DLN: 93493164011269 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 foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable UNBOUND □ Address change 43-1243999 % SCOTT WASSERMAN-PRESIDENT/CE ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (800) 875-6564 City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, KS  $\,$  66103  $\,$ G Gross receipts \$ 166,721,765 Name and address of principal officer H(a) Is this a group return for SCOTT WASSERMAN ☐Yes **☑**No subordinates? 1 ELMWOOD AVE H(b) Are all subordinates KANSAS CITY, KS ☐ Yes ☐No ıncluded? **✓** 501(c)(3) 4947(a)(1) or 501(c)( ) **◀** (insert no ) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW UNBOUND ORG L Year of formation 1981 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities UNBOUND'S MISSION IS TO WALK WITH THE POOR AND MARGINALIZED OF THE WORLD SEE SCHEDULE O Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 8 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 180 **6** Total number of volunteers (estimate if necessary) . . . 6 4,343 Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 9,963 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 133,688,878 133,867,370 Ravenua Program service revenue (Part VIII, line 2g) . 451,135 516,464 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 912,430 1,384,795 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,352 12,547 135,064,795 135,781,176 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 108,359,028 110,792,392 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 11,961,181 12,097,780 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶4,471,562 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 7,775,682 7,239,133 128,095,891 130,129,305 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 6,968,904 5,651,871 Assets or d Balances Beginning of Current Year **End of Year** 53,933,850 58,407,839 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,878,086 2,179,194 22 Net assets or fund balances Subtract line 21 from line 20 . 52,055,764 56,228,645 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-15 Signature of officer Sign Here SCOTT WASSERMAN PRESIDENT/CEO Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-11-15 P01310558 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer Use Only Firm's address ▶ 1201 Walnut Suite 1700 Phone no (816) 221-6300 Kansas City, MO 641062246 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>					
Pa	rt III Statement	of Program Servi	ce Accomplis	hments							
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗸					
1	Briefly describe the o	rganization's mission									
UNBO	DUND'S MISSION IS TO	O WALK WITH THE PO	OR AND MARGIN	ALIZED OF THE WORL	D						
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on						
	'	r 990-EZ?				🗌 Yes 🗹 No					
	If "Yes," describe the	se new services on Sc	hedule O								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?	se changes on Schedu				☐ Yes 🗹 No					
4	Describe the organization 501(c)(3) and	ation's program servic	e accomplishmei ons are required	I to report the amount o	largest program services, as mea of grants and allocations to others						
4a	(Code	) (Expenses \$	117,276,930	including grants of \$	107,261,761 ) (Revenue \$	516,464 )					
	See Additional Data										
46	(C-1-	\	2.001.711		2 520 624 \ / Parramos de	0.\					
4b	(Code See Additional Data	) (Expenses \$	3,861,711	including grants of \$	3,530,631 ) (Revenue \$	0 )					
	See Additional Data										
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)					
						_					
4d	Other program service	ces (Describe in Sched	lule O )								
		•	cluding grants of	<b>+</b>	) (Revenue \$	<b>\</b>					
	(Expenses \$	Inc	luding grants or	₽	) (Revenue \$	,					

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Par	tIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛂	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(1)$ ? If "Yes," complete Schedule E	13		No

14a

14b

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16

17

18

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20a

20b

21

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Yes

Yes

Yes

Nο

No

Nο

Nο

Νo

No

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14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

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

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 . . . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

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,"

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,

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Pai	tiv Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a	'	No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No

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

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

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

37

38

Part V

Nο

Nο

No

36

37

38

61

0

1a

Yes

Yes

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If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Nο d If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d |

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds.

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? . . . 9h Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

a Gross income from members or shareholders . 11a 11b

**b** Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

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

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

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

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

Section 501(c)(29) qualified nonprofit health insurance issuers.

12b

13b

13c

12a

13a

14a

14b

15

No

No

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8

Part VI

	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>				
Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year label 1a							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .							
6	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					

9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Cod
10a	Did the organization have local chapters, branches, or affiliates?	10a
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 Did the organization have a written whistleblower policy? . 13 Yes Did the organization have a written document retention and destruction policy? . . . Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . 15a Yes 15b Other officers or key employees of the organization . . . . Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

Section C. Disclosure

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a b 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? . . . . .

16a Nο 16b AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, MA

List the States with which a copy of this Form 990 is required to be filed▶ TN, UT, VA, WV, WI

,  $\operatorname{\mathsf{MI}}$  ,  $\operatorname{\mathsf{MN}}$  ,  $\operatorname{\mathsf{MS}}$  ,  $\operatorname{\mathsf{NH}}$  ,  $\operatorname{\mathsf{NJ}}$  ,  $\operatorname{\mathsf{NM}}$  ,  $\operatorname{\mathsf{NY}}$  ,  $\operatorname{\mathsf{OH}}$  ,  $\operatorname{\mathsf{OK}}$  ,  $\operatorname{\mathsf{OR}}$  ,  $\operatorname{\mathsf{PA}}$  ,  $\operatorname{\mathsf{RI}}$  ,  $\operatorname{\mathsf{SC}}$  , Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s 18

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

►SCOTT WASSERMAN-PRESIDENTCE 1 ELMWOOD AVE KANSAS CITY, KS 66103 (913) 384-6500

**✓** 

Part VII

organization and any related organizations

# 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
- 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										
List persons in the following order individual trus compensated employees, and former such perso		rs, ınstı	tutio	nal t	rust	ees, d	offic	ers, key employees	s, highest	
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any i	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 ecto	x, u n an or/tr	nless office ustee)	er )	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	related organizations
(1) CATHERINE CROSBY	6 0									
CGO/DIRECTOR (RETIRED 6/18)	0 0	X		×				0	0	0
(2) ALISON AVAYU	4 0									
DIRECTOR	0 0	X						0	0	0
(3) DAVID HERBISON	6 0								_	_
CGO(BEGAN 6/18)/DIRECTOR	0 0	Х		Х				0	0	0
(4) RICH SWAN	4 0									
DIRECTOR	0 0	X						0	0	0
(5) VICKI BERGER DEPUTY CGO(BEGAN 6/18)/DIR	5 0	X		X				0	0	0
(6) REV MICHAEL RIEDER PREACH REP(NON-VTG)(RET 6/18)	2 0	×						0	0	0
(7) MONICA GOMEZ DIR (NON-VOTING) (BEGAN 6/18)	2 0	×						0	0	0
(8) DENNIS BERNARDO DIRECTOR	4 0	×						0	0	0
(9) EMMA MILLER DIRECTOR	4 0	×						0	0	0
(10) PETER NDUNGO DIRECTOR (NON-VOTING)	2 0	×						0	0	0

0.0 4 0

0.0 4.0

0.0 2 0

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0

220,614

124,411

75.486

0

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0

0

45,538

30,262

14.618

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(11) JOE BARKER

(13) CINDY RICKS DIRECTOR (BEGAN 6/18)

(14) YESSENIA ALFARO

(15) SCOTT WASSERMAN

(16) MARTIN KRAUS

(17) WILLIAM HANSEN

DIRECTOR (BEGAN 6/18)

(12) REV GREG SCHMITT CSSR

PREACH REP(NON-VTG)(BEG 10/18)

DIR (NON-VOTING) (ENDED 6/18)

PRESIDENT/CEO (NON-VOTING)

TREASURER (NON-VOTING)/DIR FIN

SECRETARY (NON-VOTING)/FIN MGR

Name and Title

Part VII

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

(C)

Compensation

890,397

293,964

246,821

183,585

147,198

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Description of services

MERCHANT SERVICES

BANKING SERVICES

MERCHANT SERVICES

ADVERTISING

PRINTING

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	Name and Title	hours per week (list any hours	than o	ne b	ox, ι in of	unle: ficer	ss pers r and a ee)	son	compensation from the organization (W-	compensation from related organizations (W- 2/1099-	ted compensa ons from th		sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)		organizat relat organiza	ed
(18) F	ROB MCELROY	45 0					X		119,262		0		38,168
	NET DEVELOPER	0 0							113,202				
(19) J	OHN DOUGHERTY	45 0					l x		102 521		٥		16.025
DIR C	F TECHNOLOGY SERVICES	0 0	••••				^		103,531		ᅦ		16,835
	DONNA HATCHETTE	45 0											
	YSTEMS ANALYST	0 0	••••				×		106,174		0		7,843
1b S	Sub-Total					1	▶						
	otal from continuation sheets to Part Votal (add lines 1b and 1c)	•				1	-		749,478	0			153,264
2	Total number of individuals (including but of reportable compensation from the organization)		those li	sted a	abov	/e) v	vho re	ceiv	ed more than \$100,	.000			
												Yes	No
3	Did the organization list any <b>former</b> offic line 1a <sup>7</sup> <i>If "Yes," complete Schedule J for</i>									nployee on	3		No
4	For any individual listed on line 1a, is the organization and related organizations grandividual									ne	4	Yes	
5	Did any person listed on line 1a receive o services rendered to the organization? If '										5		No
Se	ction B. Independent Contractors												
1	Complete this table for your five highest of from the organization Report compensation.	compensated in ion for the caler	depend ndar ye	lent c ar en	ontr dıng	acto wit	rs tha h or w	t red	ceived more than \$: n the organization's	L00,000 of com tax year	pen	sation	
	· '								<del></del>	·-·			

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

(B)

Average

compensation from the organization ▶ 6

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 business address

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

orm 9	90	(2018)										Page <b>9</b>
Part	VIII	<del></del>										
		Check If Schedul	e O contains i	a respo	onse or note to any	(	this Part VIII (A) revenue	Rela ex fui	(B) ated or empt action venue	(C) Unrelated business revenue	exc tax u	(D) Revenue cluded from inder sections 512 - 514
s s	<b>1</b> a	a Federated campaign	ns	1a								
ant	ı	<b>b</b> Membership dues .		<b>1</b> b								
5 6	(	c Fundraising events		1c								
fts,	(	d Related organization	ns	1d								
ni G.	•	e Government grants (co	ontributions)	1e								
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributions, and similar amounts no		1f	133,867,370							
tributio Other	g	above  9 Noncash contribution	ons included									
Contraction Contra		in lines 1a - 1f \$ <b>h Total.</b> Add lines 1a-			<u>,174</u>							
S E		n IOtal. Add lines 1a-	.11	•	Business		133,867,370					
Program Service Revenue	2a	Awareness Trips			Dusilless		5	16,464	516	,464		
رج د	24					900099						
υ, E	b											
×	C											
ν, Έ	d e											
gran		All other program sei	rvice revenue									
ě		Total. Add lines 2a-2			•	516,464						
		Investment income (ir			nterest, and other	1					$\Box$	
	S	similar amounts) .			•	•	1,171,406					1,171,406
		Income from investme				-					_	
	5 1	Royalties I	(ı) Real	•	(II) Personal	<u> </u>		7			+	
	6a	Gross rents	(I) Real		(II) Fersonal	-						
				12,000								
	b	Less rental expenses										
	c	Rental income or		12,000		0						
	اء	(loss)	- ( )			_	12,000					12,000
	u	Net rental income oi	r (loss) (l) Securit		(II) Other		12,000	1				12,000
	7a	Gross amount	(I) Securit	.165	(II) Other	$\dashv$						
		from sales of assets other	31,1	53,978								
		than inventory										
	b	Less cost or other basis and	30.9	40,589		1						
		sales expenses		,		4						
		Gain or (loss)  Net gain or (loss)		13,389		4	213,389	9				213,389
		Gross income from fu			<u> </u>	1	213,30.	1			+	213,303
<u> </u>		(not including \$		of								
<u></u>		contributions reporte See Part IV, line 18		a	) C							
Se	b	Less direct expenses	s	b	0	╡						
e -	c	: Net income or (loss)	from fundrais	ing ev	ents		(	o				
Other Revenue	9a	Gross income from g See Part IV, line 19		es								
		See Fait IV, IIIle 19		a	] 							
	b	Less direct expenses	s	b	O							
	c	: Net income or (loss)	from gaming	activit	ies <b>&gt;</b>		(	ס				
	10a	Gross sales of invent returns and allowanc										
		returns and anowane		а	] 							
	b	Less cost of goods s	old	b	О	1						
	c	Net income or (loss)	from sales of	ınvent	ory <b>&gt;</b>	_	(					
		Miscellaneous			Business Code							
	11	• <b>a</b> All Other Misc Rever	nue		90009	9	547	7	0		0	547
											$\perp$	
	b	•										
	C	:										
	-	All other revenue .					547	7	0		0	547
	е	Total. Add lines 11a	–11d				547	7				
	12	<b>Total revenue.</b> See	Instructions				135,781,176	5	516,464		0	1,397,342
							-,, -,, -,		-20,104	<u> </u>		m <b>990</b> (2018)

	Part I	X	State	ement	of Fur	nctional	Expenses	
_		= 0 1 /						

Forr	n 990 (2018)				Page <b>10</b>
	Statement of Functional Expenses	- L All - #1		lata adama (A)	
Seci	cion 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,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	110,792,392	110,792,392		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	514,888	64,963	424,311	25,614
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	119,692			119,692
7	Other salaries and wages	8,601,604	5,403,506	1,187,369	2,010,729
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	508,464	322,247	67,542	118,675
9	Other employee benefits	1,669,157	1,100,603	197,767	370,787
10	Payroll taxes	683,975	413,829	108,056	162,090
11	Fees for services (non-employees)				
ā	Management	0			
	) Legal	25,171	5,185	19,200	786
	Accounting	86,017		86,017	
	Lobbying	0			
	Professional fundraising services See Part IV, line 17	58,194		58,194	
	Investment management fees  Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	572,828	5,669	93,943	473,216
12	Advertising and promotion	262,711	18	8,120	254,573
	Office expenses	3,572,032	1,205,142	1,989,511	377,379
	Information technology	348,745	213,827	59,200	75,718
15	Royalties	0			
16	Occupancy	227,339	155,374	36,367	35,598
17	Travel	470,286	209,936	4,971	255,379
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	60,556	16,040	6,735	37,781
	Interest	905	857	48	
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	471,031	322,953	74,039	74,039
	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 )	141,095	86,666	22,950	31,479
	a AWARENESS & EDUCATION	664,086	633,146	4,815	26,125
	b FIELD AUDITS	165,711	165,711		
	c BOARD EXPENSES	41,640		41,640	
	d _	0			
	e All other expenses	70,786	20,577	28,307	21,902
	Total functional expenses. Add lines 1 through 24e	130,129,305	121,138,641	4,519,102	4,471,562
	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)				Form <b>990</b> (2018)

Form **990** (2018)

Page **11** 

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Form **990** (2018)

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Form 990 (2018)

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17 18

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34

Liabilities 22

Fund Balance

Assets or 30

Net

Investments—program-related See Part IV, line 11

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

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,

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

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

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

Retained earnings, endowment, accumulated income, or other funds

Intangible assets . . . . .

Accounts payable and accrued expenses

Grants payable . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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.

	, separate and see any mile in cine and an area	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing .		450	1	426
2 Savings and temporary cash inv	vestments	11,927,476	2	12,583,265
<b>3</b> Pledges and grants receivable, i	net	0	3	0
<b>4</b> Accounts receivable, net		425,210	4	180,175
trustees, key employees, and h Part II of Schedule L	m current and former officers, directors, ighest compensated employees Complete	0	5	0
section $4958(f)(1)$ ), persons de	m other disqualified persons (as defined under scribed in section 4958(c)(3)(B), and			

	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated er	nployees Complete	0	5	0
S	6	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L	fied pe n 4958 itions (	rsons (as defined under s(c)(3)(B), and of section 501(c)(9)	0	6	0
e e	7	Notes and loans receivable, net	0	7	0		
Assets	8	Inventories for sale or use			0	8	0
▼	9	Prepaid expenses and deferred charges			794,608	9	842,958
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	9,955,896			
	b	Less accumulated depreciation	<b>10</b> b	6,607,529	3,510,097	<b>10</b> c	3,348,367
	11	Investments—publicly traded securities .		37,150,795	11	41,306,846	
	12	Investments—other securities See Part IV, line		0	12	0	

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

No

Form 990 (2018)

3b

Audit Act and OMB Circular A-133? 3a

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

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

# **Additional Data**

## Software Version:

**EIN:** 43-1243999 Name: UNBOUND

Form 990 (2018) SPONSORSHIP - SEE SCHEDULE O

Form 990, Part III, Line 4a:

Software ID:

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

SCHEDU (Form 990 o 990EZ)		Com		Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018
Department of the			► Go to	www.irs.gov/Forms			•	Open to Public Inspection
Name of the INBOUND	organizati	on					Employer identific	cation number
Part I	Boason f	ar Bublic (	harity Stat	<b>us</b> (All organization	c must comple	to this part \	43-1243999	
				eitis (For lines 1 thro			see mstructions.	
1	church, co	nvention of (	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	school des	cribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ) )		
3	hospital or	a cooperati	ve hospital ser	vice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
	medical re ame, city, a		nization operat	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	enter the hospital's
		ion operated v). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	ibed in <b>section 170</b>
•	,, ,, ,,		,	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	۱)(v).	
	-		mally receives <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	ınıt or from the gener	al public described in
8	communit	y trust descr	ibed in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	I)		
				escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a
fr ir	rom activition vestment i	es related to ncome and u	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).	
⊔ m	nore publicl	y supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or se	ction 509(a)(2	). See section 509(	
а <u></u> т	<b>ype I.</b> A su rganization	ipporting org (s) the powe	janization opei	ated, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	
⊔ m	nanagemen	t of the supp		pervised or controlled in ation vested in the sare and C.				
				supporting organizatio				ated with, its
d 🗌 T	ype III no unctionally	n-function integrated T	ally integrate he organization	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
<b>e</b> □ 0	heck this b	ox ıf the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	II functionally
	-		on-functionally organizations	integrated supporting	organization			
<b>g</b> Provide	the followi	ng informatio	on about the s	upported organization(	s)		_	
	me of suppo ganization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
otal								
	rk Reducti	on Act Noti	ce, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 2018

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

(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

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	118,868,181	122,382,864	127,382,454	133,688,878	133,867,370	636,189,747
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	118,868,181	122,382,864	127,382,454	133,688,878	133,867,370	636,189,747
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	<b>Public support.</b> Subtract line 5 from line 4						636,189,747
	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	<b>(e)</b> 2018	(f)Total

6	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)  Public support. Subtract line 5 from line 4						636,189,747
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> ⊤otal
7	Amounts from line 4	118,868,181	122,382,864	127,382,454	133,688,878	133,867,370	636,189,747
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	913,403	770,848	759,620	913,259	1,183,406	4,540,536
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain						

7	Amounts from line 4	118,868,181	122,382,864	127,382,454	133,688,878	133,867,37	0 636,189,747		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	913,403	770,848	759,620	913,259	1,183,40	6 4,540,536		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0		
0.	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,498	90	557	105	54	7 2,797		
1	<b>Total support.</b> Add lines 7 through 10						640,733,080		
2	Gross receipts from related activities,	etc (see instructi	ons)			12	2,278,692		
3	First five years. If the Form 990 is f	or the organization	n's first, second, th	nird, fourth, or fiftl	h tax year as a sec	tion 501(c)(3) o	rganization,		
	check this box and <b>stop here</b>								
S	ection C. Computation of Publi								
4	Public support percentage for 2018 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	99 291 %		
5	Public support percentage for 2017 S	chedule A, Part II,	line 14			15	99 236 %		
6a	33 1/3% support test-2018. If the	e organization did	not check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check th	is box		
b	and stop here. The organization qualifies as a publicly supported organization  33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this								

11 12 13 15 16 ▶□ box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain ▶□

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization h 10%-facts-and-circumstances test—2017. 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 supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(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						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	's first, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
17	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

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 )

Schedule A (Form 990 or 990-EZ) 2018

provide detail in Part VI.

answer line 10b below

10a

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

the organization had excess business holdings)

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

	ection A. All Supporting Organizations		
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		
	If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose,		

If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
describe the designation If historic and continuing relationship, explain	1
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 <b>Part VI</b> how the organization determined that the supported organization was described	

	describe the designation of historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	

	, , , , , , , , , , , , , , , , , , , ,	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509  (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
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 <b>Part VI</b> when and how the organization made the		
	determination	3b	

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

	the public support tests under section 509(a)(2)? If res, describe in Part VI when and now the organization made the			
	determination	3b		
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 <b>Part VI</b> 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 in Part I, answer (b) and (c) below			
	Checked 12a of 12b in Part 1, 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	itrol and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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	to tne roreign supported organization was used exclusively for section 1/U(c)(2)(B) purposes	4c		

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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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		
5а	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 <b>Part VI</b> , 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		
			l l	I

С	Did the organization support any foreign supported organizations that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	
6	Did the organization provide curport (whether in the form of grants or the provision of convices or facilities) to anyone other		

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 <b>Part VI.</b>	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)	_	

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)			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes,"			
	complete Part I of Schedule L (Form 990 or 990-EZ)			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as			

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

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

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,"

	art TV Supporting Organizations (continued)			age :
	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		168	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
٠	governing body of a supported organization?	11a		
ŀ	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		
	Section B. Type I Supporting Organizations			
_	- colon bi 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
	Section C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		res	NO
_	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	Section D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	!		
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
•	Section 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	ions)		
	The organization satisfied the Activities Test. Complete line 2 below	-		
	b  The organization is the parent of each of its supported organizations Complete line 3 below			
	c	ınstru	ctions)	1
	The organization supported a governmental charty best in tall 12 how you supported a government charty (see	1113614	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 <b>Part VI identify those supported organizations and explain</b> 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>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
3	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	3a		
	<ul> <li>b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard</li> </ul>	36		
	., , ,	, 4h		•

Schedule A (Form 990 or 990-EZ) 2018 Page 6 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) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 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 income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section R - Minimum Asset Amount (A) Prior Year (B) Current Year

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI)  Acquisition indebtedness applicable to non-exempt use assets  Subtract line 2 from line 1d  Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 035  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  Average monthly value of securities  1a  Average monthly cash balances  1b  Fair market value of other non-exempt-use assets  1c  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI)  Acquisition indebtedness applicable to non-exempt use assets  2  Subtract line 2 from line 1d  3  Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  Net value of non-exempt-use assets (subtract line 4 from line 3)  5  Multiply line 5 by 035  6  Recoveries of prior-year distributions  7  Minimum Asset Amount (add line 7 to line 6)  8  Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  Average monthly value of securities  1a  Average monthly cash balances  1b  Fair market value of other non-exempt-use assets  1c  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI)  Acquisition indebtedness applicable to non-exempt use assets  2  Subtract line 2 from line 1d  3  Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  Net value of non-exempt-use assets (subtract line 4 from line 3)  5  Multiply line 5 by 035  6  Recoveries of prior-year distributions  7  Minimum Asset Amount (add line 7 to line 6)  8  Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1

Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

5

Schedule A (Form 990 or 990-F7) 2018

4

5

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

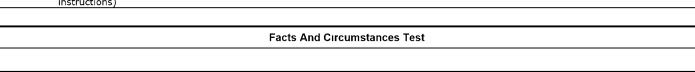
### **Additional Data**

### Software ID: Software Version:

**EIN:** 43-1243999

Name: UNBOUND

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



**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. ▶ Attach to Form 990.

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> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization			Employer id	entification number
UNI	שווטטנ	,	43-1243999		
Pa	ort I Organizations Maintaining Donor Advis		r Funds or		
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line (a) Donor advised fund		/h\E	s and other accounts
1	Total number at end of year	(a) Donor advised fund	u3	(D)Fund	s and other accounts
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adviso	rs in writing that the assets held	Lin donor advis	ed funds are	the
•	organization's property, subject to the organization's ex	clusive legal control?			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				
Pa	rt II Conservation Easements. Complete if th	e organization answered "Ye	es" on Form !	990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply)			
	$\square$ Preservation of land for public use (e g , recreation	or education)	vation of an hi	storically imp	ortant land area
	Protection of natural habitat	Preser	vation of a cer	tified historic	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution	on in the form	of a conserva	ation
	easement on the last day of the tax year	7			nt the End of the Year
а	Total number of conservation easements		_ 2	!a	
b	Total acreage restricted by conservation easements		2	:b	
c	Number of conservation easements on a certified historic	structure included in (a)	_ 2	!c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a	historic 2	d.d	
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or ter	minated by the	e organization	n during the
4	Number of states where property subject to conservation	n easement is located ►			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	e periodic monitoring, inspection	n, handling of	violations,	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and	enforcing cons	servation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations, and enfor	rcing conserva	ion easemen	ts during the year
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements	of section 170	(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(II)?				🗌 Yes 🔲 No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's fir			
Pai	<b>† III</b> Organizations Maintaining Collections Complete if the organization answered "Ye			Similar As	ssets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or r	research in fur		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items				
(	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
C	ii)Assets included in Form 990, Part X			<b>-</b> \$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1			al gain, provi	de the
а	Revenue included on Form 990, Part VIII, line 1	Carried Control		<b>&gt;</b> \$ _	
b	Assets included in Form 990, Part X			<b>▶</b> \$	
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Cat No. 52	2283D <b>Sch</b>	edule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal T	reasu	ires, oi	Other	Similar A	ssets (coi	ntınued)	
3		g the organization's acq is (check all that apply)	uisition, accessior	n, and other	records,	check	any of	the fo	llowing t	hat are a	significant i	use of its c	ollection	
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				е		Othe	r					
c		Preservation for future	e generations											
4		ride a description of the XIII	organization's col	lections and	l explaın h	ow the	y furtl	ner the	e organiz	ation's ex	kempt purpo	ose in		
5		ng the year, did the org ts to be sold to raise fur									ıılar	☐ Yes	□ No	
Pa	rt IV	Escrow and Cust Complete if the ory X, line 21.			" on Forn	n 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on Foi	rm 990, Par	 t
1a		ne organization an agent ided on Form 990, Part I		an or other	intermedia	ary for	contri	bution	s or othe	er assets	not	☐ Yes	□ No	
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the foll	owing	table				Α	mount		
С		nning balance		'						1c				
d	_	tions during the year								1d				
е	Dıstı	ributions during the year	r							1e			_	
f		ng balance								1f			_	
2a		the organization include	an amount on Eo	rm 990 Pai	rt V Juna 2	1 for	occrow	or cu	ctodial a	ecount lis	shility2		 □ No	
													□ NO	
	rt V	es," explain the arrange												
- 0	ILV	Endownient Fun	us. Complete ii	(a)Currer			rior yea				(d)Three year		e)Four years ba	
1a	Begin	ning of year balance .		(a)currer	ic year	(5)	nor yea	<u> </u>	(0)11110 )	caro back	(d) miles yes	dis back (C	zyr our yeuro bu	
b	Contr	ibutions												_
c	Net in	vestment earnings, gair	ns, and losses											_
d	Grant	s or scholarships												_
е		expenditures for facilition	es											_
f	Admır	nistrative expenses .												_
g	End o	f year balance												
2	Prov	ride the estimated perce	ntage of the curre	nt year end	l balance (	line 1	g, colu	mn (a)	)) held a	s				
а	Boar	rd designated or quasi-e	ndowment 🟲											
b	Pern	nanent endowment 🕨												
С	Tem	porarily restricted endov	wment 🟲											
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3а		there endowment funds inization by	not in the posses	sion of the	organızatı	on that	t are h	eld an	d admini	istered fo	r the		Yes No	<u></u>
	(i) u	ınrelated organizations					•					3a(i	-	_
		related organizations .				 . Caba	 ماريام					3a(i		_
ь 4		'es" on 3a(II), are the re cribe in Part XIII the inte	-					•	•			3b		_
	rt VI				ii a eiluow	ment I	unus							—
·C		Complete if the or			" on Forn	n 990	, Part	IV, lı	ne 11a.	. See Foi	m 990, Pa	art X, line	10.	
	Desc	ription of property	(a) Cost or oth (investme	er basıs	(b) Cost o						lepreciation		Book value	
1a	Land						27	73,053					273	,053
	Buildi							31,285			2,217,577		2,663	
		hold improvements					.,50	_,			_,,		2,000	
		ment					2.04	45,935			1,726,192		319	,743
•			ı						i		,,			

91,863

3,348,367

2,663,760

2,755,623

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

	Investments—Other Securities. Complete if the org	ganızatı	on ansv	vered "Yes" on	Form 990, Pa	art IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value	Cos	(c) Method of v	
	al derivatives	: 				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on Form	990, Pa	rt IV, lı	ne 11c. See Fo	orm 990, Part	X, line 13.
	(a) Description of investment	<b>(b)</b> Boo	k value		(c) Method of v	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7) ————						
(8)						
(9) ————						
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Yes'		990, Pa	rt IV, line 11d :	See Form 990, P	Part X, line 15
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	ımn (b) must equal Form 990, Part X, col (B) line 15 )				>	
Part X	<b>Other Liabilities.</b> Complete if the organization answe See Form 990, Part X, line 25.	ered 'Yes	s' on Fo	rm 990, Part I	:V, line 11e or	11f.
1. (1) Federal (	(a) Description of liability		<b>(b)</b> B	ook value		
ANNUITY OF				0 582,919		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	or (b) must equal Form 990, Part X, col (B) line 25 )	▶ footnote t	o the e	582,919	incial statement	s that reports the
	or uncertain tax positions. In Part XIII, provide the text of the f					

Part XI

2

b

4

b

Part XII

5

1 2

3

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018

Page 4

-1,480,526

57,876

135,723,300

135,781,176

2c d 2d 2e e 3 3

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

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

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

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b** . . . . . . . . . . . . .

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . . Add lines 2a through 2d . . . . . . . . .

Supplemental Information

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b

2a 2b

2c 2d

4a

4b

Explanation

2a

2b

58,194 -318 4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

> 58,194 -2.226

-1,480,526

1	130,0/3,33/
2e	
3	130,073,337
	FF 060
4c	55,968
5	130.129.305

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## Additional Data

Software Version:

**EIN:** 43-1243999 **Name:** UNBOUND

anie. UNDOUND

# Supplemental Informa

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 \$ (1,551) UNBOUND COLOMBIA \$ 1,233 ------ TOTAL \$

pplemental Information	
Return Reference	Explanation
CHEDULE D, PART XII, LINE 4B	UNBOUND COLOMBIA \$ (2,226)

Sur

efile GRAPHIC print	- DO NOT PI	ROCESS	As Filed Data	-	DLI	N: 93493164011269
SCHEDULE F (Form 990)	State	ment of	Activities	Outside the Uni	ited States	OMB No 1545-0047
(1 01111 330)	► Comple	te if the organ		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 15, or 16.	2018
Department of the Treasury Internal Revenue Service	▶ (	Go to www.irs	gov/Form990 for ı	nstructions and the latest ii	nformation.	Open to Public Inspection
Name of the organization					Employer ide	entification number
UNBOUND					43-1243999	
	<b>nformation o</b> Part IV, line 1		s Outside the l	<b>Jnited States.</b> Comple	te if the organization	answered "Yes" to
other assistance, to award the grant	he grantees' e s or assistance . Describe in P	ligibility for t e?	he grants or assi	substantiate the amount stance, and the selection dures for monitoring the	criteria used	✓ Yes □ No other assistance
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Part I, line 3	table can be dupl	cated if additional space is	needed )	
(a) Region		<b>(b)</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 continuati Part I c Totals (add lines 3a			1 1			112,379,335
For Paperwork Reduction A		the Instructio	ns for Form 990.	Cat	No 50082W Sched	lule F (Form 990) 2018

3 Enter total number of other organizations or entities .

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> 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)								
(3)								

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

(4)					
(5)				Schedule	F (Form 990) 2018
( 6)					
(7)					

(4)					
( 5)				Schedule	F (Form 990) 2018
( 6)					
(7)					
(8)					
(9)					

( 5)				Schedule	F (Form 990) 2018
(6)					
(7)					
(8)					
(9)					
( 10)					
( 11)					
( 12)				l	l

( 6)				
(7)				
(8)				
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( 10)				
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( 12)				
( 13)				
( 14)				

(9)				
( 10)				
( 11)				
( 12)				
( 13)				
( 14)				
( 15)				

( 12)				
( 13)				
( 14)				
( 15)				
( 16)				

( 15)					
-					
( 16)					
2 Enter total number exempt by the IRS	organizations listed a i the grantee or couns			•	25

Part III

(12)

(13) (14) (15) (16) (17) (18) Page **3** 

Schedule F (Form 990) 2018

Part III can be	<u>duplicated if addition</u>	mai space is r	ieeaea.				
(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)

(3) (4) (5)

(6)

(7) (8) (9) (10) (11)

Sche	dule F (Form 990) 2018		Page <b>4</b>
Par	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	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
	Instructions for Forms 3320 and 3320 A, don't me with Form 330)	☐ Yes	<b>☑</b> 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)		
	Corporations (see Instructions for Form 54/1)	$\square$ Yes	<b>✓</b> 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	<b>✓</b> 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	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	□Yes	<b>☑</b> No
	3713, don't me with Form 330)	∟ Yes	<b>™</b> 1/10

Schedule F (Form 990) 2018

Part V
Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;

amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Explanation

Return

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 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 financial edepartment has a team of financial auditors who regularly audit the projects internal controls, processes and procedures, an

990 Schedule F, Supplemental Information

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

#### **Additional Data**

CENTRAL AMERICA AND THE

CARIBBEAN

# Software ID: Software Version:

**EIN:** 43-1243999

Name: UNBOUND

Form	990	Schodula	E Dart T	- Activities	Outcide 1	The United States
FORM	990	Schedule	r Part 1	ACUVIUES	Outside i	ine oniteu states

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(†) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		47,208,779

1 PROGRAM SERVICES

PROJ MENTOR & MONITOR

253,008

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 ın 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 1,138,234 CENTRAL AMERICA AND THE CARIBBEAN EAST ASIA AND THE PACIFIC GRANTMAKING 16,939,335

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 services, grants to service(s) in region region recipients located in the region) EAST ASIA AND THE PACIFIC IPROGRAM SERVICES PROJ MENTOR & MONITOR 51.319 NORTH AMERICA IGRANTMAKING. 4,365,109

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 13.022 NORTH AMERICA SOUTH AMERICA IGRANTMAKING. 16,784,044

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 52.278 SOUTH AMERICA SOUTH ASIA IGRANTMAKING. 10,946,291

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 33.792 SUB-SAHARAN AFRICA IGRANTMAKING. 14,548,834

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 fundraising, program region agents in services, grants to service(s) in region region recipients located in the region) SUB-SAHARAN AFRICA IPROGRAM SERVICES PROJ MENTOR & MONITOR 45,290

(ı) Method of (b) IRS code (h) Description (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(if cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) **ICENTRAL** SEE PART V 2.096.379 | EFT/WIRE AMERICA AND THE CARIBBEAN

702.924 | EFT/WIRE

EAST ASIA AND

THE PACIFIC

Form 990 Schedule F Part II - Grants or Entities Outside The United States

SEE PART V

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(If cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH ISEE PART V 117.129 EFT/WIRE IAMERICA ISOUTH ISEE PART V 761.114 EFT/WIRE

AMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV. cash non-cash and EIN(if cash grant organization arant non-cash disbursement appraisal. assistance applicable) assistance other) SOUTH ASIA ISEE PART V 254,690 | EFT/WIRE ISUB-SAHARAN ISEE PART V 589.218 | 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 valuation (book, assistance cash grant disbursement non-cash non-cash recipients assistance assistance FMV, appraisal, other) NUTRITION. 129,860 45.112.400 | EFT/WIRE Central America EDUCATION. land the HEALTH, & FAMILY lCarıbbean NUTRITION, 46,725 16,236,411 | EFT/WIRE East Asıa and EDUCATION, the 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, 11.856 4,247,980 | EFT/WIRE North America EDUCATION. HEALTH, & FAMILY 16,022,930 | EFT/WIRE NUTRITION, 47,598 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 (b) Region (c)Number (e) Manner of cash (g) Description of (h) Method of (d) Amount of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance FMV, appraisal, assistance other) NUTRITION, 30,767 10,691,601 | EFT/WIRE South Asia EDUCATION. HEALTH, & FAMILY NUTRITION, 41,236 13,959,616 | EFT/WIRE Sub-Saharan EDUCATION, Africa HEALTH, & FAMILY

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data	a -	DLN: 934	9316	4011	.269
Schedule J		Compensati	on Information	ОМ	IB No	1545-0	0047
(For	n 990)	For certain Officers, Directors, T					
		Compensated Employees  ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					ζ .
_		► Attach	to Form 990.		2018 Open to Public		
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form990</u> for	instructions and the latest inforr	nation.		ectio	
	me of the organiza	tion		Employer identificat	ion nu	ımber	
UNE	SOUND			43-1243999			
Pa	rt I Questi	ns Regarding Compensation					
						Yes	No
1a		piate box(es) if the organization provided any of ection A, line 1a Complete Part III to provide any —					
		or charter travel	Housing allowance or residence for				
	_	companions	Payments for business use of perso				
		ification and gross-up payments	Health or social club dues or initiation				
	LI Discretion	ary spending account $\square$	Personal services (e g , maid, chauf	reur, cher)			
b		es in line 1a are checked, did the organization fo I of the expenses described above? If "No," com		nent or reimbursement	<b>1</b> b		
2		tion require substantiation prior to reimbursing o es, officers, including the CEO/Executive Director		152	2		
	directors, truste	ss, officers, including the CEO/Executive Director	, regarding the items checked in line	: Ia·			
3		f any, of the following the filing organization used EO/Executive Director Check all that apply Do n		ne			
	_	d organization to establish compensation of the C	•	n Part III			
	П <i>с</i>		White and a second and a second as a second				
	· ·	tion committee	Written employment contract Compensation survey or study				
		of other organizations	Approval by the board or compensa	tion committee			
4		did any person listed on Form 990, Part VII, Sec					
	related organiza		, , ,				
а	Receive a sever	nce payment or change-of-control payment?			4a		No
b	Participate in, o	receive payment from, a supplemental nonquali	fied retirement plan?		4b		No
c	•	receive payment from, an equity-based compen	<del>-</del>		4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and provide the app	licable amounts for each item in Part	: 111			
	Only 501(c)(3	, 501(c)(4), and 501(c)(29) organizations (	must complete lines 5-9.				
5	For persons liste	d on Form 990, Part VII, Section A, line 1a, did t	-				
	compensation c	ntingent on the revenues of					
а	The organization				5a		No
b	Any related orga	nization? 5a or 5b, describe in Part III			5b		No
_	-	·					
6		d on Form 990, Part VII, Section A, line 1a, did t ntingent on the net earnings of	ne organization pay or accrue any				
a	The organization				6a		No
Ь	Any related orga				6b		No
7	•	6a or 6b, describe in Part III					
7		d on Form 990, Part VII, Section A, line 1a, did t scribed in lines 5 and 6? If "Yes," describe in Par		u	7		No
8	subject to the in	its reported on Form 990, Part VII, paid or accur tial contract exception described in Regulations s		escribe			
	ın Part III				8		No
9	If "Yes" on line 53 4958-6(c)?	, did the organization also follow the rebuttable	presumption procedure described in	Regulations section	9		
For I	Danerwork Redu	ction Act Notice, see the Instructions for Fo	rm 990 Cat No 5	50053T Schedule 1	(Form	990)	2018

Part II Officers,	Dire	Store Trustees Ve	y Employees, and Hig	shoet Componented	Employees Use dup	licate copies if addition	nal space is peeded	
-			rted on Schedule J, report					
instructions, on row (ii)	Do no	ot list any individuals that	rted on Schedule J, report it are not listed on Form 99 idividual must equal the to	90, Part VII		-		it individual
(A) Name and Title		(B) Breakdown	n of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
<u> </u>		(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
1 SCOTT WASSERMAN PRESIDENT/CEO (NON-	(i)	219,840	0	774	13,515	32,023	266,152	0
VOTING)	(ii)	0	0	0	0	0	0	0
2 MARTIN KRAUS TREASURER (NON-	(i)	123,607	0	804	7,671	22,591	154,673	0
VOTING)/DIR FIN	(ii)	0	0	0	0	0	0	0
3 ROB MCELROY LEAD NET DEVELOPER	(i)	118,992	0	270	7,579	30,589	157,430	0
	(ii)	0	0	0	0	0	0	0
	+		+					
	-		+					
	-							<del>                                     </del>
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Schedule J (Form 990) 2018 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349316	4011	269
	EDULE M			loncash Contri	hutions	(	OMB No 1	.545-0	047
(For	m 990)		1	ioncasii contri	Dutions		20	10	<u> </u>
		I	_	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	<b>20</b>	19	
		► Attach to Form							
•	ment of the Treasury	▶Go to <u>www.irs.</u> g	ov/Form9	<u>90</u> for the latest informat	ion.		Open to		
	al Revenue Service e of the organizat	lon				Employer identifi			
UNBO									
Рa	rt I Types	of Property				43-1243999			
Га	Турез	or Froperty	(a)	(b)	(c)		(d)		
				Number of contributions or	Noncash contribution		f determi		
			applicable	items contributed	amounts reported on Form 990, Part VIII, line	noncash cont	ribution a	mount	ts
					1g				
1	Art—Works of ar	t							
	Art—Historical tr								
	Art—Fractional in								
	Books and public								
5	Clothing and hou goods	isenola							
6	Cars and other v								
7	Boats and planes								
8	Intellectual prope	erty							
9	Securities—Public	cly traded .	X	28	69,174	FAIR MARKET VAL	_UE		
	Securities—Close	•							
11	Securities—Partr or trust interest								
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	contribution—Of								
15	Real estate—Res	idential .							
16	Real estate—Cor	mmercial							
17	Real estate—Oth	er							
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	cal supplies .							
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	Scientific specim								
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	Other ► (								
26	Other ▶ (	)							
27	Other ► (	)							
28	Other ▶ (	)							
29		,	_	tion during the tax year for		29			
	for which the org	janization completed	Form 8283	3, Part IV, Donee Acknowled	gement	29			
20-	D +b	4.4 46						Yes	No
30a				y contribution any property r e of the initial contribution, a			ot		
							30a		l No
h	If "Voc " docerib	e the arrangement i	n Part II				30a		INO
		-		-1 <b>-1</b> 1 <b>-</b>		l <b>.</b>		V	<b>\</b>
31	-	_		olicy that requires the review	,		31	Yes	_
32a		zation hire or use th		or related organizations to so	olicit, process, or sell nonca	sh	32a		l 
Ь	If "Yes," describ		• •			· · ·	1		No_
	•		amount in	column (c) for a type of pro	perty for which column (=)	is checked			
	describe in Part	·	amount m	assassing (e) for a cype of pro	rest, for minor column (a)	sireened,			
For D		on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Schedul	e M (Form	000)	(2018)

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation SCHEDULE M, PART I, COLUMN B THE AMOUNTS LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS Schedule M (Form 990) (2018)

efile GRAPH	efile GRAPHIC print - DO NOT PROCESS   As Filed Data -				
SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional inform.  Attach to Form 990 or 990-EZ.	estions on ation.	OMB No 1545-0047  2018  Open to Public Inspection		
<del>Vame</del> l &£theւօից <sub>UNBOUND</sub> 990 Schedule	43-1243999	ification number			
Return Reference	Explanation				
FORM 990, PART I, LINE 1	Unbounds mission is to walk with the poor and marginalized of the world 1. We provide personal attention and direct benefits to children, youth, aging and their families so they may live with dignity, achieve their desired potential and participate fully in society 2. We invite people of goodwill to live in daily solidanty with the worlds poor through one-to-one sponsorship 3. We build community by fostering relationships of mutual respect, understanding and support that are culturally diverse, empowering and without religious or other prejudice. Grounded in the Gospel call to serve the poor, Unbound is a lay Catholic organization working				

with persons of all faith traditions to create a worldwide community of compassion and service

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	Total grants for the sponsorship program were \$107 2 million in 2018. At the end of 2018, a total of 308,042 individuals in Latin America, Asia and Africa were sponsored through Un bound. They included 275,833 children and youth, 31,957 elders and 252 candidates studying for the priesthood or religious life. Following are examples of achievements in the spons orship program, as sponsored individuals and their families partnered with Unbound to iden tify the unique challenges they must overcome, set their own goals and formulate plans to achieve them. Unbounds sponsorship program connects children, youth, elders and their families with individual sponsors and supportive local communities of staff members and other families. Through sponsorship, individuals and families have resources and a solid support network to begin to chart their own course out of poverty. In 2018, Unbound had programs in 18 countries, including Bolivia, Chile, Colombia, Costa Rica, the Dominican Republic, E cuador, El Salvador, Guatemala, Honduras, India, Kenya, Madagascar, Mexico, Nicaragua, Per u, the Philippines, Tanzania and Uganda Sponsors - through the monthly financial contributions they make and letters they 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 reach their potential. Sponsors also have the opportunity to write to their sponsored friends to offer their encouragement and build rewarding relation ships. Unbound had 257,977 sponsors from the U.S. and around the world at the end of 2018. Sponsored individuals and their families partner with Unbound to make program and benefit decisions that help them meet their basic needs and develop 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, nutrition, housing improvements, transportation and health care. They als

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	rganization asks two basic questions to earn donor trust and be at our best for those we w ork with 1. Did we do what we said we were going to do? This is program monitoring 2. Dil d it make a difference? This is program evaluation. Unbound distinguishes between monitoring and evaluation and maintains separate but complementary strategies. Monitoring The pri incipal purpose of monitoring is accountability. Regular program monitoring is conducted to ensure fidelity in the organizational structure, development of programs, implementation of policies and the appropriate use of finances. Some of this monitoring happens across di stance with regular reporting, emails and phone calls. Much of it happens with personal, oin-site visits from Unbound's Kansas. City headquarters staff. Unbounds monitoring strategy includes 1. Visits made annually to each project for staff development, program support and assessments 2. Financial audits conducted in each project 3. Program audits conducted in each project 4. Awareness trips and individual sponsor visit opportunities 5. Third-part y legal assessments of projects 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-tier system 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 children and youth, for example, often write about how they are progressing in school or how the benefits of the program impact them and their families. Program outcomes. Programs at the project level are tailored to the needs of sponsor ed individuals and their families and the initiatives of Unbound in their communities. Families work with program staff to define and measure outcomes a

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	onitoring outcomes On behalf of sponsored individuals, their families and sponsors, the Un bound Governing Board rigorously monitors the integrity 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 eth ical and prudent limits on which means management may use. The board systematically monitors compliance with these executive limitations. As a result, the board assures donors that their contributions achieve their promised objectives, and that the organization remains transparent and ethical. Monitoring activities and evaluation methods. Unbound conducts fin ancial and program audits of projects on a regular basis to ensure financial resources pro vide intended benefits and services and sponsored members are empowered to direct their own development. 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 projects and families in the program. In 2018, headquarters staff collectively spent moire than 1,260 days in the field monitoring and supporting programs. In addition, the organization performs quality checks on letters and photos from sponsored friends to their spon sors, and monitors member retirement rates and sponsor retention rates. Unbound collects e ducational attendance and performance data and documents the final education level achieve d by sponsored members leaving the program. Unbound projects around the world conduct eval uations in their local contexts to determine outcomes for sponsored members and their families. Methods include surveys of sponsored members on income and skill development, focus groups on attitudes and behavioral changes, and interviews to document empowerment. Organization-wide program evaluations focus on four key domain

Return Reference	Explanation
Education	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 comparable to or above national peer averages, according to data gathered from 2011-2014. This means that Unbound students - despite marginalization based on economic, 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 average s. The number jumped to 59 percent achieving a year or more above their national peer average s. The number jumped to 59 percent achieving a year or more above their national peer average s. The number jumped to 59 percent achieving a year or more above their national peer average s. The number jumped to 59 percent achieving a year or more above their national peer average s. The number jumped to 59 percent achieving a year or more above their national peer average s. The number jumped to 59 percent of sponsored sponsored girls. This, along with country-level analysis, indicated a specific impact on girls education and a closing or reversing of the prominent gender gap present in many communities. In Guatemala, for example, sponsored child ren, on average, achieved almost three years of schooling more than the national average for their peers. And in Unbound's Quezon program in the Philippines, 57 percent of sponsore d youth pursued post-secondary education compared to 30 percent of their peers. New education data is being collected in 2019 Families Sponsorship impacts the sponsored delidand the entire family. Unbounds direct work through a personalized benefit model and parent groups means families are able to best allocate resources for their children and direct how the program supports their developme

990 Schedule O, Supplemental Information

Return Reference	Explanation
Education	son group More mothers in Unbound also reported having complete choice in deciding or chaining their occupations. This evaluation was a follow-up to a 2013 global evaluation on the same topic. The 2017 study revealed that 90 percent of mothers of sponsored children believed they had the power to change their familys situation, and 63 percent reported they were active in solving problems in their communities, among other findings on participation and empowerment indicators. Unbound is now in the fifth year of a six-year longitudinal d ata collection on economic outcomes for sponsored members and their families. The evaluation includes both quantitative and qualitative data and follows families from the time they begin the program. Elders Elders in communities where Unbound works face challenges related to health, access to care and medicine, and loneliness. Unbound seeks to overcome these challenges through monthly benefits such as food assistance, help with health and medical expenses, home visits and group activities. In 2018, an evaluation was conducted to measure Unbounds impact with elders in relation to overcoming these challenges. The results were e overwhelmingly positive. Sponsored elders experience a lower sense of emptiness, encount ered less frequent feelings of rejection, and underwent fewer moments of missing having pe ople around than the elderly population who live in similar circumstances but are not part of the Unbound sponsorship program. Additionally, sponsored elders feel they can rely on other individuals when they have problems, believe they can trust others in their lives, and consider themselves close to others in contrast to those elders who were waiting to participate in the Unbound sponsorship program. Sponsored elders felt at ease when talking with more people about private matters, and they have more close friends to call on for help compared to non-sponsored elders. Sponsored elders did not worry as frequently about insu fficient food intake, did not have to limit variety of food,

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Reference	Explanation
Education	d that there was a need for the project to focus on and prioritize the needs of the vast m ajority of mothers who were single

Evolunation

divorced or widowed as they expressed their challenges in expanding their livelihood (income-generating) activities. Another 2018 evaluation in Meru, Kenya, led to an increased understanding of the challenges that sponsored members we re facing in writing to their sponsors, assisting the projects in developing interventions to support the sponsored members in their efforts to connect with their sponsors through honest and authentic letters. A 2018 evaluation in Bogota, Colombia, revealed how mothers groups are

helping mothers change their lives through leadership development, livelihoods, increased self-esteem and goal setting

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Return Reference	Explanation
Feedback from sponsors	Unbound recognizes sponsors and other benefactors not merely as donors but, first and foremost, as highly valued and respected members of the Unbound community. Both sponsors and sponsored persons have something to gain from the sponsorship 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 Unbound take exceptional care in communications with sponsors, whether dealing with routine account matters or in the production of publications and digital content. The goal is for sponsors to be 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 the sponsorship relationship and where communication fits into it. Respondents were asked about ways they engage with Unbound Among the findings were. 1 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). 2 Fifty-two percent reported that they read emails from Unbound. 3 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 sponsored friends. Secondary reasons were to make payments or learn more about Unbound. 5 Fourteen percent of sponsors taking the survey respondents reported that they call Unbound for questions, comments or needs related to their sponsorship. 6 Nine percent of survey respondents reported they have hosted or volunteered at an event promoting Unbound. 7 Five percent of respondents reported they read Unbound's blog or social media updates. Perhaps the most significant indicator of a quality sponsor experience is the number of people, 31,557 in 2018, who s

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Return Reference	Explanation
FORM 990, PART III, LINE 4B	Following are examples of achievements in education as Unbound works with students in our scholarship program. Educational support provided by Unbound's scholarship program helps t alented older students who, because of economic circumstances, are struggling to continue their educations. The program is based on principles of perseverance, leadership and servi ce to the community. The scholarship program complements the educational support provided by the Unbound sponsorship program, with 52 percent of scholarships tudents also sponsored. Unbound scholarships have helped students in communities around the world achieve their educational goals. Students are able to complete their educations, follow their chosen car eer paths and be of service to the larger community. Scholarships are used for needs such as secondary, post-secondary and vocational school tuition, transportation, school supplie is 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 2018, scholarship grants to U nbound field offices totaled more than \$3.5 million. Scholarships were awarded to 8,835 st udents in Bolivia, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvad or, Guatemala, Honduras, India, Kenya, Madagascar, Mexico, Nicaragua, Peru, the Philippine s, Tanzania and Uganda. Many scholars are sponsored youth who need extra financial help in addition to sponsorship support to complete their educations. Qualified non-sponsored old er students identified by local Unbound staffs as being in need of educational assistance are also eligible for scholarships and represent 48 percent of those awarded. The service requirement is an important component of the program. Se

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	ties in Guatemala and in 2013 with more than 80 program alumni in the Metro Manila area of the Philippines REM is a participatory and qualitative evaluation method used to learn the intended and unintended results of the program. While the contexts of groups were drama tically different, with different geographies and significant cultural differences, the si milarities between the outcomes strengthen the argument for what might be Unbound's contribution through the scholarship and sponsorship programs. Alumni participating in the qualitative evaluation in the Philippines, on average three years out of the program, were purs uing careers such as teaching, nursing, accounting and architectural design. Alumni participating in the evaluation 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 were employed on a full-time basis. Among the key findings were 1 Gratitude and giving back. The feeling of gratitude and actively giving back were both connected and common across the ripple maps in Guatemala and the Philippines. Participants ex pressed how individuals and communities in poverty can focus internally on what little the y have, but through Unbound they began to see their strengths and assets. 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 education all accomplishments and the ability to sustain ones family. However, it also comes from be ingipant of, or associated with, the Unbound program itself (Philippines) or having a spon sor (Guatemala). 3 Education Education and academic achievement show up in all ripple-effect maps created in Guatemala and the Philippines, however, their positioning and value differ between the two countries. Guatemalans viewed education a

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Return Reference	Explanation
FORM 990, PART III, LINE 4B	re clearly that there are links between physical and psycho-social-spiritual development. This makes an excellent case for the personalized attention, program 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 needed in each moment," said one participant in Guatemala. Each individual tells a different story, but all are united in their experience with Unbound. So, while these experiences do cause us to recognize the esignificant 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. At various locations around the world, community-level evaluations are ongoing and being led by program staff in each country. The primary purpose of evaluations at the local level is to ensure continuous program improvements and adaptations to the ever-changing world around the program. For example, a 2017 evaluation in Meru, Kenya, found that scholars face challenges meeting service and learning requirements. The Unbound team in Meru is working with scholars to find solutions to this problem. Multiplie evaluations are being conducted in 2019. The Unbound Hermano Pedro team in Guatemala is evaluating both the educational achievement and the service component of the scholarship program there. The team will be learning how scholars are assisting sponsored students in improving their educational outcomes. The Unbound program in Lima, Peru, is evaluating the community impact of the trainings, activities and workshops scholars provide to the sponso red community. The Unbound team in Honduras is measuring the leadership development of scholars to learn how the program requirements are building leadership skills. The results of these evaluations are expected by mid-2019.

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 4

990 Schedule O, Supplemental Information

Return

Reference

FORM 990.	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
SECTION B,	PRESIDENT/CEO AND ACCOUNTING PERSONNEL HAVE ARE ADDRESSED AND ANY CORRECTIONS OR
LINE 11B	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
	CLARIFICATIONS ARE MADE PRIOR TO FILING THE 990

Explanation

UNBOUND'S INDEPENDENT REPORTING SERVICE

Return

Reference	
FORM 990,	ALL BOARD MEMBERS ANNUALLY DISCLOSE THEIR INVOLVEMENT WITH OTHER ORGANIZATIONS, COMMUNITIES,
PART VI,	EMPLOYMENT, STAFF, VENDORS OR ANY OTHER ASSOCIATIONS THAT MIGHT POTENTIALLY PRODUCE A CONFLICT,
SECTION B,	REGARDLESS OF THE LIKELIHOOD OF AN ACTUAL CONFLICT ARISING NEW BOARD NOMINEES ALSO COMPLETE A
LINE 12C	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

Explanation

Return

Reference	
FORM 990, PART VI, SECTION B, LINES 15A & 15B	The compensation of the President/CEO for June 2018-June 2019 was determined at the June 2018 Governing Board of Directors Meeting Prior to this discussion, the President/CEO and the non-voting members of the board excused themselves from the board meeting. The voting members met with the Director of Human Resources who provided them with the following information which they used to determine the compensation amount. Using PayScale, which is an independent compensation consultant subscription program, market data research was reviewed based on current market pay for similar positions. Our Philosophy is to target the 25th to 50th percentile of the range where the job has been matched. It is also based on current market data within the "profit & non-profit" industries, containing up to 500 employees and matched on job responsibilities in the market place. The board considered other factors such as a comparison of compensation of executives from similar sponsorship organizations and a formal evaluation of job performance to determine the President/CEOs June 2018 - June 2019 compensation. The voting members then approved the annual salary for the President/CEO Substantiation of the decision of the Boards 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 market pay PayScale evaluation program.

Explanation

990 Schedule O, Supplemental Information

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

Explanation Return Reference

FORM 990. CHANGE IN UNINSURED ANNUITY OBLIGATIONS \$1.536

PART XI. LINE 9

Form 990)

As Filed Data 
Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2018

**DLN: 93493164011269**OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2018

D Sd. T	► Attach to Form 990. ► Go to <i>www.irs.gov/Form990</i> for instructions and t
Department of the Treasury	
Internal Revenue Service	
Name of the organization	

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

**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 Name, address, and EIN (if applicable) of disregarded entity Total income Direct controlling 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. (a) Name, address, and EIN of related organization (c) Legal domicile (state (d) Exempt Code section (e) Public charity status (f) Direct controlling (g) Primary activity 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 ANTIQUIA 90-1091198

Cat No 50135Y

(a)  Name, address, and EIN of related organization		(b) Primary activity d		<b>(d)</b> Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	l, total income		(h) Disproprtionati ir allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		( <b>k)</b> Percenta ownersh
					314)			Yes	No		Yes	No	
J Identification of Related Organizati because it had one or more related organization  (a)  Name, address, and EIN of related organization		a corporation		st during th	(d) controlling Type entity (C co	(e)	vered "Yes'  (f) Share of total income	Share	(g) of end- year assets	(h	) ntage	Se	(I) ction 512 3) contro entity?
		cou	intry)										es N

Schedule	R (Form 990) 2018					Pa	ge <b>3</b>
Part '	Transactions With Related Organizations Complete if the organization answered "Yes	on Form 990, Par	t IV, line 34, 35b	o, or 36.			
N	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 Durir	g the tax year, did the orgranization engage in any of the following transactions with one or more related of	organizations listed in	Parts II-IV?				
a R	eceipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No
<b>b</b> G	ft, grant, or capital contribution to related organization(s)				1b '	Yes	
c G	ft, grant, or capital contribution from related organization(s)				1c		No
d Lo	vans or loan guarantees to or for related organization(s) $\cdot$				1d		No
e Lo	ans or loan guarantees by related organization(s)				1e		No
<b>f</b> Dı	vidends from related organization(s)				1f		No
	ale of assets to related organization(s)				<b>1</b> g		No
	ırchase of assets from related organization(s)				1h		No
	change of assets with related organization(s)				1i		No
	ase of facilities, equipment, or other assets to related organization(s) $\ldots$ $\ldots$ $\ldots$ $\ldots$ .				1j		No
<b>k</b> Le	ease of facilities, equipment, or other assets from related organization(s)				1k		No
<b>I</b> Pe	rformance of services or membership or fundraising solicitations for related organization(s)				11		No
m Pe	rformance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sh	arıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)				1n		No
<b>o</b> S	naring of paid employees with related organization(s)				10		No
p R	embursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> R	embursement paid by related organization(s) for expenses				<b>1</b> q		No
r 01	her transfer of cash or property to related organization(s)				1r		No
<b>s</b> 0	her transfer of cash or property from related organization(s)				1s		No
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and tra	ansaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount inv	olved	
( <b>1)</b> UNBO	JND COLOMBIA	В	64,300	CASH			
,							

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	sections 512-		ganizations?	(f) Share of total income	(g) Share of end-of-year assets		_	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	າ 99	0) 2018

