Appar	are the sea	7 The Control	
	acquired after June 30, 1975	Land of the same	Latinge		1970		100
C	Add lines 10a and 10b			78		2,955	3,033
11	Net income from unrelated business			BETH	Balos est a	A150 100 100 100 100 100 100 100 100 100	THE ROLL
	activities not included in line 10b, whether						
	or not the business is regularly carried on		which is a				
12	Other income. Do not include gain or						
	loss from the sale of capital assets					Court to Head of	
gram	(Explain in Part VI.)				The will the	2,714	2,714
13							A CONTRACTOR OF THE CONTRACTOR
	and 12.)	200,898		100,752	155,785	296,906	968,174
14	First 5 years. If the Form 990 is for the organ	iization's first, se	econd, third, for	urth, or fifth tax	year as a sect	ion 501(c)(3)	
_							▶ □
	ction C. Computation of Public Suppo						
15	Public support percentage for 2020 (line 8, c		Commence of the Commence of th	Department of the Control of the Con		15	99.41 %
16	Public support percentage from 2019 Sched					16	99.99 %
	ction D. Computation of Investment In						
17	Investment income percentage for 2020 (line			13, column (f)		17	0.00 %
18	Investment income percentage from 2019 Sc					18	0.00 %
19a	33 1/3% support tests - 2020. If the organiza						00.000
	17 is not more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2019. If the organiza						
	line 18 is not more than 33 1/3%, check this b						ation
20	Private foundation. If the organization did no	ot check a box c	n line 14, 19a,	or 19b, check t	his box and se	e instructions	▶ □

#### SCHEDULE D (Form 990)

# **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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

	e of the organization	Employer identification number
	RDER COMMUNITY ALLIANCE INC	61-1726630
Fe	Organizations Maintaining Donor Advised Funds or Other Simi	ar Funds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 6.
4		advised funds (b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	The same of the sa
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets hel	d in donor advised
C	funds are the organization's property, subject to the organization's exclusive legal cont	rol? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	
Pa	conferring impermissible private benefit?	
1 4	A STATE OF THE STA	ACTES TO A WAY AND TO THE RESIDENCE OF THE PARTY OF THE P
1	Complete if the organization answered "Yes" on Form 990, Part IV	line 7.
•	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)  Protection of natural habitat	Preservation of a historically important land area
	Preservation of open space	Preservation of a certified historic structure
2		Color 2005 Marketolog
	Complete lines 2a through 2d if the organization held a qualified conservation contribution easement on the last day of the tax year.	on in the form of a conservation
а	Table	Held at the End of the Tax Year
b	The state of the s	
C		
d	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a	2c
~		
3		
	Number of conservation easements modified, transferred, released, extinguished, or to tax year	erminated by the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	and here all the second
	A CONTRACTOR OF THE PROPERTY O	The state of the s
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and	Yes No
	• Tanding of violations, and	enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfo	arcing conservation accoments during the accome
	► \$	roing conservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	s of section 170(h)(4)(R)(i)
	and section 170(h)(4)(B)(ii)?	The state of the s
9	In Part XIII, describe how the organization reports conservation easements in its reven	ue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fil	nancial statements that describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historica	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 958, not to report in its rever	ue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
	service, provide, in Part XIII the text of the footnote to its financial statements that desc	ribes these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or i	esearch in furtherance of public service,
	provide the following amounts relating to these items:	
		<b>&gt;</b> \$
0.2	(ii) Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

	rt III Organizations Maintaining	Y ALLIANCE IN	NC		61-1726	630 Page <b>2</b>	
	3	Collections of A	Art, Historical I	reasures, or C	ther Similar Ass	ets (continued)	
3	state of the significant use of its						
	collection items (check all that apply):						
а	Public exhibition d Loan or exchange programs						
b	Scholarly research e Other						
C	Preservation for future generations						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part						
	XIII.						
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar						
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						
Pai	Part IV Escrow and Custodial Arrangements.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form						
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian						
						Yes No	
b	If "Yes," explain the arrangement in Part XIII and complete the following table:						
					Am	ount	
C	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a							
b	If "Yes," explain the arrangement in Part XIII. Ch					_ =	
Pai	rt V Endowment Funds.						
	Complete if the organization a	answered "Yes" o	on Form 990, P	art IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance				(=) Third your back	(c) I dai yeare back	
b	Contributions			-			
C	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships	*					
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current	t vear end halance (li	ne 1g. column (a)) h	old as:			
а	Board designated or quasi-endowment	%	ne ig, coluini (a)) ii	ciu as.			
b	Permanent endowment > %						
C	Term endowment ▶ %						
	to replace the average and emissions and	Legual 100%					
3a	The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the						
Sec. 110	organization by:	on of the organization	i triat are nelo ano ac	arninistered for the		[V. ] N	
	(i) Unrelated organizations					Yes No	
	(ii) Related organizations					. 3a(i)	
b	If "Yes" on line 3a(ii), are the related organization	no listed as required				. 3a(ii)	
4					* * * * * * * * * * *	. 3b	
Par	4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.						
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
	Description of property	(a) Cost or othe (investme	NEW AND AND THE PARTY OF THE PA		(c) Accumulated	(d) Book value	
1a	Land	(investine	111/	(other)	depreciation		
b	Buildings						
C	Leasehold improvements						
d						Market Market Control	
	Equipment						
e Total	Other						
lotal	. Add lines 1a through 1e. (Column (d) must equa	I Form 990, Part X, co	olumn (B), line 10c.)				

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (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, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9) Total. (Column (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, line 11d. See Form 990, Part X, line 15. (a) Description (1) (2)(3) (4) (5) (6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4) (5)(6)(7) (8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . > 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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

#### SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

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

OMB No. 1545-0047

Quen to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Par	DER COMMUNITY ALLIANCE	INC			61-1726	630		
rai	Form 990, Part IV, line	on Activities	Outside the U	nited States. Complete if th	e organization answered "Ye	es" on		
1	For grantmakers. Does the orga		in records to subs	tantiate the amount of its grants a	nd			
	other assistance, the grantees' e	ligibility for the	grants or assistar	nce, and the selection criteria use	ed to			
	award the grants or assistance?					Yes No		
2	For grantmakers Describe in D	-41/4						
2	For grantmakers. Describe in Pa outside the United States.	art V the organiz	ation's procedure	es for monitoring the use of its gra	nts and other assistance			
	oration,							
3	Activities per Region. (The follow	Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)						
	(a) Region	(b) Number of offices in	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as,	(e) If activity listed in (d) is a program service,	(f) Total		
		the region	agents, and independent	fundraising, program services, investments, grants to recipients	describe specific type of service(s) in the region	expenditures for and investments		
		0.0	contractors in the region	located in the region)	service(s) in the region	in the region		
(1)						Spire Segre		
(2)			1000		Tributa to the same of			
(2)								
(3)			F - B - 12 F - 1	MOL 1 4 1 1 1 1 22 2	Catherine Tackless of the unit	DEED VILLE IN		
(4)						the second		
(5)								
1-7								
(6)								
( <del>7</del> )						Land Transport		
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(12)								
(13)								
(4.4)								
(14)								
(15)								
16)								
17)								
3a	Subtotal			V-12-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
b	Total from continuation							
	sheets to Part I							
С	Totals (add lines 3a and 3b)							

61-1726630

Page 2

BORDER COMMUNITY ALLIANCE INC

Schedule F (Form 990) 2020

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of noncash assistance (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. WIRE TRANSFE (f) Manner of cash disbursement 96,476 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 (e) Amount of cash grant HUMANIATARIA (d) Purpose of grant North America (Not the United States) (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization Part II (12) (13) (14) (15) (16) (10) (11) E (2) 4 (2) (9) 0 6 3 (8)

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Schedule F (Form 990) 2020

61-1726630

BORDER COMMUNITY ALLIANCE INC

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. Schedule F (Form 990) 2020

Part III Grants

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(3)							
(3)							
(4)							
(5)							719
(9)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y FR
(7)							
(8)		n A				18	
(6)							<b>14 3</b>
(10)		me					
(11)							ls k
(12)							63.7)g
(13)							
(14)		1.)			et ros pred pred pred conse		
(15)							
(16)							
(17)						UA U UMU S	
(18)						AV S	g 147.4
EEA			1		01	Schedu	Schedule F (Form 990) 2020

Instructions for Form 5713; don't file with Form 990)

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) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 2 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) 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) X No Was the organization a direct or indirect shareholder of a passive foreign investment company or a 4 qualified electing fund during the tax year? If "Yes," 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) ........... 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) 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

EEA

Part IV

X No

Schedule F (Form		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 met	hod;
	amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); Part III (accounting method);	ethod); and
	Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additi information. See instructions.	ional
	information. See instructions.	
		***************************************
	TO AND DESCRIPTION OF THE DISEASE AND IN THE	
	to be well and under the department of the property and making the	
200 - 200 -		

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number BORDER COMMUNITY ALLIANCE INC 61-1726630 01. Form 990 governing body review (Part VI, line 11) THE 990 WAS SUBMITTED TO THE TREASURER FOR REVIEW AND PRESENTATION TO THE BOARD 02. Conflict of interest policy compliance (Part VI, line 12c) BOARD MEMBERS ARE REQUIRED TO ANNUALLY COMPLETE AN UPDATED CONFLICT OF INTEREST POLICY STATEMENT 03. CEO, executive director, top management comp (Part VI, line 15a) MARKET COMPARATIVE STUDIES ARE OBTAINED AND USED IN DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR OR OTHER KEY EMPLOYEES 04. Other officer or key employee compensation (Part VI, line 15b SAME AS 015 05. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AT THE ENTITY'S OFFICE

# Statement of Program Service Accomplishments

2020

PG01

Name(s) as shown on return

BORDER COMMUNITY ALLIANCE INC

Your Social Security Number 61-1726630

# Form 990-Part III(a) Statement of Service Accomplishment

Statement #4

Program Service Code

Program Service Expenses

\$7848

Grants and allocations included in above expense

\$0

Program Services Revenue

\$19253

#### Explanation

CONDUCTED EDUCATIONAL PROGRAMS RELATING TO MEXICAN/SPANISH CULTURE, HISTORY, ETC