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DLN: 93493173003165

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A F	or the	2014 cal	endar year, or tax year beginning	01-01-2014 , and ending 12	2-31-2014			
ВС	heck if a	applicable	C Name of organization UNBOUND				D Employer	identification number
ГА	ddress cl	hange	% SCOTT WASSERMAN-PRESIDENT/	CF			43-1243	999
ГΝ	ame cha	ange	Doing business as	CL				
┌ Ir	ntıal retu	um					E Telephone	number
⊢ F	ınal sturn/ter	rmınated	Number and street (or P O box if m ONE ELMWOOD AVENUE	ail is not delivered to street address)	Room/suite	2	(800)87	
_	mended		Suite City or town, state or province, cour	stry, and ZID or foreign postal code			(800)87	3-0304
_		n pending	KANSAS CITY, KS 661032118	itry, and 21r of foreign postar code			G Gross rece	pts \$ 140,577,671
			F Name and address of prin	cıpal officer		H(a) Is the	ı s a group ret	
			SCOTT WASSERMAN ONE ELMWOOD AVENUE			subor	dinates?	┌ Yes <a> No
			KANSAS CITY, KS 66103			H(b) Are a	II subordınat	es
	ax-exen	mpt status	▼ 501(c)(3)	nsert no)	527	includ If "No		ıst (see ınstructions)
	Vebsite	e: ▶ WW	W UNBOUND ORG			_	, p exemption	
			Corporation Trust Association	Othor b		1	mation 1981	M State of legal domicile
				T) Other P		L Teal of lo	illiation 1901	MO
P	art I		mary escribe the organization's missio					
Governance		UNBOUI LIVING	ND PROVIDES FINANCIAL SUF ON THE MARGINS OF SOCIET	PPORT, SERVICES AND ENC Y IN 21 COUNTRIES AROUN	OURAGEM ID THE WO	ORLD (SEE :	SCH O)	
							1	. 1
Activities &	- 1		of voting members of the govern				_	3 10
Ě	1		of independent voting members on mber of individuals employed in o				_	4 10 5 174
ទ្វ			mber of volunteers (estimate if n		•			6 4,424
•			related business revenue from Pa	• •			· · · -	7a 0
	- 1		lated business taxable income fr					7b 0
						Prio	r Year	Current Year
_	8	Contri	butions and grants (Part VIII, li	ne 1h)		1	19,446,440	118,868,181
anue	8 9		butions and grants (Part VIII, lii m service revenue (Part VIII, lii			1	19,446,440 337,718	3 440,432
enuevet	9 10	Progra Invest	m service revenue (Part VIII, lii ment income (Part VIII, column	ne 2g)		1	337,718 1,394,204	3 440,432 4 1,582,730
Rayente	9 10 11	Progra Invest Other	m service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A),	ne 2g) (A), lines 3, 4, and 7d) . lines 5, 6d, 8c, 9c, 10c, and 1	 	1	337,718	3 440,432 4 1,582,730
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	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes	m service revenue (Part VIII, III) ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe	ne 2g)		1	337,718 1,394,204 35,474 221,213,836 04,028,428 0 8,690,773	3 440,432 4 1,582,730 4 26,504 5 120,917,847 8 105,023,148 0 0 9,856,105
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Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total i Net as	m service revenue (Part VIII, III ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part its paid to or for members (Part I res, other compensation, employe sional fundraising fees (Part IX, andraising expenses (Part IX, column (D) rexpenses (Part IX, column (A), I rexpenses Add lines 13–17 (mus respenses Subtract line ressets (Part X, line 16) respenses (Part X, line 26) rests or fund balances Subtract	ne 2g)		1 Beginning	337,718 1,394,204 35,474 221,213,836 04,028,428 (8,690,773 31,145 7,030,381 19,780,727 1,433,109 p of Current ear 43,518,273	3 440,432 4 1,582,730 4 26,504 5 120,917,847 8 105,023,148 0 0 9,856,105 5 135,946 1 8,263,386 7 123,278,585 9 -2,360,738 End of Year 4 0,470,267 3 1,607,153
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Kansas City, MO 641062246

Form	1990 (2014)				Pag
Par	t III	Statement of Progra Check if Schedule O cont			: III	
1	Brief	ly describe the organization	n's mission			
UNB	OUND	'S MISSION IS TO WALK	WITH THE POOR AN	D MARGINALIZED OF T	HE WORLD	
2		he organization undertake a			ar which were not listed on	
	•	rıor Form 990 or 990-EZ? es," descrıbe these new ser				☐ Yes ☑ No
3	Dıd ti servi	he organization cease cond	ucting, or make signif	icant changes in how it c	onducts, any program	
4	expe		d 501(c)(4) organizat	ions are required to repo	hree largest program services, a rt the amount of grants and allo	
4a	(Cod	e) (Expe SORSHIP - SEE SCHEDULE O	nses \$ 110,878,	294 including grants of \$	102,158,511) (Revenue \$	440,432)
4b	(Cod	e) (Expe DLARSHIPS - SEE SCHEDULE O	enses \$ 3,106,	604 including grants of \$	2,864,637) (Revenue \$	0)
4 c	(Cod	e) (Expe	enses \$	including grants of \$) (Revenue \$)
	Oth	er program services (Desci	riha in Schadula O N			
Tu		er program services (Desci penses \$	including gran	ts of \$) (Revenue \$)
4e	Tota	al program service expenses			<u> </u>	

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I^{2}	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet}	10		No
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part x^{*}	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
L5	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	Yes	
L 6	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	Yes	
L7	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		No
L8	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	Yes	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21		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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			.୮
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 55			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		No
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
U	were not tax deductible?	6b		
7	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
Qə	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	1	
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI														.IZ
---	--	--	--	--	--	--	--	--	--	--	--	--	--	-----

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14				
	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by	14 15a	Yes Yes	
15 a	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?			
15 a	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	Yes	
15 a b	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	Yes	No
15 a b 16a	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 15b	Yes	No

- List the States with which a copy of this Form 990 is required to be filed▶AL , AK , AZ , AR , CA , CO , CT , FL , GA , HI , IL , KS , KY , MD, MA, MI, MN, MS, NH, NJ, NM, NY, OH, OK, OR, ${\tt PA} \;, {\tt RI} \;, {\tt SC} \;, {\tt TN} \;, {\tt UT} \;, {\tt VA} \;, {\tt WA} \;, {\tt WV} \;, {\tt WI} \;$
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►SCOTT WASSERMAN-PRESIDENTCE ONE ELMWOOD AVENUE

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl (, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	zations or display		(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations				
(1) ANNE RYDER	3 0	х		х				0	0	0
CHIEF GOV OFFICER/DIRECTOR (2) ED HERMAN TREASURER/DIRECTOR	3 0	Х		х				0	0	0
(3) FR ALLAN WEINERT CSSR SECRETARY/DIRECTOR	3 0	х		х				0	0	0
(4) CATHERINE CROSBY DIRECTOR	3 0	х						0	0	0
(5) EILEEN GREENLAY DIRECTOR	3 0	х						0	0	0
(6) CAROLYN ZIMMERMAN DIRECTOR	3 0	Х						0	0	0
(7) VICKI BERGER DIRECTOR	3 0	х						0	0	0
(8) ALISON AVAYU DIRECTOR	3 0	Х						0	0	0
(9) RICH SWAN DIRECTOR	3 0	х						0	0	0
(10) DAVID HERBISON DIRECTOR	3 0	х						0	0	0
(11) SCOTT WASSERMAN PRESIDENT/CEO (NON-VOTING)	50 0			х				155,224	0	34,282
(12) FRANCIS PACO WERTIN	40 0						х	104,412	0	31,534
CHURCH RELATIONS DIRECTOR	0 0									·

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is l	ne l both	box, an o r/tru	officer stee)	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	Þ			
d	Total (add lines 1b and 1c)	•	259,636	0	65,816

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►2

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such</i>			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Takal mankan dan dan dan dan kanadan dan dan dan dan dan dan dan dan d	and a second second bloom	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f
Program Service Revenue	2a b c d e f
evenue e	1 9 3 4 5 6a b c d d 8a 8a
Other R	b c 9a b c 10a
	11a b c d

Form 990 (2014) Page 9								
Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>8</u> \$	1a	Federated cam	paigns 1a					
Grants	ь	Membership du	ies 1b					
ē, Ē	С	Fundraising eve	ents 1c	21,981				
Giffs, iilar Au	d	Related organiz	zations 1d					
s, G imil	е	Government grants	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	sımılar amounts no		118,846,200				
iğ t	g	Noncash contribution 1a-1f \$	ons included in lines	96,633				
Cor	h	Total. Add lines	s 1 a - 1 f	· · · .	118,868,181			
<u> </u>				Business Code				
Program Serwoe Revenue	2a	AWARENESS TRIPS	5	900099	440,432	440,432		
<u> </u>	Ь							
¥.	C L							
<i>3</i> 3	d e							
ra E	f	All other progra	am service revenue					
ွိ				_				
	g 3		s 2a-2f ome (including dividence		440,432			
		and other simila	ar amounts)	🟲	879,407			879,407
	4		stment of tax-exempt bond p	oroceeds	0			
	5	Royalties	(ı) Real	(II) Personal	Ŭ			
	6a	Gross rents	33,996	(1)				
	ь	Less rental expenses						
	С	Rental income or (loss)	33,996	0				
	d	, ,	me or (loss)		33,996			33,996
		Gross amount	(ı) Securities	(II) Other				
	7a	from sales of assets other than inventory	20,347,201					
	Ь	Less cost or other basis and	19,643,878					
	c	sales expenses Gaın or (loss)	703,323					
	d	Net gain or (los	ss)		703,323			703,323
Other Revenue	8a	Ψ	luding .,981 s reported on line 1c)					
μ CC			a [2,465				
ţ.	ь		penses b [13,978				
0	C Qa		(loss) from fundraising e	events	-11,513			-11,513
	30	See Part IV, lin	rom gaming activities ne 19					
	_		a					
	b c		penses b [(loss) from gaming activ	uties	0			
		Gross sales of returns and allo	ınventory, less					
			a	4,491				
	Ь		oods sold b [(loss) from sales of inve	1,968	2,523			2,523
	-	Miscellaneous		Business Code	2,323			2,323
	11a	Miscellaneous	-	900099	1,498			1,498
	ь							
	С							
	d		ue		1,498			1,498
	e	Total. Add lines		🔸	1,498			
	12	Total revenue.	See Instructions		120,917,847	440,432	0	1,609,234

Part IX Statement of Functional Expenses

- -	E O 1 /-	. \ / ¬ '	\ J E O 4 /	- 1/4	\	 ete all columns	A II - 1	 A 1 -	L 1 /	Λ \

	Check if Schedule O contains a response or note to any line in this	Part IX		<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	105,023,148	105,023,148		
4	Benefits paid to or for members	0	, ,		
5	Compensation of current officers, directors, trustees, and key employees	189,506		189,506	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	135,946			135,946
7	Other salaries and wages	7,181,737	4,330,905	1,072,026	1,778,806
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	447,748	256,039	89,076	102,633
9	Other employee benefits	1,452,505	898,736	229,299	324,470
10	Payroll taxes	584,609	341,959	92,763	149,887
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	41,106	10,598	30,508	
C	Accounting	44,230		44,230	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	42,551		42,551	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,569,277	14,308	31,926	1,523,043
12	Advertising and promotion	240,520	3,822	12,637	224,061
13	Office expenses	3,854,265	1,563,051	1,828,627	462,587
14	Information technology	224,780	140,113	39,866	44,801
15	Royalties	0			
16	Occupancy	231,064	145,734	36,532	48,798
17	Travel	499,197	133,647	24,082	341,468
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	44,936	5,060	5,902	33,974
20	Interest	2,241	2,241		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	504,774	326,842	74,116	103,816
23	Insurance	112,690	70,769	16,053	25,868
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	AWARENESS & EDUCATION	567,196	547,616	2,516	17,064
b	FEES/DUES/MEMBERSHIPS/TAXES	59,498	13,080	31,040	15,378
С	FIELD AUDITS	155,162	155,162		
d	BOARD EXPENSES	64,415		64,415	
е	All other expenses	5,484	2,068	1,538	1,878
25	Total functional expenses. Add lines 1 through 24e	123,278,585	113,984,898	3,959,209	5,334,478
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)				
					rm 990 (201

Part X Balance Sheet

Par	rt X	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	718	1	142
	2	Savings and temporary cash investments	10,656,480	2	10,584,145
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	115,056	4	249,277
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
īts	6	Loans and other receivables from other disqualified persons (as defined under sectio $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	n		0
Assets	7	Notes and loans receivable, net	0		0
ď	8	Inventories for sale or use	0		31,195
	9	Prepaid expenses and deferred charges	776,806		870,800
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 9,392,77	,		375,335
	Ь	Less accumulated depreciation	6 4,750,351	10c	4,429,509
	11	Investments—publicly traded securities	27,103,128		24,196,637
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	115,732	15	108,562
	16	Total assets. Add lines 1 through 15 (must equal line 34)	43,518,271	16	40,470,267
	17	Accounts payable and accrued expenses	1,253,983	17	1,001,776
	18	Grants payable	0	18	0
	19	Deferred revenue	112,150	19	106,460
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L	0	22	0
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	468,135		498,917
	26	Total liabilities. Add lines 17 through 25	1,834,268	26	1,607,153
s e o		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
듄	27	Unrestricted net assets	13,768,494	27	10,694,732
<u>а</u>	28	Temporarily restricted net assets	27,915,509	28	28,168,382
Ξ	29	Permanently restricted net assets	0	29	0
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
2) 2)	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ř	33	Total net assets or fund balances	41,684,003	33	38,863,114
_	34	Total liabilities and net assets/fund balances	43,518,271	34	40,470,267
			-		Form 000 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
•	Total revenue (must equal Bort VIII, column (A.) line 12)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		120,9	917,847
2	Total expenses (must equal Part IX, column (A), line 25)	2		123.2	278,585
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		-2,3	360,738
7	Net assets of faile balances at beginning of year (must equal Fait X, fine 33, column (A))	4		41,6	84,003
5	Net unrealized gains (losses) on investments	5		- 4	157,666
6	Donated services and use of facilities	_			
7	Investment expenses	6			
•	Threstment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
		9			-2,485
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		38,8	363,114
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	ן ר		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	ırate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493173003165

Employer identification number

JONE No. 4545 004

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

UNBOU	JND	_								
			o o	/ . !!			43-1243999			
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box)							ons.			
	organi:	•		•	- '	•	•			
1	<u> </u>	A church, convention				n section 170()	D)(1)(A)(I).			
2	<u> </u>	A school described in								
3	Γ	A hospital or a cooper		_						
4	ı	A medical research or		erated in conjunction v	vith a hospital d	lescribed in se	ction 170(b)(1)(A)(iii). Enter the		
5	Г	hospital's name, city, An organization opera		efit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in		
,	,	section 170(b)(1)(A)(versity owned t	or operated by	a governmentar unit u	escribed iii		
6	Г	A federal, state, or loc		·	described in se	ection 170(b)(:	I)(A)(v)			
7	<u> </u>							ionoral nublic		
,	۱۳	An organization that n described in section 1				om a governme	ental unit of from the g	jeneral public		
8	Γ	A community trust des				tII)				
9	Г	An organization that n					butions, membership	fees, and gross		
		receipts from activitie								
		its support from gross								
		acquired by the organi								
10	Г	An organization organ								
11	Ē	An organization organ	-	·		•		ut the nurposes of		
	•	one or more publicly s	•	•			•			
	_			gh 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g						
а	ı						supported organization(s), typically by giving the			
		organization You mus			-	ty of the direct	ors or trustees of the supporting			
ь	Г					with its suppo	its supported organization(s), by having control or			
_	,	management of the su	-	•						
	_	must complete Part I\								
С	ı	Type III functionally i						grated with, its		
d	\vdash	supported organization Type III non-function						anization(c) that is		
u	'	not functionally integr								
		(see instructions) Yo i								
e	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally		
		integrated, or Type III								
Т		Enter the number of su								
g		Provide the following i	nformation abo	out the supported orga	inization(s)					
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	anization	(v) A mount of	(vi) A mount of		
		organization	(,	organization	listed in your		monetary support	other support (see		
				(described on lines	docume	nt?	(see instructions)	ınstructions)		
				1-9 above or IRC						
				section (see instructions))						
				madactions //	Yes No					
Tota										

supported organization

instructions

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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 107,628,340 109,087,491 113,733,481 119,446,440 118,868,181 568,763,933 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 107,628,340 109,087,491 113,733,481 119,446,440 118,868,181 568,763,933 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 568,763,933 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 107,628,340 109,087,491 113,733,481 Amounts from line 4 119,446,440 118,868,181 568,763,933 Gross income from interest, dividends, payments received on securities loans, rents, 717,463 912,234 1,296,420 1,428,200 913,403 5,267,720 rovalties and income from sımılar sources 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 376,018 355,243 348,469 1.478 1,498 1,082,706 capital assets (Explain in Part VI) 11 Total support Add lines 7 575,114,359 through 10 12 Gross receipts from related activities, etc (see instructions) 887,824 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 98 896 % Public support percentage for 2013 Schedule A, Part II, line 14 15 98 866 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
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.	1		
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) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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.	3b		
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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 $(2)^7$ 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
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).	10b		
l1	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 in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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		
S	ection 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		
S	ection 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 organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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).	2		
3	By reason of the relationship described in (2), 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.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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.	2a		
	b Did the activities described in (a) 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.	2b		
3				
	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? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section 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		

	Section 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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year					
1 Amounts paid to supported organizations to accom						
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons				
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval rec	nured)					
6 Other distributions (describe in Part VI) See instru	JCTIONS					
7 Total annual distributions. Add lines 1 through 6						
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide				
9 Distributable amount for 2014 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
		(::)	(:::)			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1 Distributable amount for 2014 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2014						
a From 2009						
b From 2010						
c From 2011						
d From 2012						
e From 2013						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2014 from Section D, line 7 \$						
A pplied to underdistributions of prior years						
b Applied to 2014 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7 Excess distributions carryover to 2015. Add lines 31 and 4c						
8 Breakdown of line 7						
a From 2010						
b From 2011						
c From 2012						
d From 2013						

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493173003165

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** UNBOUND 43-1243999 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to 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) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue 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 describes these items If the organization elected, as permitted under SFAS 116 (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 research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	<u>Histori</u>	<u>cal T</u>	reasu	ires, or Otl	<u>her</u>	Similar A	sset	S (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, check	any of	the foll	owing that ar	eas	significant us	e of i	ts	
а	Public exhibition		d $ egthankspace egthankspa$	Loan	orexc	hange progra	ms				
b	Scholarly research		е Г	Othe	r						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how the	y furth	er the d	organization's	exe	empt purpose	ın.		
5	During the year, did the organization solicit							lar	┌ \		□ No
Par	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrang							s" to Form	,		1 140
	Part IV, line 9, or reported an an					T GIISWEI CG		.5 (0 101111		'	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lan or other intermedi	ary for o	ontrib	utions	or other asse	ts n	ot	┌ \	'es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing	table		_					
_							+	Α	mou	nt	
C	Beginning balance						.c				
d	Additions during the year					<u> </u>	d				
e f	Distributions during the year					_	e f				
	Ending balance Did the organization include an amount on Fo	awaa 000 Dawt V Juna '	0.1 for a							·	
2a	-		•						·		NO
b	If "Yes," explain the arrangement in Part XII									•	<u>' </u>
Pal	t V Endowment Funds. Complete	ir the organization a	answer (b) Pnor			wo years back				Four ye	ars back
1a	Beginning of year balance			,	1			•	1	· ·	
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
_	and programs				+						
† 	Administrative expenses				1						
g	End of year balance		/1		(-))	<u> </u>					
2	Provide the estimated percentage of the curi	rent year end balance	(line 1g	, colur	nn (a))	neid as					
a	Board designated or quasi-endowment										
b	Permanent endowment -										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld agual 100%									
3a	Are there endowment funds not in the posses		on that	are he	ld and a	administered	for t	ho			
J u	organization by	John of the organizati	ion chac	are ne	ia ana a	rammiscerea	101 6			Yes	No
	(i) unrelated organizations								a(i)		
	(ii) related organizations						•	<u> </u>	(ii)		
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	•			·		•	[3b		
	t VI Land, Buildings, and Equipme				n ansv	wered 'Yes'	to F	orm 990. F	art 1	V. lır	
	11a. See Form 990, Part X, line									·	
	Description of property) Cost c sis (inve	or other stment)	(b) Cost or oth basis (other)		(c) Accumulate depreciation		(d) Boo	ok value
1a l	and					243,1	.28				243,128
b E	Buildings					4,793,2	96	1,826,	301	2	2,966,995
c l	easehold improvements										
	Equipment					1,596,4	81	1,208,	114		388,367
е (Other										
	Add lines 1a through 1e (Column (d) must e					2,759,8		1,928,	851		831,019 1,429,509

Part VII Investments—Other Securities. Co	mplete if the organization	answered 'Yes' to 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 Other		
		+
		+
		+
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete if the organization	on answered 'Yes' to 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
		Cost of end-of-year market value
		+
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
		0, Part IV, line 11d See Form 990, Part X, line 15
(a) Descri	триоп	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org	anızatıon answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
-		-
Federal income taxes	408.017	
CHARITABLE GIFT ANNUITIES	498,917	
	+	-
		1
	1	-
	1	1
		1
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	498,917	
2 Lightly for uncertain toy positions. In Dark VIII. provide	la tha taut of the feetnate to	*

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Ret	urn Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1	120,471,674
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments 2a -457,666		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-443,688
3	Subtract line 2e from line 1	3	120,915,362
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) 4b 2,485		
С	Add lines 4a and 4b	4c	2,485
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	120,917,847
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per R	eturn. Complete
1	Total expenses and losses per audited financial statements	1	123,292,563
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	13,978
3	Subtract line 2e from line 1	3	123,278,585
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)............. 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	123,278,585

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
SCHEDULE D, PART XI, LINE 2D	FUNDRAISING EVENT EXPENSES \$13,978
SCHEDULE D, PART XI, LINE 4B	CHANGE IN UNINSURED CGA LIABILITY \$ 2,485
SCHEDULE D, PART XII, LINE 2D	FUNDRAISING EVENT EXPENSES \$13,978

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493173003165

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

	e of the organization DUND				Employer ident	ification number
OND	JUND				43-1243999	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the dand other assistance, the grants or a used to award the grants or a	✓ Yes				
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitori	ng the use of its gran	ts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ice is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data					
(2)						
(3)						
(4)						
(5)						
b	Sub-total Total from continuation sheets to Part I	1	1			106,377,301
С	Totals (add lines 3a and 3b)	<u> </u>	1			106,377,301

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

44

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

Part III can be duplicated if additional space is needed.

Part III can be	Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
(1) NUTRITION, EDUCATION, HEALTH, & FAMILY		140,217	45,635,408						
(2) NUTRITION, EDUCATION, HEALTH, & FAMILY		45,457	14,631,272						
EDUCATION, HEALTH, & FAMILY	North America	12,715	4,146,094						
(4) NUTRITION, EDUCATION, HEALTH, & FAMILY	South America	50,983	16,443,207						
(5) NUTRITION, EDUCATION, HEALTH, & FAMILY	South Asia	26,921	8,800,957	EFT/WIRE					
EDUCATION, HEALTH, & FAMILY	Sub-Saharan Africa	35,705	11,394,628	EFT/WIRE					
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
						C-1:1	l. E (E 000) 2014		

Part IV Foreign Forms

1	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)	Г	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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; do not file with Form 990)	Г	Yes	▽	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)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

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).

990 Schedule F. Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART 1, LINE 2	UNBOUND SENDS A WIRE TRANSFER TO PROJECTS LOCATED IN 21 COUNTRIES ON A MONTHLY BASIS THE MONTHLY TRANSFER INCLUDES THE PROJECT'S ALLOCATION OF SPONSORSHIP FUNDS IN THREE CATEGORIS CHILDREN, AGING AND VOCATIONS (WHERE APPLICABLE) THE MONTHLY TRANSFER ALSO INCLUDES BIRTHDAY FUNDS MONEY IS SENT AT THE APPROPRIATE TIMES FOR SERVICE-SCHOLARSHIPS AND CHRISTMAS THERE MIGHT BE ADDITIONAL RESTRICTED FUNDS SENT AS UNBOUND GRANTS OR BECAUSE OF
	SPONSOR S' EXTRA DONATIONS FOR SPECIFIC FAMILY OR PROJECT NEEDS BEYOND WHAT THE SPONSORSHIP PROGRA
	M COVERS UNBOUND MONITORS THE PROJECTS' USE OF THESE FUNDS IN A VARIETY OF WAYS PROJECTS ARE REQUIRED TO PROVIDE MONTHLY FINANCIAL INFORMATION TO UNBOUND'S OFFICE IN KANSAS CITY, KANSAS, INCLUDING A TRANSACTION-LEVEL FINANCIAL DETAIL B PROJECT BANK STATEMENTS AND B ANK RECONCILIATIONS C CASH RESERVES REPORT THE PROJECTS ARE ALSO REQUIRED TO SUBMIT OR MAKE AVAILABLE THE FOLLOWING DOCUMENTS ON AN ANNUAL BASIS A ANNUAL BUDGET B ASSET LISTING
	C GOVERNMENT-REQUIRED EXTERNAL AUDIT D ANY OTHER FINANCIAL REPORTS FILED WITH THEIR GOV ERNMENTS FOR SPECIAL MONEY GIFTS OVER \$100, PROJECTS ARE REQUIRED TO ACKNOWLEDGE THE
	EXPEN DITURES TO THE DONORS THERE ARE FIVE REGIONAL ACCOUNTANTS IN THE INTERNATIONAL PROGRAMS DEPARTMENT AT UNBOUND EACH HAS RESPONSIBILITY FOR A NUMBER OF PROJECTS, AND REVIEWS THE MONTHLY TRANSACTIONS AND REPORTS ON A REGULAR BASIS FOR TIMELINESS, ACCURACY,
	COMPLETENESS, AND COMPLIANCE WITH UNBOUND FINANCIAL AND PROGRAM POLICY REGULAR FEEDBACK IS GIVEN TO TH PROJECTS STAFF REPRESENTATIVES FROM THE UNBOUND HEADQUARTERS OFFICE VISIT EACH PROJECT A T LEAST ONCE PER YEAR TO ASSSESS PROGRAM AND ADMINISTRATIVE PERFORMANCE, VISIT PROGRAM
	BEN EFICIARIES IN THEIR HOMES, AND PROVIDE SUPPORT AND TRAINING TO PROJECT TEAMS FORMAL PERFO RMANCE AUDITS ARE PERFORMED PERIODICALLY, TYPICALLY ONCE EVERY THREE YEARS IN ADDITION, T HE UNBOUND FINANCE DEPARTMENT HAS A TEAM OF INTERNAL AUDITORS WHO REGULARLY AUDIT THE PROJ
	ECTS' INTERNAL CONTROLS, PROCESSES AND PROCEDURES, AND THE ACCURACY OF THEIR RECORDKEEPING
	THEY HAVE ESTABLISHED A SCHEDULE FOR AUDITING EACH PROJECT ON A REGULAR BASIS THERE ARE OTHER PROCESSES, TOO, THROUGH WHICH UNBOUND IS ABLE TO MONITOR THE PROJECT PERFORMANCE AN
	D ADHERENCE TO UNBOUND POLICIES UNBOUND REQUIRES AN UPDATED ANNUAL PHOTO OF EACH SPONSORE
	D MEMBER, AND HAS PROCESSES TO ASSURE THE AUTHENTICITY OF EVERY PHOTO UNBOUND REQUIRES EA
	CH SPONSORED MEMBER TO WRITE TO HIS OR HER SPONSOR AT LEAST TWICE EACH YEAR THE LETTERS A RE REGULARLY REVIEWED ON A SAMPLE BASIS BEFORE BEING SENT TO SPONSORS SPONSORS EAGERLY AN
	TICIPATE LETTERS FROM THEIR SPONSORED FRIENDS LASTLY, UNBOUND ORGANIZES GROUP TRIPS CALLE D AWARENESS TRIPS (ATS) AND FACILITATES INDIVIDUAL SPONSOR VISITS TO A NUMBER OF THE PROJE CTS EACH YEAR UNBOUND ENCOURAGES ALL SPONSORS TO VISIT THEIR SPONSORED FRIENDS AND VIEW
	F IRSTHAND THE WORK OF THE PROJECTS IN 2014, 922 SPONSORED CHILDREN AND ELDERLY WERE VISITE D

990 Schedule F, Supplemental Information

Return Reference	Explanation
	PURPOSE OF GRANTS FOR ALL REGIONS IS PROJECT INFRASTRUCTURE, EMERGENCY & SCHOLARSHIP ASSISTANCE

Additional Data

Software ID: Software Version:

EIN: 43-1243999

Name: UNBOUND

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		47,601,400
CENTRAL AMERICA AND THE CARIBBEAN		1	· · · · · · · · · · · · · · · · · · ·	PROJ MENTOR & MONITOR	166,405
CENTRAL AMERICA AND THE CARIBBEAN	1		PROGRAM SERVICES	REGIONAL CENTER	1,036,179

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
EAST ASIA AND THE PACIFIC			GRANTMAKING		15,581,953		
EAST ASIA AND THE PACIFIC				PROJ MENTOR & MONITOR	40,109		
NORTH AMERICA		_	GRANTMAKING		4,269,502		

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
NORTH AMERICA				PROJ MENTOR & MONITOR	11,219		
SOUTH AMERICA			GRANTMAKING		16,817,957		
SOUTH AMERICA				PROJ MENTOR & MONITOR	44,984		

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH ASIA			GRANTMAKING		9,038,465
SOUTH ASIA			PROGRAM SERVICES	PROJ MENTOR & MONITOR	23,753
SUB-SAHARAN AFRICA			GRANTMAKING		11,713,871

Form 990 Schedule F F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA				PROJ MENTOR & MONITOR	31,504

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	1,965,992	EFT/WIRE			
		EAST ASIA AND THE PACIFIC	SEE PART V	950,681	EFT/WIRE			
		NORTH AMERICA	SEE PART V	123,408	EFT/WIRE			
		SOUTH AMERICA	SEE PART V	374,750	EFT/WIRE			

, Form 990 Scheav	ie r Part II	- Grants or Entitle	is outside the on	ited States		_	_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SOUTH ASIA	SEE PART V	237,508	EFT/WIRE			
		SUB-SAHARAN AFRICA	SEE PART V	319,243	EFT/WIRE			

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DLN: 93493173003165

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form filers are not required to complete this part.	43-1243999 990, Part IV, line 17. Form 990-E2
	990, Part IV, line 17. Form 990-E2
mers are not required to complete this part.	
Indicate whether the organization raised funds through any of the following activities Check all t	hat apply
a	nment grants
b Γ Internet and email solicitations f Γ Solicitation of governmen	t grants
c	s
d In-person solicitations	
a Did the organization have a written or oral agreement with any individual (including officers, director or key employees listed in Form 990, Part VII) or entity in connection with professional fundrais	
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements un to be compensated at least \$5,000 by the organization	der which the fundraiser is
ındıvıdual fundraıser have from activity (or	mount paid to retained by) asser listed in col (i) (vi) A mount paid to (or retained by) organization
Yes No	
1 STRATEGIC SEE SCHEDULE O No FUNDRAISING INC	
2	
3	
4	
5	
6	
7	
8	
9	
.0	
otal	
List all states in which the organization is registered or licensed to solicit contributions or has be registration or licensing	een notified it is exempt from

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut			
		<u> </u>	(a) Event #1 SEE PART IV (event type)	(b) Event #2	(c) O ther events 0 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	24,44	6		24,446
Revenue	2	Less Contributions	21,98	1		21,981
~ 	3	Gross income (line 1 minus line 2)	2,46			2,465
	4	Cash prizes				
"	5	Noncash prizes	1,51	4		1,514
DS.	6	Rent/facility costs	2,80	1		2,801
Expenses	7	Food and beverages .	4,21	0		4,210
	8	Entertainment	95	0		950
Direct	9	Other direct expenses .	4,50	3		4,503
	10	Direct expense summary Add lin	es 4 through 9 in column	n (d)		(13,978)
	11	Net income summary Subtract lii				-11,513
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue	1	\$15,000 on Form 990-EZ, lir	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	✓ Yes	Г Yes% Г Nо	┌ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)	<u> ▶</u>	
9 a b	Ist	er the state(s) in which the organizathe organization licensed to conduct	gaming activities in eac	ch of these states?		
10a b		re any of the organization's gaming l Yes," explain	icenses revoked, suspe	nded or terminated during		

Sche	edule G (Form 990 or 990-EZ) 2014	4		Page 3					
11	Does the organization conduct gar	ming activities with nonmer	mbers?	Yes No					
12	Is the organization a grantor, bene	eficiary or trustee of a trust	t or a member of a partnership or other entity						
	formed to administer charitable ga	ımıng?		Yes Γ_{No}					
13	Indicate the percentage of gaming								
а	The organization's facility		13a	%					
b	An outside facility			%					
L 4	Enter the name and address of the	person who prepares the o	organization's gaming/special events books and records						
	Name 🕨								
	Address ►								
15a	Does the organization have a cont	ract with a third party from	whom the organization receives gaming						
	revenue?			Yes T No					
b	If "Yes," enter the amount of gamı	ng revenue received by the	e organization 🕨 \$ and the						
	amount of gaming revenue retained by the third party 🟲 \$								
c	If "Yes," enter name and address of the third party								
	Name 🟲								
	Address ►								
16	Gaming manager information	Gaming manager information							
	Name ▶								
	Gaming manager compensation ▶ \$								
	Description of services provided	▶							
	Director/officer	┌ Employee	Independent contractor						
17	Mandatory distributions	. Employee	, independent contractor						
., а	•	state law to make charitat	ole distributions from the gaming proceeds to						
	-		<u> </u>	Yes Γ_{No}					
ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
_	in the organization's own exempt a	•							
Pai	rt IV Supplemental Inform	nation. Provide the exp	olanations required by Part I, line 2b, columns (iii) and o, as applicable. Also provide any additional informat						
	Return Reference		Explanation						
SCH	EDULE G, PART II	to raising over \$24,00	Inbound hosted a fundraising event called "The Unbound Exp 00 in gross receipts toward Unbound's scholarship program, w sponsorships Based on the average length of a sponsorshi	the event also					

to raising over \$24,000 in gross receipts toward Unbound's scholarship program, the event also generated several new sponsorships Based on the average length of a sponsorship relationship, Unbound projects total revenue from these sponsorships to be an additional \$26,000 The event also was beneficial by bringing awareness of Unbound's mission to potential new channels of support

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DLN: 93493173003165

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization UNBOUND

Employer identification number

43-1243999

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
U	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods			
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
	(i) (ii)	154,810 0	0	414	9,314	24,968 0	189,506 0	0	
	(i) (ii)	93,353 0	0	11,059 0	6,265	25,269 0	135,946	0	

Schedule J (Form 990) 2014

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	Personal relationships are essential to Unbound's effectiveness In 2014, Mr Wasserman's wife volunteered a significant amount of time (over 600+hours) to the organization by building community from her home and from traveling internationally with her husband on some awareness trips to various Unbound projects. Her long standing relationship with Unbound, previous involvement leading several church mission trips, being a native of Guatemala and being bi-lingual are just a few of the many attributes that enable her to build meaningful relationships with project staff, awareness trip participants and sponsored families. Unbound paid for her airfare because her involvement was for bona fide business purposes. Accordingly, it was not included as taxable compensation to Mr. Wasserman.
SCHEDULE J, PART I, LINE 4A	FRANCIS "PACO" WERTIN, SEVERANCE PAYMENT \$10,000

Schedule J (Form 990) 2014

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DLN: 93493173003165

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Noncash Contributions

Open to Public Inspection

	ne of the organization DUND				Empl	oyer identificat	ion nu	mber	
,,,,,	, sing				43-1	243999			
Pa	rt I Types of Property			•					
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1	(d) Method of de noncash contrib	etermi	_	its
1	Art—Works of art				<u> </u>				
2	Art—Historical treasures .								
3	Art—Fractional interests				1				
4	Books and publications				_				
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
	Intellectual property								
	Securities—Publicly traded .	Х	33	69,884	FAIF	R MARKET VAL	UE		
10	Securities—Closely held stock .				<u> </u>				
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles	Х	5	26,749	FAIF	R MARKET VAL	UE		
	Food inventory				<u> </u>				
20	Drugs and medical supplies .				<u> </u>				
	Taxıdermy				_				
	Historical artifacts				<u> </u>				
	Scientific specimens				<u> </u>				
24	Archeological artifacts				 				
25	O ther ▶ ()				 				
	Other ►()				+				
	Other ► ()				+				
	Other • ()	h., *h							
29	Number of Forms 8283 received for which the organization comple				29				
20-	During the year did the erganize	tion receiv	a hu cantribution any propa	erty rapartad in Dart I. lines	. 1 +h.	rough 20 that		Yes	No
SUa	During the year, did the organiza								
	it must hold for at least three ye			·	irea to	o de usea			
_	for exempt purposes for the enti				•		30a		No
	If "Yes," describe the arrangem			,			24	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
31	Does the organization have a gi	•		•			31	Yes	
32a	Does the organization hire or us contributions?		es or related organizations	to solicit, process, or sell	nonc	sh ••	32a		No
	If "Yes," describe in Part II If the organization did not report	t an amount	ın column (c) for a type of	property for which column	(a) ıs	checked,			

describe in Part II

Page 2

Schedule M (Form 990) (2014)

Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation				
SCHEDULE M, PART I, COLUMN B	THE AMOUNTS LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS				

Schedule M (Form 990) (2014)

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493173003165

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
UNBOUND

Employer identification number
43-1243999

Return Reference	Explanation
FORM 990, PART I, LINE 1	Unbound provides financial support, services and encouragement to individuals and their families living on the margins of society in 21 countries around the world. We serve more than 300,000 children, youth and elderly people with the support of more than 260,000 sponsors, mostly from the U.S. Through education, livelihood opportunities, and help with food and other necessities, the personalized support offered through Unbound helps people break through poverty to create better futures for their families and communities. 1. We provide personal attention and direct benefits to children, youth, the aging and their families so they may live with dignity, achieve their desired potential and participate fully in society. 2. We invite people of goodwill to live in daily solidarity with the world's poor through one-to-one sponsorship. 3. We build community by fostering relationships of mutual respect, understanding and support that are culturally diverse, empowering and without religious or other prejudice. Grounded in the Gospel call to serve the poor, Unbound works with persons of all faith traditions to create a worldwide community of compassion and service.

Return	Explanation	
Reference		
	FORM 990, PART III, LINE 4A	Total grants for the sponsorship program were \$102.1 million in 2014. At the end of 2014, a total of 311,988 individuals were sponsored through Lhobund They included 284.662 child ren and youth, 27,016 aging persons and 320 candidates studying for religious vocations. S ponsored individuals and their families were served through Lhobund projects in Bolivia. B razil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, E Salvador, Guatemal a, Hait, Honduras, India, Kenya, Madagascar, Mexico, Nicaragia, Peru, the Philippines, Ta nzania, Uganda and Venezuela. Following are examples of achievements in the sponsorship program helps individuals and families to break the cycle of poverty. Unbound or dis sponsorship program helps individuals and their families in 21 countries break through poverty by connecting them with individual sponsors and supportive local communities of staff members and other families. Through letters and a monthly financial contribution, sponsors experience another culture, firendship and a practical way to make a lasting difference in the life of a child and family or elderly person. Sponsors who travel on Unbound aw areness trips may meet their sponsored friends, learn about their lives and see the Unbound appropriam action and how their contributions are used. Unbound also coordinates individ ual visits for sponsors who want to meet their sponsored friends. In 2014, 922 sponsored children and elderly were visited Families participating in the sponsorship program utilize financial assistance to help with needs such as education, nutrition, clothing and health care, in addition to deadership and economic development programs (e.g. financial litera cy., youth retreats and skill development for parents). Sponsorship requires active participation from families as they take a central role in selecting benefits for their children and elderly participation from families as they take a central role in selecting benefits of their three hildrens and participations of their childrens and partic

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	International organization, Unbound also recognizes the need to step back periodically and look at the big picture Global evaluations explore questions of organizational outcomes for all program participants across borders and in every region. These broad assessments help us tell our collective story and understand the effectiveness of our approach in key areas such as educational attainment, economic self-sufficiency, empowerment of mothers and community participation. Each tier of our evaluation framework is important to understanding the whole of Unbounds impact and its complex contribution to individual goals around the world. On behalf of sponsors and those who are sponsored, the governing board of Unbound rigorously monitors the integrity and accountability of the organization's operations. The board proactively defines the outcomes expected from the organization. Management must be a private the board's ends. Prowing organization be expected from the organization. Management must be a private the board's ends. Prowing organizes boards the expected outcome limits on which means management may use to achieve the board's ends. The board systematic ally monitors compliance with these executive limitations. As a result, the board confidently assures donors that their contributions achieve their promised objectives, and that the organization remains transparent and ethical. Unbound conducts financial and program and its of projects on the regular basis to ensure financial resources provide unded benefits and services and sponsored members are empowered to direct their own development. In addit projects receive at least one visit by headquarters staff every year. Staff members also accompany sonsors on Unbound awareness trips visiting projects and families in the Unbound program. In 2014, headquarters staff spent 1,255 total plays in the field monitoring and supporting programs. The organization performs quality checks on letters an orbition rate unbound collects educational attendance and performance data and

Return Reference	Explanation	
	FORM 990, PART III, LINE 4B	Following are examples of achievements in the education support provided through the schol arship program as Unbound works with individuals and families to break the cycle of poverty. Education support provided by the Unbound service-scholarship program helps dyname, it a lented older students who, because of economic circumstances, are struggling to continue their educations. The program is founded on the principles of perseverance, leadership and service to the community. The scholarship program complements the education support provided by the Unbound sponsorship program, with 47 percent of scholarship students also sponso red. The program has allowed thousands of students in communities around the world to achieve their educational goals and dreams. Students are able to complete their educations, follow their chosen career paths and be of service to the larger community. Scholarships are used for needs such as secondary and post-secondary tution, vocational school, transport ation, school supplies and books. Recipients are selected by local program staffs based on economic need, commitment to completing their educations, demonstrated leadership potenti all and interest in community service. Scholars perform service projects as a requirement of the program Scholarships are intended as supplemental assistance, and students and their families contribute which yes were awarded to 7,898 students in Bolivia, Cotombia, Costa Rica, the Dominican Republic, Ecuador, El Sakador, Guatema la, Haiti, Honduras, India, Kenya, Madagascar, Mexico, Nicaragua, Peru, the Philippines, T anzania, Uganda and Venezuela Many scholaris, 47 percent, are sponsored youth who need ext ra financial help in addition to sponsorship assistance to complete their educations. Non-sponsored object students identified by Unbound projects as being in need of educational as sistance and having a desire to serve their communities also are eligible for scholarships and represent 53 percent of the scholarships awarded. An important component of the pr

Return Reference	Explanation	
	FORM 990, PART III, LINE 4B	sonal and ethical challenges in the workplace 3 Leadership, sense of service and confide nce. Alumni reported the ability to work with diverse groups, resolve conflicts and demons trate responsibility as a result of their time at Unbound. Many described the concept of giving back to community outside of family as something they learned through the program. A lumni reported that the greater financial assistance provided by scholarships gave them ad ditional motivation. One interview ee explained how the scholarship helped significantly with thesis costs, uniforms and photo copies, among other things. The simple assurance of ha ving the support to complete a degree led to being more motivated to do so if you believe you can go to college and even get a graduate degree, for example, you are far more motivated in every area of development and participation. In addition, the level of responsibility given to scholarship students as part of the service component feeds maturity and futuing outcomes. "We are given more responsibility, as leaders and facilitators," shared an all umnus. This allows them to apply skills and influence other youth. Several interview ees in dependently described a mutual learning that impacted their futures. "I'w as teaching child ren but also learning from them. If they have gone through an experience, when I do, too, I can remember," stated one. And another explained, "I learned from past facilitators but also from the children. It was reciprocal learning." Service hours for the scholarship program were mentioned in the follow-up interviews as vital professional experience. Alumni discussed the importance of service hours in gaining valuable work experience to help them obtain future jobs. Even office work and administrative skills learned during fulfilling service requirements now mean alumni have experience and familiarity with a work environment that otherwise seemed unfamiliar and challenging to negotiate. Specific skills, such as teaching and curriculum preparation, carry into alumni's

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN INDEPENDENT ACCOUNTING FIRM PREPARES THE 990 THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S PRESIDENT/CEO AND ACCOUNTING PERSONNEL. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S PRESIDENT/CEO AND ACCOUNTING PERSONNEL HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE 990 IS THEN PROVIDED TO THE FULL BOARD FOR THEIR REVIEW PRIOR TO FILING THE 990 ANY QUESTIONS AND CONCERNS OF THE BOARD ARE ADDRESSED AND CORRECTIONS OR CLARIFICATIONS ARE MADE PRIOR TO FILING THE 990

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	All board members annually disclose their involvement with other organizations, communities, employment, staff, vendors or any other associations that might potentially produce a conflict, regardless of the likelihood of an actual conflict arising. New board nominees also complete a disclosure form. When the board is to decide an issue that presents an unavoidable conflict of interest for a member, the member with the conflict abstains from participation in both the deliberation and vote. All employees annually sign a receipt and acknowledgement of Unbound's Code of Conduct which forbids a conflict or the appearance of a conflict between the employee's personal interests and those of Unbound. The employee's signature acknowledges their agreement to adhere to this code and to immediately disclose a suspected conflict of interest to a staff director, member of the Human Resources Department OR CONFIDENTIALLY THROUGH UNBOUND'S INDEPENDENT REPORTING SERVICE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	The compensation of the President/CEO for June 2014-June 2015 was determined at the June 2014 Governing Board of Directors Meeting. Prior to this discussion, the President/CEO and the non-voting members of the board excused themselves from the board meeting. The voting members met with the Director of Human Resources who provided them with the following information which they used to determine the compensation amount. Utilizing the services of an independent compensation consultant group, Unbound built a formal compensation system for the entire organization. That data, along with other external factors such as comparison of compensation, previous career experience and education of the top executives of similar sponsorship organizations, helped the board determine the President/CEO's June 2014-June 2015 compensation. The voting members then approved the annual salary for the President/CEO. Substantiation of the decision of the Board's determination was maintained by the Director of Human Resources.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UNBOUND'S ARTICLES OF INCORPORATION, AUDITED FINANCIAL STATEMENTS, BY-LAWS AND CONFLICT OF INTEREST POLICY ALONG WITH IRS FORMS 1023, 990 AND 990-T ARE AVAILABLE FOR INSPECTION AT OUR OFFICES UNBOUND'S AUDITED FINANCIAL STATEMENTS AND IRS FORMS 990 AND 990-T ARE POSTED ON OUR WEBSITE (WWW UNBOUND ORG) PRINTED COPIES ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN UNINSURED CGA LIABILITY (\$2,485)