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DLN: 93493170003138 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

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

Open to Public

Department of the	Treasu
Internal Revenue S	ervice

Form 990

foundations)

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

			alendar year, or tax year begin C Name of organization	ning 01-01-2017 , and end	ing 12-3	1-2017			
		oplicable change	UNBOUND				D Employ	er identil	ication number
	me cha	- 1	% SCOTT WASSERMAN-PRESIDENT/	'CE			43-124	3999	
□ Ini	tıal reti	urn	Doing business as						
		n/terminated I return	Number and street (or P O box if ma	all is not dolivered to street address)	I Poom/su	uto	E Telephor	ne number	
		n pending	1 ELMWOOD AVE	all is not delivered to street address;	Roomysu	inte	(800) 8	75-6564	
		, ,	City or town, state or province, coun	try, and ZIP or foreign postal code	1				
			KANSAS CITY, KS 66103				G Gross re	ceipts \$ 1	40,766,355
			F Name and address of principa	l officer		H(a) Is	this a group re	turn for	
			SCOTT WASSERMAN 1 ELMWOOD AVE				ubordinates?		□Yes 🗹 No
			KANSAS CITY, KS 66103				re all subordinat icluded?	:es	☐ Yes ☐No
Tax	k-exem	npt status	☑ 501(c)(3) □ 501(c)() ◄ (insert no)	527		"No," attach a	ıst (see	instructions)
W	ebsite	e:► WW	W UNBOUND ORG			H(c) G	roup exemption	number	>
						1 V	f 1001	M Charles	-£ d -
Forn	n of or	ganızatıon	Corporation Trust Associ	ciation U Other >		L Year or i	formation 1981	MO State	of legal domicile
Pa	rt I	Sum	mary						
	1 B		cribe the organization's mission or						
ų	<u> </u>	JNBOUND	'S MISSION IS TO WALK WITH TH	E POOR AND MARGINALIZED O	F THE W	ORLD SEE	SCHEDULE O		
<u> </u>	=								
	-								
			s box ▶ ☐ If the organization dis						1 -
5			of voting members of the governing	- ' ' ' ' '				4	7
٠ ب			of independent voting members of Ther of individuals employed in cal		•			5	183
			nber of individuals employed in cal	, , , , ,	•			6	5,485
į			elated business revenue from Part	, ,				7a	3,403
•			ated business taxable income from					7b	0
		Tice and	ated publices taxable meanie man	Tromings Tymnest 1		ii	Prior Year	1	Current Year
_	8	Contribut	ions and grants (Part VIII, line 1h)			127,382,4	454	133,688,878
Rəvenue			service revenue (Part VIII, line 2g				451,0	_	451,135
ō∧ċ!	10	Investme	nt income (Part VIII, column (A),	lines 3, 4, and 7d)			680,0	087	912,430
<u>.</u>	11	Other rev	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			12,8	322	12,352
	12	Total rev	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), l	ıne 12)		128,526,	391	135,064,795
	13	Grants ar	nd sımılar amounts paıd (Part IX, c	column (A), lines 1–3)...			105,384,	521	108,359,028
	14	Benefits	oald to or for members (Part IX, co	olumn (A), line 4)				0	(
£	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), line	s 5–10)		11,521,0	026	11,961,181
en s	16a	Professio	nal fundraısıng fees (Part IX, colur	mn (A), line 11e)	•			0	(
Expenses			aising expenses (Part IX, column (D), li						
ш			penses (Part IX, column (A), lines	•	•		7,969,8	_	7,775,682
	l		enses Add lines 13-17 (must equ				124,875,4		128,095,891
_ un	19	Revenue	less expenses Subtract line 18 fro	om line 12	• •	Pogin	3,650,9 ning of Current Y		6,968,904 End of Year
Fund Balances						Begini	y or current t		Line of Tour
930	20 ·	Total ass	ets (Part X, line 16)				45,864,	280	53,933,850
<u> </u>	21	Total liab	lities (Part X, line 26)				1,783,	994	1,878,086
<u> </u>	22	Net asset	s or fund balances Subtract line 2	21 from line 20			44,080,	286	52,055,764
	t II		ature Block			1 1 1		1.1	
			erjury, I declare that I have exami f, it is true, correct, and complete						
ny k	nowle	dge .							
		****					2018-11-15		
ign		Signati	ire of officer				Date		
lere			WASSERMAN PRESIDENT/CEO						
			print name and title						
			rınt/Type preparer's name ıchael J Engle	Preparer's signature Michael J Engle		Date 2018-11-15		PTIN P0048283	4
aic							self-employed		
_	oare	"	rm's name ► BKD LLP rm's address ► 1201 Walnut Suite 1700	0			Firm's EIN ► Phone no (816)	221-6300	
Jse	Onl	ly ˈ	Kansas City, MO 6410				, none no (610)		
1	ha ID	C d/					<u> </u>	[.Z] .	 ∕es □No
ıaV t	ı⊩ ıK`	3 HISCUSS	this return with the preparer show	vii audver (see instructions)				■	res LINO

Cat No 11282Y

Form **990** (2017)

Form	990 (2	017)					Page 2
Par	t III	Statement of	f Program Servi	ce Accomplis	hments		
		Check If Schedu	le O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly	describe the org	anızatıon's mıssıon				
UNBO	DUND'S	MISSION IS TO V	WALK WITH THE PO	OR AND MARGIN	IALIZED OF THE WORLD)	
	Did +h	0 0×000130tion iin	dortalia any signifia	ant program cor	vices during the year wi	high wars not listed on	
2		e organization un ior Form 990 or 9	, ,	ant program ser	· ,	mich were not listed on	☐ Yes ☑ No
			new services on Sc				Lifes Million
3					changes in how it condu	icts any program	
3		es?		nake significant	changes in now it condt	acts, any program	☐ Yes ☑ No
			changes on Schedu				Lifes Line
4			=		ata for oach of its throo	largest program services, as meas	nuved by expenses
•						of grants and allocations to others,	
	expen	ses, and revenue	, if any, for each pro	ogram service re	ported	-	
	(Code) (Expenses \$	115 253 334	ıncludıng grants of \$	105,233,280) (Revenue \$	451,135)
- +a	•	ditional Data) (Expenses \$	113,233,334	including grants or \$	103,233,200) (Nevenue \$	451,135 /
		altional Bata					
4b	(Code) (Expenses \$	3,425,008	including grants of \$	3,125,748) (Revenue \$	0)
	See Ad	dıtıonal Data					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program services	s (Describe in Sched	ule O)			
			•	luding grants of	\$) (Revenue \$)
	(Expe	nses \$	IIIC	adding grants or	Ψ) (INCVCITAC P	,

Checklist of Required Schedules

Page 3

No

Nο

No

Nο

No

Nο

Form **990** (2017)

Yes

Yes

Yes

Yes

Yes

Yes

Yes

12a

12b

18

19

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? 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?

5 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 11a

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c 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 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a business, investment, and program service activities outside the United States, or aggregate foreign investments 14b

14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

12a Did the organization obtain separate, independent audited financial statements for the tax year?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Was the organization included in consolidated, independent audited financial statements for the tax year?

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

29

No

Νo

Nο

Νo

Nο

Page 4

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Yes

Yes

20a

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Yes

Form 990 (2017)

Nο Nο

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 57			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	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?	2b	Yes	
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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
b	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)			
	See instructions for mining requirements for fine EN Torni 114, Neport of Foreign Dank and Financial Accounts (FDAK)			
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?	6a		No ———
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).	_		
а	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	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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
g	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		
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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

ar	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	
_	Check if Schedule O contains a response or note to any line in this Part VI			✓
e	ction A. Governing Body and Management			
а	Enter the number of voting members of the governing body at the end of the tax year 1a 7		Yes	No
	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			
ı	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
	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
	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
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	Did the organization have members or stockholders?	6		No
1	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
	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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	66	163	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
2	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		NI.
	Did blas succession have lead shoulders burnished as affiliated?	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	100		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
1	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	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	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	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	
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
1	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
e	ction C. Disclosure			
	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 , , MA , MI , MN , MS , NH , NJ , NM , NY , O SC , TN , UT , VA , WV , 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			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
	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			

(13) SCOTT WASSERMAN

(14) MARTIN KRAUS

(15) WILLIAM HANSEN

(16) ROB MCELROY

PRESIDENT/CEO (NON-VOTING)

TREASURER (NON-VOTING)/DIR FIN

SECRETARY (NON-VOTING)/FIN MGR

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See 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 co		m the						elated organization:	s	
List persons in the following order individual trus compensated employees, and former such persoi		rs, ınstı	itutioi	nal t	rust	ees, o	offic	ers, key employees	s, highest	
\square Check this box if neither the organization no	r any related o	ganızat	ion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	che x, u n an	eck m Inless Office	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) CATHERINE CROSBY CHIEF GOV OFFICER/DIRECTOR	6 0	×		x				0	0	0
(2) ALISON AVAYU DIRECTOR	4 0	×						0	0	0
(3) ANNE RYDER DIRECTOR (RETIRED 6/17)	4 0	×						0	0	0
(4) DAVID HERBISON DEPUTY CGO/DIRECTOR	5 0	Х		х				0	0	0
(5) EILEEN GREENLAY DIRECTOR (RETIRED 6/17)	4 0	×						0	0	0
(6) RICH SWAN DIRECTOR	4 0	×						0	0	0
(7) VICKI BERGER DIRECTOR	4 0	x						0	0	0
(8) REV MICHAEL RIEDER PREACHER REP (NON-VOTING)	2 0	×						4,810	0	0
(9) YESSENIA ALFARO DIRECTOR (NON-VOTING)	1 5	×						0	0	0
(10) DENNIS BERNARDO DIRECTOR (BEGAN 6/17)	4 0	х						0	0	0
(11) EMMA HIGGINS DIRECTOR (BEGAN 6/17)	4 0	х						0	0	0
(12) PETER NDUNGO DIRECTOR (NON-VOTING)	1 5	х						0	0	0

. Χ 115,500 37,899 LEAD NET DEVELOPER 0.0 45 0 (17) DONNA HATCHETTE 7.659 Х 103,108 SR SYSTEMS ANALYST 0 0 Form 990 (2017)

Χ

Х

Χ

213,607

100.457

76,153

45,660

28.833

14,630

0

55.0

0.0 50 0

..............

2

3

4

5

TF-MOBANK,

PO BOX 443 TULSA, OK 74101 MOBANK.

GOOGLE INC,

4700 F STREET OMAHA, NE 68117 AMERICAN EXPRESS,

200 VESEY STREET NEW YORK, NY 10285

7500 COLLEGE BLVD SUITE 1450 OVERLAND PARK, KS 66210

1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ARADIUS GROUP.

Name and Title

of reportable compensation from the organization ▶ 6

Section B. Independent Contractors

compensation from the organization ► 7

line 1a? If "Yes," complete Schedule J for such individual .

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

Average

hours per

Position (do not check more

than one box, unless person

Reportable

compensation

Reportable

compensation

Page 8

Estimated

amount of other

Yes

Yes

3

4

5

Description of services

MERCHANT SERVICES

BANKING SERVICES

PRINTING SERVICES

MERCHANT SERVICES

ADVERTISING

No

No

Nο

811,918

295,573

445,009

166,095

133,221

Form 990 (2017)

(C)

Compensation

	week (list any hours		oth a direct		rust	,	ı	from the organization (W-	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(18) MARY GEISZ	45 0									
DIRECTOR OF SPONSOR EXPERIENCE	0 0					×		102,043	0	17,039
(19) JOHN DOUGHERTY	45 0								_	
DIRECTOR OF TECHNOLOGY SERVICE	0.0					X		100,868	0	16,263

Sub-Total		•	•	*			_

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

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? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

1b Sub-Total				—	•			
c Total from continuation sheets to Part	VII, Section A			•	\cdot			
d Total (add lines 1b and 1c)		 	ı	>	•	816,546	0	167,983

		Check if Schedul	e O contains a	respo	onse or note to any	line in this Part VII	I			🗆
						(A) Total revenue	(B) Related exemp functio revenu	or t n	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1 a	Federated campaig	ns	1a			Tevenu	<u> </u>		312 311
ants	ı	b Membership dues		1b						
5 E	•	c Fundraising events		1 c						
its. ≱r	1	d Related organizatio	ns	1d						
5 <u>≅</u>	•	e Government grants (co	ontributions)	1e						
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, and similar amounts n above	ot included	1f	133,688,878					
	9	9 Noncash contribution in lines 1a-1f \$	ons included	111	,086					
and	h	Total.Add lines 1a-1	.f		<u>.</u> . •	133,688,878				
	_				Business					
Program Service Revenue	2a	Awareness Trips				900099 4	51,135	451,13	5	
₹ •	b									
AC e	c			_						
Se	d			_					1	
an	e			_						
ogr.	f	All other program se	rvice revenue		4	 51,135	I			
4	g	Total.Add lines 2a-2f	f	•	<u> </u>		_			
		Investment income (ii similar amounts) .			nterest, and other	901,25	9			901,259
		Income from investme			ond proceeds		0			
	5	Royalties			>		0			
	_		(ı) Real		(II) Personal	_				
	6a	Gross rents		12,000						
	b	Less rental expenses								
	_	: Rental income or		12,000	0					
	C	(loss)		12,000	0					
	d	Net rental income o	r (loss)	•		12,00	0			12,000
	_	6	(ı) Securit	ies	(II) Other	_				
	7a	Gross amount from sales of assets other than inventory	5,7	12,090						
	b	Less cost or other basis and sales expenses	,	00,919						
		Gain or (loss)		11,171						44.47
		Net gain or (loss) . Gross income from fi			•	11,17	1			11,17:
Other Revenue	Ou.		ed on line 1c)	of	0					
Re		Less direct expense		b	0]				
her		: Net income or (loss)			ents 🕨	1	0			
P	9a	Gross income from g See Part IV, line 19		es						
				а	0					
		Less direct expense		b	0					
		: Net income or (loss)		activit	ies >	1	0			
	10a	Gross sales of invent returns and allowand		a	888					
	b	Less cost of goods s	sold	b	641					
-	C	Net income or (loss)		ınvent		24	7			24
	11	Miscellaneous		· F	Business Code 900099	10	5			10
		amiscellaneous o	THER REVENU	E	300033	10				10.
	b									
	c									
	d	All other revenue .				10	5			10.
	е	Total. Add lines 11a	-11d		•	10	5			
	12	Total revenue. See	Instructions					45		
						135,064,79	5	451,135		924,782

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses	Junean All athers are		data and one (A)	
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co Check if Schedule O contains a response or note to any	_	·	• •	П
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	схрепзез	general expenses	
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, line 15 and 16.	108,359,028	108,359,028		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	484,150	54,302	406,937	22,911
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	133,190	8,519		124,671
7 Other salaries and wages	8,475,154	5,308,045	1,113,116	2,053,993
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	500,573	313,657	66,230	120,686
9 Other employee benefits	1,713,338	1,121,198	218,764	373,376
10 Payroll taxes	654,776	393,640	101,774	159,362
11 Fees for services (non-employees)				
a Management	0			
b Legal	11,988	825	11,163	
c Accounting	83,163		83,163	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	51,046		51,046	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	645,928	26,262	85,151	534,515
12 Advertising and promotion	578,995	173	8,678	570,144
13 Office expenses	3,720,006	1,405,606	1,968,780	345,620
14 Information technology	250,304	141,991	40,204	68,109
15 Royalties	0			
16 Occupancy	260,870	177,861	41,008	42,00
17 Travel	585,101	231,849	32,941	320,31:
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	50,966	7,057	3,152	40,757
20 Interest	1,223	1,223		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	485,778	331,770	77,004	77,004
23 Insurance	143,245	89,675	21,612	31,958
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)				
a AWARENESS & EDUCATION	596,450	544,802	3,615	48,033

147,240

88,166

75,213

128,095,891

147,240

13,619

118,678,342

88,166

38,413

4,460,917

23,181

4,956,632

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b FIELD AUDITS

c BOARD EXPENSES

d MISCELLANEOUS

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

0 5

0 6

0

٥

0 14

0 18

0 20

0 21

0 22

0

480.850

1,783,994

14,778,421

29.301.865

44,080,286

45,864,280

118.573

45.864.280

1,157,441

145,703

8

9

10c

11 0 12

13

15

16

17

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23

24

25

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31 32

33

34

0

15.124

901.011

3,931,275

28.601.122

Page **11**

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0

461.733

1,878,086

20.281.552

31.774.212

52,055,764

53.933.850

Form **990** (2017)

125.214

53.933.850

1,223,048

193,305

794.608

3,510,097

37,150,795

425,210

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

Part II of Schedule L

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Notes and loans receivable, net .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

		beginning or year		End of year
1	Cash-non-interest-bearing	332	1	450
2	Savings and temporary cash investments	11,945,059	2	11,927,476
	Note that the second control of the second s	0		

9,646,596

6,136,499

Pledges and grants receivable, net . . 351.784 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees Complete Part II of Schedule L

10a

10b

Loans and other receivables from other disqualified persons (as defined under section 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

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5

Other changes in net assets or fund balances (explain in Schedule O)

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Form 990 (2017)

Reconcilliation of Net Assets

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Financial Statements and Reporting

Part XI

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

5 6

44,080,286 1.001.201

Yes

Yes

Yes

Page **12**

5,373

No

Nο

No

Form 990 (2017)

7 8 9 10 52,055,764

2a

2b

2c

3a

3b

Additional Data

Software Version:

EIN: 43-1243999 Name: UNBOUND

Software ID:

Form 990 (2017) SPONSORSHIP - SEE SCHEDULE O

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: SERVICE-SCHOLARSHIP - SEE SCHEDULE O

етп	e GRA	<u>APHIC prii</u>	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493170003138	
SCI	HED	ULE A		Dublio /	Charity Statu	s and Duk	olio Gunn		OMB No 1545-0047	
	m 990			plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	r a section	2017	
		the Treasury	► Info	ormation abou	ıt Schedule A (Form www.irs.g	990 or 990-EZ <u>ov/form990</u> .) and its instru	ictions is at	Open to Public Inspection	
Nam UNBO	e of th	ne organiza	tion		_			Employer identific	ation number	
								43-1243999		
	rt I				us (All organization : it is (For lines 1 thro			See instructions.		
1	n gannz		•		sociation of churches	•	,	(A)(i)		
2		·		·						
					1)(A)(ii). (Attach Sch	·	• •			
3		·	·	•	vice organization desc			•		
4			esearch orga and state _	nızatıon operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's	
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				bed in section 170	
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).		
7	✓			mally receives (vi). (Complete	a substantıal part of ıt : Part II)	s support from a	governmental u	init or from the gener	al public described in	
8		A communi	ty trust descr	ribed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)			
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a	
10		from activit	ies related to income and	its exempt fur unrelated busin	(1) more than 331/39 octions—subject to cer ess taxable income (leading)	taın exceptions, a	and (2) no more	than 331/3% of its su		
11		An organiza	ation organize	ed and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).		
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	tion 509(a)(2). See section 509(a		
a		Type I. A so	supporting org n(s) the powe	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its si	upported organi	zation(s), typically by		
b		Type II. A manageme	supporting o nt of the supp	rganization sup porting organiza	ervised or controlled i ation vested in the sar					
c		Type III f	unctionally i		and C. supporting organizatio ions) You must com				ted with, its	
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	ization operated : fy a distribution :	in connection wi requirement and	th its supported orgar		
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the If		pe I, Type II, Type II	I functionally	
f	Enter			on-functionally l organizations	integrated supporting	organization				
g			'''	-	ipported organization(s)		_		
		lame of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	on in your governing document? monetary support other support (see instructions) instructions		(vi) Amount of other support (see instructions)		
						Yes	No]		
	_									
Tota		wante Darder	tion A -t N - t	ing one the T	nstructions for	Cat No 11285	·	 	90 or 990-EZ) 2017	

Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 Schedule A, Part II, line 14

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

12

organization

instructions

supported organization

14

15

Schedule A (Form 990 or 990-EZ) 2017

99 236 %

99 091 %

▶Ⅵ

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 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

	cccion Ai i abiic bappoic						
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	119,446,440	118,868,181	122,382,864	127,382,454	133,688,878	621,768,817
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	119,446,440	118,868,181	122,382,864	127,382,454	133,688,878	621,768,817
5	The portion of total contributions by each person (other than a governmental unit or publicly		, .			, .	· · · · ·
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5						621,768,817
	from line 4						
S	ection B. Total Support	1			· · · · · · · · · · · · · · · · · · ·		
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) ⊤otal
7	Amounts from line 4	119,446,440	118,868,181	122,382,864	127,382,454	133,688,878	621,768,817
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,428,200	913,403	770,848	759,620	913,259	4,785,330
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,478	1,498	90	557	105	3,728
11	Total support. Add lines 7 through 10						626,557,875

	from line 4						021,700,017
Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) ⊤otal
7	Amounts from line 4	119,446,440	118,868,181	122,382,864	127,382,454	133,688,878	621,768,817
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,428,200	913,403	770,848	759,620	913,259	4,785,330
9	Net income from unrelated business activities, whether or not						0

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2016. 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

b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2017. 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

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

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here	3		,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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			
l	determination	3b		

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 3			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

				3.
С	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 12a or 12b ın 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		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	checked 12a or 12h in Part I. answer (h) and (c) helow			
	cnecked 12a or 12b 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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	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		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

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 I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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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.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
	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		
	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		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 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			
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		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 instruct 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 (see		ctions)	
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	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 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)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

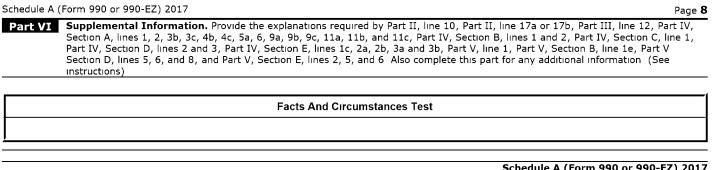
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.



efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

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

DLN: 93493170003138 OMB No 1545-0047

(Form 990)

1

2

5

Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** UNBOUND 43-1243999 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 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? ☐ Yes ☐ No 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? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) 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 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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. Part III Complete if the organization answered "Yes" on 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 on 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 on Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D

Assets included in Form 990, Part X

Schedule D (Form 990) 2017

Pal	3111	Organizations Maintaining Col	lections of Art, H	listori	ical T	reası	ires, or	Other	Similar A	ssets (continued)	
3		g the organization's acquisition, accession s (check all that apply)	n, and other records,	check	any of	the fo	llowing th	nat are a	significant	use of it	s collection	
а		Public exhibition		d		Loan	or excha	nge prog	rams			
b		Scholarly research		е		Othe	r					
c		Preservation for future generations										
4	Provi Part :	de a description of the organization's col XIII	lections and explain h	now the	ey furti	ner the	e organiza	ation's ex	cempt purpo	ose in		
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to							ular	□ Y ₀	es 🗆 N	lo
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on	Form 990,	Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermedi	ary for	contri	bution	s or othe	r assets	not	□ Y	es 🗆 N	lo
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	llowing	table				-	Amount		_
С	Begir	nning balance						1c				
d	Addıt	ions during the year						1d				
е	Dıstrı	ibutions during the year						1e				_
f	Endır	ng balance						1f				_
2a	Did tl	- he organization include an amount on Fo	rm 990, Part X, line 2	21, for	escrov	or cu	ıstodial ad	count lia	ıbılıty?	□ Y	es 🗆 N	— Io
h												10
b		es," explain the arrangement in Part XIII									<u> ⊔</u>	
Pa	rt V	Endowment Funds. Complete If									(-) <u>[</u>	1 1.
1-	Region	ning of year balance	(a)Current year	(D)P	rior yea	<u> </u>	(c) I wo ye	ars back	(d)Three ye	ars back	(e)Four yea	irs back
	_	butions				_						
		vestment earnings, gains, and losses										
		s or scholarships										
	and pr	expenditures for facilities ograms										
f	Admın	istrative expenses										
g	End of	year balance										-
2 a		de the estimated percentage of the curred designated or quasi-endowment	ent year end balance	(line 1	g, colu	mn (a)) held as	;				
b		anent endowment ►										
		porarily restricted endowment >										
С		percentages on lines 2a, 2b, and 2c shou	ld agual 100%									
3a	Are t	here endowment funds not in the posses	•	on tha	t are h	eld an	d adminis	stered fo	r the		V	l NI -
	_	nization by nrelated organizations			_					[3	Yes a(i)	No
		related organizations		•	•	•	•				a(ii)	
b		es" on 3a(II), are the related organization	ns listed as required o	n Sche	dule R	, .					3b	
4		ribe in Part XIII the intended uses of the										<u> </u>
Pai	rt VI	Land, Buildings, and Equipmen	nt.									
		Complete if the organization answ	vered "Yes" on For	m 990	, Part	IV, lı						
	Descr	iption of property (a) Cost or oth (investme		or other	basıs (other)	(c) Accu	ımulated c	lepreciation		(d) Book valu	ıe
1a	Land				2	73,053						273,053
b	Buildin	ngs			4,7	73,197			2,044,674			2,728,523
		nold improvements										
		ment			1,8	1 4,723			1,611,792			232,931
	Other					55,623			2,480,033			275,590
		lines 1a through 1e (Column (d) must e	l qual Form 990, Part 2	X, colui					>			3,510,097

Part VII Investments—Other Securities. Complete if the ord See Form 990, Part X, line 12.	ganızatıon	answ	ered "Yes" on Form 990,	Part IV, line 11b.
(a) Description of security or category (including name of security)	В	(b) ook alue	(c) Method o Cost or end-of-ye	
(1) Financial derivatives (2) Closely-held equity interests (3)Other	: -			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form	990, Part	IV, lır	ne 11c. See Form 990, Pai	t X, line 13.
(a) Description of investment	(b) Book	value	(c) Method o Cost or end-of-ye	
(1)			·	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes'	on Form 9	90 Pa	rt IV line 11d. See Form 990	Part Y line 15
(a) Description				(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				•
Part X Other Liabilities. Complete if the organization answers See Form 990, Part X, line 25.	ered 'Yes'	on Fo	rm 990, Part IV, line 11e o	or 11f.
1. (a) Description of liability (1) Federal income taxes		(b) Bo	ook value	
ANNUITY OBLIGATIONS			0 461,733	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		461,733	
2. Liability for uncertain tax positions In Part XIII, provide the text of the forganization's liability for uncertain tax positions under FIN 48 (ASC 740)				_

Part XI

2

а

b

c d

e 3

4

1

3

Schedule D (Form 990) 2017

Page 4

1,001,201

45,961

135,018,834

135,064,795

128,041,363

128,041,363

54.528

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 51,046 4b -5,085 b Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

Donated services and use of facilities . . . 2a 2b b 2c c 2d Other (Describe in Part XIII) d

2 Amounts included on line 1 but not on Form 990, Part IX, line 25

Add lines 2a through 2d е Amounts included on Form 990, Part IX, line 25, but not on line 1:

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1

4 b

Return Reference

See Additional Data Table

Investment expenses not included on Form 990, Part VIII, line 7b . . .

5

Part XIII **Supplemental Information**

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Explanation

4a

4b

51,046 3.482

1,001,201

2e

3

5

2e

3

4c

128.095.891

Schedule D (Form 990) 2017

Page 5		Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

Additional Data

Software Version: EIN: 43-1243999

Name: UNBOUND

Supplemental Informati

Supplemental 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 POSITION

S TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Software ID:

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	CHANGE IN UNINSURED ANNUITY OBLIGATIONS \$ (5,373) UNBOUND COLOMBIA \$ 288 TOTAL \$ (5,085)

pplemental Information	
Return Reference	Explanation
CHEDULE D, PART XII, LINE 4B	UNBOUND COLOMBIA \$ 3,482

Sui

efile GRAPHIC prin	t - DO NOT P	ROCESS	As Filed Data	a - DLN: 9349317000313					
SCHEDULE F (Form 990)	State	ment of	Activities (Outside the United States OMB No 1545-00					
(1 01111 330)	► Comple	ete if the organi		"Yes" to Form 990, Part IV, line 14b, 15, or 16.					
Department of the Treasury Internal Revenue Service	► Informat	ion about Sche	dule F (Form 990)	and its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection			
Name of the organization UNBOUND	ı				Employer ide	entification number			
UNBOUND					43-1243999				
	Information of Part IV, line		s Outside the l	Jnited States. Comple	te if the organization	answered "Yes" to			
other assistance, to award the gran	the grantees' e	eligibility for ti e?	he grants or assi	substantiate the amoun	criteria used	☑ Yes □ No			
outside the United		art v the org	anization's proce	dures for monitoring the	use of its grants and d	itner assistance			
3 Activites per Regio	n (The following	g Part I, line 3	table can be dupli	cated if additional space 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 program service, describe specific type of service(s) in region				
(1) See Add'l Data				-					
(2)									
(3)									
(4)									
(5)									
3a Sub-total b Total from continua Part I c Totals (add lines 3)	L		1 1			109,872,483			
For Paperwork Reduction		the Instruction	ns for Form 990.	Cat	No 50082W Sched	ule F (Form 990) 2017			

		· · ·	•		·		•		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									_

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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(3)					
(4)					
(5)				Schedule	F (Form 990) 2017
(6)					

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(15)					
(16)					
2 Enter total number exempt by the IRS	organizations listed a the grantee or coun			•	39

(16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part III can be o	duplicated if addition	<u>onal space is n</u>	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
(2)							
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Sche	Schedule F (Form 990) 2017			
Pai	t IV Foreign Forms			
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	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)	Yes	☑ No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	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)	□Yes	☑ No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	✓ No	
	Schedul	e F (Form 9	990) 2017	

Schedule F (Form 990) 2017

Page 5

Part V Supplemental Information

and become an accommendation				
 Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;				

Reference

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).

Return

Explanation

Reference	
SCHEDULE F, PART 1, LINE 2	Unbound sends a wire transfer to projects on a monthly basis. The monthly transfer includes the projects allocation of sponsorship funds in three categories 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 sponsors extra donations for specific family or project needs beyond what the sponsorship program covers. Unbound monitors the projects use of these funds in a variety of ways. Projects are required to provide monthly financial information to Unbounds office in Kansas City, Kansas, including A transaction-level financial detail which include the balance sheet and income statement B project bank statements and bank 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 governments. For special money gifts over \$100, projects are required to acknowledge the expenditures 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 the projects. Staff representatives from the unbound headquarters office visit each project at least once per year to assess program and administrative performance, visit program beneficiaries in their homes, and provide support and training to project teams. Formal performance audits are performed periodically, typically once every three years. In addition, the unbound finance department has a team of financial auditors who regularly audit the projects internal controls, processes and procedures,

Return Reference	Explanation
SCHEDULE F, PART II, LINES 1(1)-(6), COLUMN D	PURPOSE OF GRANTS FOR ALL REGIONS IS PROJECT INFRASTRUCTURE, EMERGENCY & SCHOLARSHIP ASSISTANCE

Additional Data

CENTRAL AMERICA AND THE

CARIBBEAN

Software ID: Software Version:

EIN: 43-1243999

Name: UNBOUND

(a) Region	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		46,522,928

1 PROGRAM SERVICES

PROJ MENTOR & MONITOR

266,194

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) PROGRAM SERVICES REGIONAL CENTER 1.044.279 CENTRAL AMERICA AND THE CARIBBEAN EAST ASIA AND THE PACIFIC 16,452,237 IGRANTMAKING.

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) EAST ASIA AND THE PACIFIC IPROGRAM SERVICES PROJ MENTOR & MONITOR 53.646 NORTH AMERICA IGRANTMAKING. 4,409,689

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) IPROGRAM SERVICES PROJ MENTOR & MONITOR 14.443 NORTH AMERICA SOUTH AMERICA IGRANTMAKING. 16,744,282

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) IPROGRAM SERVICES PROJ MENTOR & MONITOR 52.824 SOUTH AMERICA SOUTH ASIA IGRANTMAKING. 10,568,388

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) SOUTH ASIA IPROGRAM SERVICES PROJ MENTOR & MONITOR 36.879 SUB-SAHARAN AFRICA IGRANTMAKING. 13,661,504

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) SUB-SAHARAN AFRICA PROGRAM SERVICES PROJ MENTOR & MONITOR 45,190

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (h) Description l(b) IRS codel (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America SEE PART V 1.672.604 | EFT/WIRE land the Caribbean ISEE PART V 753,116 | EFT/WIRE East Asia and the Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If organization grant cash grant non-cash disbursement appraisal, assistance applicable) assistance other) North America ISEE PART V 213,237 | EFT/WIRE ISouth America ISEE PART V 594,006 EFT/WIRE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) South Asia ISEE PART V 135,210 | EFT/WIRE Sub-Saharan ISEE PART V 638.941 | EFT/WIRE Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) NUTRITION, 131,948 44,850,324 EFT/WIRE Central America EDUCATION, land the HEALTH, & FAMILY Carıbbean NUTRITION. 47.076 15.699.121 EFT/WIRE lEast Asia and EDUCATION, Ithe Pacific HEALTH, & FAMILY

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (c)Number (e) Manner of cash (g) Description of (h) Method of (b) Region (d) Amount of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance FMV, appraisal, assistance other) NUTRITION, 12,674 4,196,452 | EFT/WIRE North America EDUCATION. HEALTH, & FAMILY 16,150,276 | EFT/WIRE NUTRITION, 46,354 South America EDUCATION, HEALTH, & FAMILY

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (c)Number (e) Manner of cash (g) Description of (h) Method of (b) Region (d) Amount of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance FMV, appraisal, assistance other) 10,433,178 | EFT/WIRE NUTRITION, 32,362 South Asia EDUCATION. HEALTH, & FAMILY NUTRITION, 39,655 13,022,563 | EFT/WIRE Sub-Saharan EDUCATION, Africa HEALTH, & FAMILY

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data - DLN: 93	349317	70003	138
Sch	edule J	Compensation Information	MB No	1545-	3047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest			
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	17	7
		► Attach to Form 990.			
•	tment of the Treasury al Revenue Service	► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.	Open i	co Pui ectio	
	ne of the organiza	ation Employer identification			
UNE	SOUND	43-1243999			
Pa	rt I Questi	ons Regarding Compensation			
				Yes	No
1a		opiate box(es) if the organization provided any of the following to or for a person listed on Form ection A, line 1a Complete Part III to provide any relevant information regarding these items			
		s or charter travel Housing allowance or residence for personal use			
	_	companions			İ
		nification and gross-up payments \square Health or social club dues or initiation fees			İ
	☐ Discretion	nary spending account Personal services (e g , maid, chauffeur, chef)			
Ь		xes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursemer all of the expenses described above? If "No," complete Part III to explain	t 1b	Yes	
2		ation require substantiation prior to reimbursing or allowing expenses incurred by all ses, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
	directors, truste	es, officers, including the CEO/Executive Director, regarding the items checked in line 147			
3		If any, of the following the filing organization used to establish the compensation of the			İ
		EO/Executive Director Check all that apply Do not check any boxes for methods and organization to establish compensation of the CEO/Executive Director, but explain in Part III			İ
		- Workton annula annula annula annula			
		ation committee Written employment contract Compensation consultant Compensation survey or study			İ
		of other organizations Sometiments of the board or compensation committee			İ
4		, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a			
7	related organiza				
а	Receive a sever	ance payment or change-of-control payment?	4a		No
b	Participate in, o	r receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, o	r receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any o	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		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation c	ontingent on the revenues of			
а	The organization	n ²	5a		No
b	Any related orga		5b		No
_	-	5a or 5b, describe in Part III			
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the net earnings of			
a	The organization		6a		No
b	Any related orga	anization? 6a or 6b, describe in Part III	6b		No
7	•	·			
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed in lines 5 and 6? If "Yes," describe in Part III	7		No
8		nts reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedure described in Regulations section	9		140
Ear I	Danarwark Badı	uction Act Notice, see the Instructions for Form 990. Cat No 50053T Schedule	1 /Forn	2 000)	2017

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdow	n of W-2 and/or 1099-MISC	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
SCOTT WASSERMAN RESIDENT/CEO (NON-	(i)	212,832	0	775	13,125	32,535	259,267	0
OTING)	(ii)	0	0	0	0	0	0	0
ROB MCELROY EAD NET DEVELOPER	(i)	115,230	. 0	270	7,351	30,548	153,399	0
TEL PEVEEN EN	(ii)	0	0	0	0	0	0	0

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

SCHEDULE J, PART I, LINE 1A

IN 2017, ANABELLA WASSERMAN, WIFE OF SCOTT WASSERMAN, PRESIDENT/CEO OF UNBOUND, TRAVELED INTERNATIONALLY WITH MR WASSERMAN AND OTHER UNBOUND STAFF TO PARTICIPATE IN PROJECT MENTORING/MONITORING AND SPONSOR AWARENESS TRIPS TO VARIOUS UNBOUND PROJECTS UNBOUND COMPENSATED MS WASSERMAN FOR HER TIME AS AN INDEPENDENT CONTRACTOR AND PAID FOR HER AIRFARE BECAUSE HER PARTICIPATION WAS

Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

IFAMILIES

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	EDULE M			loncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)		1	ioncasii contin	Dutions		20	1 /	7
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	1/	'
		► Attach to Form							
	ment of the Treasury	▶Information abo	ut Schedu	lle M (Form 990) and its i	nstructions is at <u>www.irs</u>	s.gov/form990	Open to		
	l Revenue Service					Emmlerson identi	Inspe		
UNBO	e of the organizat UND	lon				Employer identi	rication n	umbe	Г
						43-1243999			
Pa	rt I Types	of Property	1			1			
			(a) Check if	(b) Number of contributions or	(c) Noncash contribution	Mothod	(d) of determi	aina	
			applicable		amounts reported on	noncash cor			ts
					Form 990, Part VIII, line				
1	Art—Works of art	+			1g				
	Art—Historical tr								
	Art—Fractional in								
4	Books and public	ations							
5	Clothing and hou	isehold							
_	goods								
	Cars and other v								
7 8	Boats and planes					1			
	Intellectual proper Securities—Public	•		43	111 086	FAIR MARKET VA	THE		
10	Securities—Fubili	•	-	73	111,080	NIAIR MARKET VA	ILUL		
	Securities—Partr	•							
	or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserv								
	contribution—Hi structures .								
14	Qualified conserv								
	contribution—Of								
	Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth								
18 19	Collectibles . Food inventory								
20	Drugs and medic								
21	Taxidermy .								
22	Historical artifact	ts							
23	Scientific specim	ens							
	Archeological art								
	Other ▶ (
	Other ▶ (
	Other ► (•							
	Other ▶ (· · · · · · · · · · · · · · · · · · ·				1			
29				ation during the tax year for 3, Part IV, Donee Acknowled		29			
		,			90			Yes	No
30a	During the year	. did the organization	n receive b	y contribution any property r	eported in Part I. lines 1 th	rough 28, that it			
	must hold for at	least three years fro	om the date	e of the initial contribution, a	and which is not required to		pt		
	purposes for the	e entire holding perio	od?				30a		No
b	If "Yes," describ	e the arrangement i	n Part II						
31	•	_		olicy that requires the reviev	v of any nonstandard contri	butions?	31	Yes	\
	· · · · · · · · · · · · · ·	_		,	·				
s∠a		zation nire or use th		or related organizations to so	oncic, process, or sell nonca) i	32a		No
b	If "Yes," describ	e in Part II							
	•		amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part	·			` ,				
For D	anerwork Peductio	on Act Notice, see the	Instruction	es for Form 990	Cat No. 512271	Schedu	ıle M (Form	000)	(2017)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	: 93493170003138	
SCHEDUL	F O Supplemental Information to Fo	plemental Information to Form 990 or 990-EZ nplete 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. mation about Schedule 0 (Form 990 or 990-FZ) and its instructions is at		
(Form 990 or E Z)	990- Complete to provide information for responses Form 990 or 990-EZ or to provide any add ▶ Attach to Form 990 or 99			
Department of the T	reasury www.irs.gov/form990.	onformation about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		
Internal Revenue Ser Name of the org JNBOUND	anization	Employer ident	tification number	
43-1243999				
990 Schedule Return	e O, Supplemental Information Explanation	n		
Reference				
FORM 990, PART I, LINE 1	Unbounds mission is to walk with the poor and marginalized of the wor children, youth, aging and their families so they may live with dignity, a 2. We invite people of goodwill to live in daily solidarity with the worlds community by fostering relationships of mutual respect, understanding without religious or other prejudice. Grounded in the Gospel call to sen with persons of all faith traditions to create a worldwide community of community.	chieve their desired potential and pai poor through one-to-one sponsorship and support that are culturally divers ve the poor, Unbound is a lay Catholi	ticipate fully in society 3 We build e, empowering and	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	Total grants for the sponsorship program were \$105 2 million in 2017. At the end of 2017, a total of 310,069 individuals in Latin America, Asia and Africa were sponsored through Un bound. They included 279,205 children and youth, 30,593 elders and 271 candidates studying for religious vocations. Following are examples of achievements in the sponsorship program, as sponsored individuals and their families partnered with Unbound to identify the uniq ue challenges they must overcome, set their own goals and devise plans to achieve them. Un bounds sponsorship program connects children, youth, elders and their families with individual sponsors and supportive local communities of staff members and other families. Through a sponsorship, individuals and families have resources and a solid support network to begin to chart their own course out of poverty. In 2017, Unbound had programs in 20 countries, including Bolivia, Brazii, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, India, Kenya, Madagascar, Mexico, Nicaragua, Peru, the P hilippines, Tanzania, Uganda and Venezuela Unbound closed its offices in Brazii and Venezuela during 2017. Sponsors - through their monthly financial contributions and letters the y receive from their sponsored friends - experience a sense of connection with someone in another part of the world and satisfaction knowing they are helping another human being re ach their full potential. Sponsors also have the opportunity to write to their sponsored friends to offer their encouragement and build rewarding relationships. Unbound had 261,066 sponsors from the U.S. and around the world at the end of 2017. Sponsored individuals and their families partner with Unbound to make program and benefit decisions that help them meet their basic needs and develop their potential over the course of their time in the program, which is sometimes 18 years or more. Sponsored individuals and their families use financial assistance to help meet needs such as education, n

Return Reference	Explanation
FORM 990, PART III, LINE 4A	In the lives of children, youth, elders and families around the world. The organization as ks two basic questions to earn donor trust and be at our best for those we work with 1. Did we do what we said we were going to do? This is program monitoring 2. Did it make a dil fference? This is program evaluation. Unbound distinguishes between monitoring and evaluat ion and maintains separate but complementary strategies. Monitoring The principal purpose of monitoring is accountability. Regular program monitoring is conducted to ensure fidelity in the organizational structure, development of programs, implementation of policies and it happens across distance with regular reporting, emails and phone calls. Much of it happens with personal, on-site visits from Unbound's Kansas City headquarters staff. Unbounds monitoring strategy includes 1. P. roject visits made annually to each project for staff development, program support and ass essments 2. Financial audits conducted in each project 3. Program audits conducted in each project 4. Awareness trips and individual sponsor visit opportunities Evaluation. Learning is the focus of program evaluation. Unbounds personalized approach to sponsorship requires a unique and creative approach to evaluation. The organization has developed a three-tile resystem to evaluate the outcomes of the Unbound sponsorship program to address the learning and decision-making needs at all levels individual, project/program and global. Individual outcomes. Letters from sponsored individuals to their sponsors provide direct feedback about how the relationships and support make a difference. Sponsored individuals to their sponsors provide direct feedback about how the relationships and support make a difference. Sponsored individuals and their families. Program outcomes. Programs at the project level are tailored to the needs of sponsored individuals and their families. Program outcomes. Programs at the project level are tailored to the needs of sponsored individuals and their families and the init

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	the world Governing board's role in monitoring outcomes On behalf of sponsored individuals, their families and sponsors, the governing board of Unbound rigorously monitors the in tegrity and accountability of the organization's operations. The board proactively defines the outcomes expected from the organization. Management must then produce verifiable data proving progress toward the expected outcomes. Management chooses the means to achieve the boards ends. However, the board sets ethical and prudent limits on which means management it may use to achieve the boards ends. The board systematically monitors compliance with the see executive limitations. As a result, the board confidently assures donors that their contributions achieve their promised objectives, and that the organization remains transpare int and ethical. Monitoring activities and evaluation methods. Unbound conducts financial and program audits of projects on a regular basis to ensure financial resources provide intended benefits and services and sponsored members are empowered to direct their own develop ment. In addition, almost all projects receive at least one visit by headquarters staff every year. Staff members also accompany sponsors on Unbound awareness trips visiting project to and families in the Unbound program. In 2017, headquarters staff spent more than 1,247 total days in the field monitoring and supporting programs. In addition, the organization performs quality checks on letters and photos from sponsored friends to their sponsors, and monitors member retirement rates and sponsor retention rates. Unbound collects education attendance and performance data and documents the final education level achieved by sponsored members leaving the program. Unbound projects around the world conduct evaluations in their local contexts to determine outcomes for sponsored members and their families. Me thods include surveys of sponsored members on income and skill development, focus groups on attitudes and behavioral changes, and interviews to doc

Return Reference	Explanation
EXAMPLES OF PROGRAM SUCCESS	Sponsorship helps children achieve a level of education that prepares them to compete with peers for jobs and be educated community members, parents and leaders. At a global level, at the point of leaving the program, 75 percent of sponsored children achieved a level of schooling comparative to or above national peer averages, according to data gathered from 2011-2014. This means that Unbound students - who experience marginalization based on eco nomic, social and geographic factors - were able to compete and excel alongside students from all socioeconomic brackets and areas within their countries. Of these former sponsored children, 51 percent achieved educational levels a year or more above their national peer averages. The number jumped to 59 percent achieved educational levels a year or more above their national peer averages. The number jumped to 59 percent achieved educational levels a year or more above their national peer averages. The number jumped to 59 percent achieved educational levels a year or more above their national peer averages. The number jumped to 59 percent achieved educational levels a year or more above their national peer averages. The number jumped to 59 percent achieved educational levels a year or more above their national peer averages. The number jumped to 59 percent achieved educational levels a year or more above their national peer averages. The number jumped to 59 percent achieved educational levels a year or more above their national peer averages. The number jumped to 59 percent achieved educational levels a year or more above their national peer averages. The number jumped to 59 percent achieved educational levels a year or more above their national peer averages. The number jumped to 59 percent of sponsored develonance in the program in the Philippines, 57 percent of sponsored with unsual percent of their peers. Sponsored of their peers. Sponsored their peers of schooling and self-evel of their peers and peers and the peers and peers and the percent of their peers and the

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EXAMPLES OF PROGRAM SUCCESS	also reported having complete choice in deciding or changing their occupations. Unbound in 2013 conducted a global evaluation of participation and empowerment indicators across all regions where Unbound works. A random sample of 697 participants revealed that three-four this of all parents actively decide what their children will receive as benefits, and more than 40 percent were creating personal budgets and contributing regularly to savings accounts to build financial resiliency. In addition, 90 percent of mothers of sponsored children is as and they believed they have the power to change their familys situation, while 70 percent freported speaking up about their ideas and opinions and 63 percent were active in solving problems in their communities, according to data acquired in 2013. Unbound is now in the fourth year of a six-year longitudinal data collection on economic outcomes for sponsore d members and their families. The evaluation includes both quantitative and qualitative data and follows families from the time they begin the program. In the communities served by Unbound, elders face challenges related to health, access to care and medicine, and lonel iness. Unbound seeks to overcome these challenges through monthly benefits such as food as sistance, help with health and medical expenses, home visits and group activities. An eval uation is being conducted that will measure. Unbounds impact with ledders in relation to ove recoming these challenges. This evaluation will be completed in July 2018. The results of this evaluation will aid in our understanding of the effectiveness of the Unbound programs global impact with elders and help us make decisions to improve how the program serves eld ers globally. Finally, various project (community) level evaluations are ongoing and led by program staff in each country. The primary purpose of evaluations at the project level is to ensure continuous program improvements and adaptations to the ever-changing world are und the program. For example, an evaluation cond

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Return Reference	Explanation
EXAMPLES OF PROGRAM SUCCESS	nd community Both sponsors and sponsored persons have something to gain from the sponsors hip relationship, and toward that end Unbound is committed to helping sponsors become more aware of the realities of global poverty and grow in human solidarity. The staff at Unbou nd take exceptional care in communications with sponsors, whether dealing with routine acc ount matters or in the production of publications and web content. The goal is for sponsor is to be well informed about what happens in programs so they understand how their contributions are being used and become more invested in the lives of those they help. In October through December of 2017, Unbound conducted a survey to determine what sponsors value about it he sponsorship relationship and where communication fits into it. Respondents were asked about ways they engage with Unbound Among the findings were. Eighty-five percent of respondents reported they read printed material they receive in the mail from Unbound (including publications and information included with payment receipts). Fifty-two percent reported that they read emails from Unbound. Twenty-five percent of survey respondents reported they visit the Unbound website. 4. Of those who reported visiting the website, a large majority, 85 percent, stated the reason they visit is to send eLetters to their spon sored friends. Secondary reasons were to make payments or learn more about Unbound. 5. Fou rteen percent of sponsors taking the survey reported that they call Unbound. 6. Nine percent of survey respondents reported they have hosted or volunteered at an event promoting Un bound. 7. Five percent of respondents reported they read Unbound's blog or social media up dates. Perhaps the most significant indicator of a quality sponsor experience is that Unbo und maintains a high sponsor retention rate. Unbound ended 2017 with a retention rate of 9.2.2 percent. Another indicator of a quality sponsor experience is the number of people, 30,905 in 2017, who sponsor more than one child or elderly person

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FORM 990, PART III, LINE 4B	Following are examples of achievements in education as Unbound works with students in our service-scholarship program Educational support provided by Unbound's service- scholarship program helps talented older students who, because of economic circumstances, are strugg ling to continue their educations. The program is based on the principles of perseverance, leadership and service to the community. The service-scholarship program is based on the principles of perseverance, leadership and service to the community. The service-scholarship program complements the educational support provided by the Unbound sponsorship program, with 58 percent of schola rship students also sponsored. Unbound scholarships have helped students in communities are ound the world achieve their educational goals. Students are able to complete their educations, follow their chosen career paths and be of service to the larger community. Scholars hips are used for needs such as secondary, post-secondary and vocational school tuition, transportation, school supplies and books. Students are selected by local program staffs based on economic need, commitment to completing their educations, demonstrated leadership potential and interest in community service. Scholarship students participate in service projects as a requirement of the program. Scholarships are intended as supplemental assistance, and students and their families contribute what they can toward educational costs. In 2017, scholarship grants to Unbound field offices totaled more than \$3.1 million. Scholars hips were awarded to 10,472 students in Bolivia, Colombia, Costa Rica, the Dominican Repub lic, Ecuador, El Salvador, Guatemala, Honduras, India, Kenya, Madagascar, Mexico, Nicaragu a, Peru, the Philippines, Tanzania, Uganda and Venezuela (Unbound closed its office in Ven ezuela in 2017) Many scholars are sponsored youth who need extra financial help in addition to sponsorship support to complete their educations Non-sponsored older students identified by local Unbound staffs as

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FORM 990, PART III, LINE 4B	ore long-term outcomes Examples of program success Unbound conducted Ripple-Effect Mappin g (REM) in 2015 with 32 program alumni from rural communities in Guatemala and in 2013 with more than 80 program alumni in the Metro Manila area of the Philippines REM is a partic ipatory and qualitative evaluation method used to learn the intended and unintended result s of the program While the contexts of groups were dramatically different, with different geographies and significant cultural differences, the similarities between the outcomes s trengthen the argument for what might be Unbound's contribution through the service-schola rship and sponsorship programs. Alumni participating in the qualitative evaluation in the Philippines, on average three years out of the program, were pursuing careers from teachin g to nursing and accounting to architectural design. Alumni participating in the evaluation in in Guatemala, on average six years out of the program, mentioned employment as teachers, police officers, bakers and small-business owners. Most of the evaluation participants we re employed on a full-time basis. Among the key findings were 1 Gratitude and giving back. The feeling of gratitude and the action of giving back were both connected and common a cross the ripple maps in Guatemala and the Philippines. Participants expressed how individ uals and communities in poverty can focus internally on what little they have, but through Unbound they began to see the strengths and assets they did have. This gratitude for what they had and for what was shared through Unbound spurred a desire to help others, whether family, friends or strangers 2. Pride. A deep sense of pride and personal accomplishment came forward in the maps of both countries. It is a pride that comes from educational accomplishments and the ability to sustain ones family. However, it also comes from being part of, or associated with, the Unbound program itself (Philippines) or having a sponsor (Gu atemala). 3 Education Education and academic achievement sh

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Reference	·
FORM 990, PART III, LINE 4B	lible ripples in providing for their families and assisting community members. One benefit of the ripple-effect-mapping method, over separate evaluations of each outcome domain, is that we can see far more clearly that there are links between the physical and psycho-soci al-spiritual development. This makes an excellent case for the personalized attention, pro gram activities and relationships that complement tangible sponsorship benefits. These components can also be called benefits. "The beauty is that each family can choose what is ne eded in each moment," said one participant in Guatemala. Each individual tells a vastly different story, but all are united in their experience with Unbound. So, while these experiences do force us to recognize the significant influences of external factors in the lives of individuals, they also emphasize the remarkable flexibility of the Unbound program. It has the potential to contribute to an individual's path out of poverty in ways unlike a standard aid-distribution or community-based development approach. Finally, various project (community) level evaluations are ongoing and led by program staff in each country. The primary purpose of evaluations at the project level is to ensure continuous program improve ments and adaptations to the ever-changing world around the program. For example, a 2017 e valuation in Meru, Kenya, found that scholars face challenges meeting service-learning requirements. The Unbound team in Meru is now working with scholars to find solutions to this problem.

Explanation

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CLARIFICATIONS ARE MADE PRIOR TO FILING THE 990.

Reference

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 ANY QUESTIONS AND CONCERNS OF THE BOARD ARE ADDRESSED AND CORRECTIONS OR

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 2017-JUNE 2018 WAS DETERMINED AT THE JUNE 2017 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 AND THE DIRECTOR OF FINANCE 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 THE BOARD CONSIDERED OTHER FACTORS SUCH AS COMPARISON OF COMPENSATION OF EXECUTIVES FROM SIMILAR SPONSORSHIP ORGANIZATIONS AND A FORMAL EVALUATION OF JOB PERFORMANCE TO DETERMINE THE PRESIDENT/CEO'S JUNE 2017-JUNE 2018 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 THE COMPENSATION OF THE OTHER OFFICERS (TREASURER AND SECRETARY) WAS APPROVED BY THEIR RESPECTIVE SUPERVISOR AT UNBOUND IT WAS BASED ON BOTH A WRITTEN JOB PERFORMANCE EVALUATION AND A FORMAL COMPENSATION SYSTEM BUILT FOR THE ENTIRE ORGANIZATION UTILIZING THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT GROUP

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

Explanation Return Reference

FORM 990. CHANGE IN UNINSURED ANNUITY OBLIGATIONS \$5.373 PART XI,

LINE 9

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493170003138 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. Open to Public ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** UNBOUND 43-1243999 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (e) Legal domicile (state Total income Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (c) (e) Public charity status (f) Direct controlling (g) Name, address, and EIN of related organization Exempt Code section Primary activity Legal domicile (state Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No (1)UNBOUND COLOMBIA PRJT SUPPORT CO 501(C)(3) UNBOUND Yes CALLE 50 NO 65-42 CENTRO CONTEMPOR MEDELLIN ANTIOQUIA 90-1091198

Cat No 50135Y

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Piging on	(k) Percenta owners
								Yes	No		Yes	No	
												\perp	
												-	
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Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line :	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13)	(ı) tion 5) cont entity
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Schedule R (Form 990) 2017		Pa	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

m	m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
О	Sharing of paid employees with related organization(s)	10		No							
р	Reimbursement paid to related organization(s) for expenses	1p	\dashv	No							
q	Reimbursement paid by related organization(s) for expenses	1q		No							
r	Other transfer of cash or property to related organization(s)	1r	\dashv	No							
s	Other transfer of cash or property from related organization(s)	1s		No							
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds										
	(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Method of determining among type (a-s)										

Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017