DLN: 93493171001180 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 01-01-2019 , and ending 12-31-2019 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 \$ 161,852,547 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 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 9 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a) 175 **6** Total number of volunteers (estimate if necessary) . . . 6 4,098 Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 133,867,370 137,342,200 Ravenua 483,712 Program service revenue (Part VIII, line 2g) . 516,464 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,384,795 1,531,261 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,767 12,547 135,781,176 139,369,940 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). 110,792,392 113,069,736 **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) 12,097,780 12,685,568 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶5,149,475 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 7,239,133 7,417,097 130,129,305 133,172,401 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 5,651,871 6,197,539 Assets or d Balances Beginning of Current Year End of Year 58,407,839 66,631,551 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 2,179,194 2,352,467 22 Net assets or fund balances Subtract line 21 from line 20 . 56,228,645 64,279,084 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 Signature of officer Sign Here SCOTT WASSERMAN PRESIDENT/CEO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00482834 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 (2019)

Form	990 (2019)					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	organization's mission				
UNBO	DUND'S MISSION IS T	O WALK WITH THE PO	OR AND MARGIN	ALIZED OF THE WORL	)	
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on	
		or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or r	nake significant	changes in how it cond	ucts, any program	
	services?					☐ Yes 🗹 No
4		ese changes on Schedu . ,				
4	Section 501(c)(3) an		ons are required	to report the amount of	largest program services, as meas of grants and allocations to others,	
4a	(Code	) (Expenses \$	119,107,938	including grants of \$	109,156,517 ) (Revenue \$	483,712 )
	See Additional Data					
4b	(Code	) (Expenses \$	4,274,036	ıncludıng grants of \$	3,913,219 ) (Revenue \$	0)
	See Additional Data					
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4d	Other program servi	ces (Describe in Sched	ule O )			
	(Expenses \$	inc	luding grants of	\$	) (Revenue \$	)
4e	Total program serv	vice expenses ▶	123,381,9	74		

Page 3 Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 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

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 . . . 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

Did the organization receive or hold a conservation easement, including easements to preserve open space,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 . . . . . . . . . . . . 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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

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

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

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

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

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

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

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . .

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

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

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

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

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . . . .

5 6 7

No

No

No

No

8 9 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20h

21

No Nο

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

Nο

Nο

Nο

No

No

Nο

Nο

No

Nο

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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 뉯 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

or X as applicable

Form	990 (2019)			Page <b>4</b>
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		
	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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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 $M$ $\ref{Matter}$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

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

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

No

Yes

Yes

62 0

**1**c

1a

1b

Pai	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and	П		
	Tax Statements, filed for the calendar year ending with or within the year covered by			
L	this return	2b	Yes	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	103	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country CO			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c 6a		No No
	solicit any contributions that were not tax deductible as charitable contributions?	Оа		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	dule O	See	nstruct	ions				lines 🗸
Section	n A. Governing Body and Management								
								Yes	No
1a Ente	er the number of voting members of the governing body at the end of the tax year	1a				9	1		
	ere are material differences in voting rights among members of the governing								

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	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		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ss rela	tionship wit	h any other	2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other			ect supervision	3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 w	as filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets?		5		No
6	Did the organization have members or stockholders?				6		No
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?	to elec	t or appoint	one or more	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?	) meml	bers, stockl	nolders, or	7b		No
8	$\operatorname{Did}$ the organization contemporaneously document the meetings held or written actions the following	undert	aken during	g the year by			
а	The governing body?				8a	Yes	
b	Each committee with authority to act on behalf of the governing body?				8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule Co		be reached	at the	9		No
Se	ction B. Policies (This Section B requests information about policies not requ	ired b	y the Inte	rnal Revenue	e Code	e.)	
						Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?				10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activitie and branches to ensure their operations are consistent with the organization's exempt ${\tt p}$			s, affiliates,	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	vernin	g body befo	ore filing the	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form	990					
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .				12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually intended conflicts?	terests • •	that could	give rise to	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the	policy	? If "Yes," c	lescribe in	12-	Vaa	

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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	⊋.)	
			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	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b		No

Section C. Disclosure

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a 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? . . . List the states with which a copy of this Form 990 is required to be filed▶

AL , AK , AR , CA , CO , CT , FL , GA , HI , IL , KS , KY , MD , MA , MI , MN , MS , NH , NJ , NM , NY , OH , OK , OR , PA , RI , SC ,

16b

No

TN, UT, VA, WV, WI

18	Section 6104 requires

20

an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s r public inspection Indicate how you made these available Check all that apply

☐ 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

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

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Part VII

 $\overline{\mathbf{V}}$ 

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

- 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"

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 the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (F) (B) (C) (D) (E) Name and title Position (do not check more Reportable Reportable Average Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensat Individual trustee or director Former organizations Ė MISC) MISC) related Institutional below dotted organizations emplo line) P Trustee 8 55 0 (1) SCOTT WASSERMAN Х 228,073 O PRESIDENT/CEO (NON-VOTING) 0 0 45 0 (2) STEVE MCCLAIN Х 124,525 DIRECTOR OF OUTREACH 0 0 45 0 (3) ROB MCELROY ............... Х 127,554 LEAD SOFTWARE ARCHITECT 0.0 50 0 (4) MARTIN KRAUS Χ 128.337 O TREASURER (NON-VOTING)/DIR FIN 0.0 45.0 (5) DAN WINHOLTZ-PEARSON Χ 114,341 0 DIRECTOR OF INTERNATIONAL PROG 0.0 45 0 (6) MARY GEISZ Х 118.142 0 DIRECTOR OF SPONSOR EXPERIENCE 0 0 45 0 (7) JOHN DOUGHERTY Х 117,849 DIRECTOR OF TECHNOLOGY SERVICE 0.0 45 0 (8) WILLIAM HANSEN 78,294 0 Х SECRETARY (NON-VOTING)/FIN MGR 0 0 4 0 (9) ALISON AVAYU 0 Х DIRECTOR 0 0 6 0 (10) DAVID HERBISON Χ CGO/DIRECTOR 0 0 4 0 (11) RICH SWAN

Name and title

Part VII

amount of other

compensation

from the

organization and

Reportable

compensation

from related

organizations

(W-2/1099-

(B)

Description of services

MERCHANT SERVICES

BANKING SERVICES

MERCHANT SERVICES

ADVERTISING

PRINTING

(C)

Compensation

955,230

284,783

181,722

173,189

121,290

Form **990** (2019)

Page 8

		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099-	MISC)		relat organiza	ed	
	EV GREG SCHMITT CS	2 0	×								0			-
PREAC	H REP(NON-VOTING)	0 0							,	1			`	_
` '	INDY RICKS	4 0	×								0		,	)
DIREC		0 0	^						,	1	ď		•	_
	BBY MARIE HARRIS	4 0	×								0		,	)
	TOR (BEGAN 12/19)	0 0	^						'	1	ျ		,	,
(21) V	INCENT MURMU	2 0	V							)	0		,	_
DIR (N	ION-VOTING) (BEG 6/19)	0 0	×						,		U		,	_
														-
														-
														-
														-
						<u> </u>	Ļ—				$\dashv$			-
					•	•	-				-			-
	otal from continuation sheets to Part V	•				,	-		1,037,115		0		223,70	_
	otal (add lines 1b and 1c)				<u> </u>						<u> </u>		223,702	-
2	Total number of individuals (including but of reportable compensation from the orga		:hose li:	sted a	abov	/e) v	vho red	ceiv	ed more than \$10	0,000				
												Yes	No	-
3	Did the organization list any <b>former</b> office	er, dırector or tı	rustee,	key e	empl	loye	e, or h	iighe	est compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for	such individual			•			•			3		No	
4	For any individual listed on line 1a, is the organization and related organizations grandividual									the 	4	Yes		
5	Did any person listed on line 1a receive o services rendered to the organization $^{2}If$										5		No	
Se	ction B. Independent Contractors													.
														- 1

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

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

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

(A)

Position (do not check more

than one box, unless person

is both an officer and a

director/trustee)

Reportable

compensation

from the

organization

(W-2/1099-

(B)

Average

hours per

week (list

any hours

for related

Name and business address TFBOK-FINANCIAL,

PO BOX 443 TULSA, OK 74101 BOK-FINANCIAL,

1

AMERICAN EXPRESS,

200 VESEY STREET NEW YORK, NY 10285 ARADIUS GROUP,

4700 F STREET OMAHA, NE 68117

7500 COLLEGE BLVD SUITE 1450 OVERLAND PARK, KS 66210 GOOGLE INC, 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043

compensation from the organization ▶ 8

		(2019)								Page S
Part	VII									
		Check if Sched	dule	O contains a	respo	nse or note to any	/ line in this Part VIII			⊔ 
							(A) Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
	1	a Federated campa	aigns		1a			revenue		<u> </u>
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership due:	s.		<b>1</b> b	_				
3ra not		c Fundraising even	ıts .		1c					
IS, ( An		d Related organiza			1d					
Giff		e Government grants			1e					
ıs,					16					
tior or S		f All other contribution and similar amounts above	s not	included	1f	137,342,200				
ib di		q Noncash contribution	ns in	cluded in						
E E		lines 1a - 1f \$			1g	164,986				
Cont and		<b>h Total.</b> Add lines	1a-1	f		•	137,342,200			
						Business Code				
	2	a Awareness Trips				900099	483,712	483,712		
H.										
Program Service Revenue	ŀ	b								
o <u>ş</u>										
Š	(	C 								
3		d								
'an										
rogi	6	e								
Δ.	4	f All other program	cerv	ice revenue						
		J Total. Add lines 2				483,712				
	_	Investment income				•	_			
		sımılar amounts) .				1	1,465,33			1,465,335
		Income from invest			-			0		
	5	Royalties	_				<u> </u>	0		
				(ı) Re	al	(II) Personal	_			
	6	a Gross rents	<b>6a</b> 13		12,000					
	b	Less rental	6b							
	С	expenses Rental income	ОБ				_			
	·	or (loss)	6с		12,000		0			
	,	d Net rental income	or (	(loss)			12,00	00		12,000
				(ı) Secur	ities	(II) Other	_			
	7	a Gross amount from sales of	7a	22,	548,533					
		assets other than inventory								
	b		76	22	402.607					
		other basis and sales expenses	7b	22,	482,607					
		(	7c		CE 026		7			
		Gain or (loss)  d Net gain or (loss)	ш		65,926			26		65,926
		a Gross income from fu				• • • •	33,32			03,320
ne		(not including \$		of						
E C		contributions reported See Part IV, line 18			8a		0			
Other Revenue		<b>b</b> Less direct expen	ses		8b		2			
er		<b>c</b> Net income or (los			لـــــا ing eve	ents		0		
							7			
	9a	Gross income from See <b>Part</b> IV, line 19	gamı •	ing activities	9a	,				
		<b>b</b> Less direct expen			9a 9b		2			
		<b>c</b> Net income or (los				es •		0		
		·								
	10	aGross sales of inve returns and allowa	entor	ry, less						
					10a 10b		<u>0</u>			
		<b>b</b> Less cost of good						0		
		<b>c</b> Net income or (los Miscellaneo			invento	Business Code				
	1:	1aAll Other Misc Re				90009	99 76	57		767
			_							
		ь			$\longrightarrow$		1			
		с			$\longrightarrow$			1		
	<u>'</u>									
		<b>d</b> All other revenue			}		76	.7		767
		e Total. Add lines 1			. L	•				, 07
							76	57		
	1.	<b>2 Total revenue.</b> S	ee Ir	ısıı uctions	• •	· · · •	139,369,94	0 483,712	2	1,544,028
										Form <b>990</b> (2019)

For	m 990 (2019)				Page <b>10</b>
F	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must c				mn (A)
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> ⊔</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	113,069,736	113,069,736		
4	Benefits paid to or for members	0			_
5	Compensation of current officers, directors, trustees, and key employees	519,337	65,747	431,674	21,916
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,776	3,776		
7	Other salaries and wages	8,916,286	5,530,932	1,172,628	2,212,726
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	527,099	330,232	65,709	131,158
9	Other employee benefits	2,012,207	1,281,075	250,217	480,915
10	Payroll taxes	706,863	423,939	111,543	171,381
11	Fees for services (non-employees)				
	a Management	0			
	<b>b</b> Legal	73,972	4,155	69,134	683
	c Accounting	96,796		96,796	
	d Lobbying	0			
	e Professional fundraising services See Part IV, line 17	0			
	f Investment management fees	56,859		56,859	
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	639,241	14,836	51,637	572,768
12	Advertising and promotion	481,939	292	6,430	475,217
13	Office expenses	3,491,673	967,863	2,042,066	481,744
14	Information technology	397,727	211,319	78,510	107,898
15	Royalties	0			
16	Occupancy	230,433	157,323	36,103	37,007
17	Travel	673,979	403,985	15,188	254,806
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	64,323	19,601	8,637	36,085
20	Interest	1,478	478	1,000	
21	Payments to affiliates	0			
22	. Depreciation, depletion, and amortization	363,914	252,046	55,934	55,934
23	Insurance	137,843	85,182	21,502	31,159
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				

594,695

42,046

70,179

133,172,401

0

0

546,482

12,975

123,381,974

4,523

42,046

22,816

4,640,952

43,690

34,388

5,149,475

Form **990** (2019)

expenses on Schedule  $\stackrel{,}{\mathsf{O}}$  )

**b** BOARD EXPENSES

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☑ If following SOP 98-2 (ASC 958-720)

d \_

a AWARENESS & EDUCATION

P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			426	1	741
	2	Savings and temporary cash investments .		[	12,583,265	2	13,893,618
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net		[	180,175	4	282,734
	5	Loans and other payables to any current or form key employee, creator or founder, substantial c entity or family member of any of these persons	ontribui s .	tor, or 35% controlled	0	5	0
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in section $4958(f)(1)$			0	6	0
S	7	Notes and loans receivable, net			0	7	0
ssets	8	Inventories for sale or use		[	0	8	0
AS	9	Prepaid expenses and deferred charges			842,958	9	748,169
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	10,152,218			
	ь	Less accumulated depreciation	10b	6,948,168	3,348,367	10c	3,204,050
	11	Investments—publicly traded securities .			41,306,846	11	48,367,487
	12	Investments—other securities See Part IV, line	11 .		0	12	0

0 13

0

145,802

58,407,839

1,377,409

218.866

582,919

2.179.194

23,958,997

32,269,648

0

14

15

16

17 18

19

20

21

22 0 23

24

25

26

27

28

29

30

0

0

134,752

66,631,551

1,569,608

211.621

0

0

0

571,238

2.352.467

31,596,789

32,682,295

13

14

15

16

17

18

19

20

21

23

24

26

27

28

Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets .

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

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

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

or family member of any of these persons .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Form 990 (2019)

3a

3b

No

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

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

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

Audit Act and OMB Circular A-133?

# Additional Data

#### Software Version: EIN: 43-1243999

Name: UNBOUND

Software ID:

5 000 (2010)

Form 990 (2019)

Form 990, Part III, Line 4a:

Form 990, Part III, Line SPONSORSHIP - SEE SCHEDULE O

SEE SCHEDULE O

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

efil	e GR	APHIC pri	nt - DO NO	Γ PROCESS	As Filed Data -			DLN: 93	3493171001180
		ULE A			Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047
(For 9901	rm 99 E <b>Z</b> )	0 or	Com		rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o empt charitable	organization or trust.		2019
		f the Treasury	▶ 6	io to <u>www.irs</u>	► Attach to Form a.gov/Form990 for i			ormation.	Open to Public Inspection
Vam JNBO	e of tl	he organiza	tion					Employer identific	ation number
			(- B !::- (	N '1 CI-1	- / 6 !!		1 - 1 1 \ 6	43-1243999	
	rt I organiz				<b>us</b> (All organization : it is  (For lines 1 thro			see instructions.	
1			•		sociation of churches	•		(A)(i).	
2		,		,	1)(A)(ii). (Attach Scl				
3					vice organization desc	,	, ,		
4			•	•	-			,. 170(b)(1)(A)(iii). E	nter the hospital's
•	П	name, city,		nzacion operac	ed in conjunction with	a nospital descri	bed III section :	170(b)(1)(A)(III). L	iter the hospital s
5			ation operated (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	✓			mally receives <b>vi).</b> (Complete		s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust descr	bed in <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter			with a land-grant coll college or university	ege or university or a
10		from activit	ies related to וncome and נ	its exempt fur inrelated busin	ictions—subject to cer	tain exceptions,	and (2) no more	ns, membership fees, in than 331/3% of its subsets acquired by the o	pport from gross
11		An organiza	ation organize	d and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>se</b>	ction 509(a)(2	s of, or to carry out th <b>).</b> See <b>section 509(a</b> s 12e. 12f. and 12g	e purposes of one or )(3). Check the box
а		<b>Type I.</b> A so	supporting org n(s) the powe	anızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting or nt of the supp	ganization sup orting organiza	ervised or controlled i ation vested in the sar			organization(s), by hav ge the supported orga	
c		Type III f	unctionally i					nd functionally integra	ted with, its
d		Type III n	on-function	ally integrate he organizatio	<b>d.</b> A supporting organ	Ization operated fy a distribution	in connection wi requirement and	th its supported orgar an attentiveness req	` '
e		Check this	, box if the org	anızatıon recei	•	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			organizations		94.1124.1011			
g	Provi	ide the follow	ing informatio	n about the su	ipported organization(	s)			
	1 (i)	Name of supp organization		(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		
Tota					nstructions for	Cat No 11285	<u> </u>	 Schedule A (Form 9	

ľ	membership fees received (Do not	122,382,864	127,382,454	133,688,878	133,867,370	137,342,202	654,663,768
2	include any "unusual grant ") 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	122,382,864	127,382,454	133,688,878	133,867,370	137,342,202	654,663,768
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						654,663,768
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7		122,382,864	127,382,454	133,688,878	133,867,370	137,342,202	654,663,768
8	Gross income from interest,						

	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						654,663,768
•	Section B. Total Support						_
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	122,382,864	127,382,454	133,688,878	133,867,370	137,342,202	654,663,768
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	770,848	759,620	913,259	1,183,406	1,477,335	5,104,468
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	90	557	105	547	766	2,065
11	<b>Total support.</b> Add lines 7 through 10						659,770,301

	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						654,663,768
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	122,382,864	127,382,454	133,688,878	133,867,370	137,342,2	02 654,663,768
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	770,848	, ,	913,259	1,183,406	1,477,3	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	90	557	105	547	7	66 2,065
11	<b>Total support.</b> Add lines 7 through 10						659,770,301
12	Gross receipts from related activities,	etc (see instructi	ons)			12	2,291,840
13	First five years. If the Form 990 is f	or the organization	n's first, second, th	nrd, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	organization,
	check this box and ${f stop\ here}$						· 🗌
S	ection C. Computation of Publ						
14	Public support percentage for 2019 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	99 226 %
15	Public support percentage for 2018 S	chedule A, Part II,	line 14			15	99 291 %
16a	33 1/3% support test-2019. If th	e organization did	not check the box	on line 13, and lin	ne 14 is 33 1/3% o	r more, check t	nis box
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2018.</b> If t				and line 15 is 33 1	/3% or more, c	<b>▶</b> ✓ heck this
17a	box and stop here. The organization 10%-facts-and-circumstances test	<b>st—2019.</b> If the or	rganization did not	check a box on lir			▶□

▶□

ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

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

h 10%-facts-and-circumstances test-2018. 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

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

organization

instructions

supported organization

P		upport Schedule for						
		Complete only if you cl						der Part II. If
		ne organization fails to	qualify under t	ne tests listed i	pelow, please co	omplete Part II.	)	
56	ection A. Pub	ndar year						T
		r beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1		contributions, and						
		ees received (Do not						
_		nusual grants ")						
2		from admissions, sold or services						
		facilities furnished in						
		at is related to the						
	organization's	tax-exempt purpose						
3		from activities that are						
		ed trade or business						
4	under section Tax revenues	F						
-		benefit and either paid						
		d on its behalf						
5		ervices or facilities						
		governmental unit to						
		on without charge						
6	Total. Add line	-						
/a		ded on lines 1, 2, and m disqualified persons						
b		ded on lines 2 and 3						
_		other than disqualified						
		exceed the greater of						
		of the amount on line						
_	13 for the yea Add lines 7a a							
8		rt. (Subtract line 7c						
0	from line 6)	it. (Subtract line / c						
Se	ection B. Tota	al Support				•		
		ıdar year	(-) 201E	(h) 2016	(=) 2017	(4) 2010	(-) 2010	(f) Tatal
		r beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts fron	n line 6						
L0a		from interest,						
		yments received on						
		ns, rents, royalties and similar sources						
b		siness taxable income						
_		511 taxes) from						
		equired after June 30,						
	1975							
_	Add lines 10a							
11		rom unrelated business						
		included in line 10b, ot the business is						
	regularly carr							
12		Do not include gain or						
		sale of capital assets						
	(Explain in Pa							+
13	11, and 12 )	rt. (Add lines 9, 10c,						
14	First five yea	a <b>rs.</b> If the Form 990 is foi	r the organization	's fırst, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organization,
•		and <b>stop here</b>		, ,	, ,	•	( )( )	▶ □
Se		nputation of Public S	Support Perce	ntage				
15		percentage for 2019 (lin			column (f))		15	
16	• •	: percentage from 2018 S		•	( //		16	
		nputation of Investr					1 -0	
17		come percentage for 201			line 13. column (f	f))	17	
		come percentage from 20	,		25, 2014/11/1 (1	• / /		
18				·	on line 14	aa 1 E ja waana 41	18   22 1/20/ and l	na 17 ia
		ort tests—2019. If the						_
		/3%, check this box and s	-					▶□
b	33 1/3% sup	pport tests—2018. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	_
	not more than	n 33 1/3%, check this box	and <b>stop here.</b>	The organization (	qualifies as a publ	licly supported org	anızatıon	▶□
20	Private found	dation. If the organization	n did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

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

			Yes	No
•	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,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
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	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
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		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)				
	below :				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the				
	determination				
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				

	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	1	
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 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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 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 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			
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	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)			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?		1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

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

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

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

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

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

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b>	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <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	ection D. All Type III Supporting Organizations			
			Yes	No
•	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)			
	D	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(		instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	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		
ŀ	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	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ŀ	Did the organizations? Provide details in Part VI.  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	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (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) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6 6 7 Recoveries of prior-year distributions 7

8 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 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4

5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2019

_		1.0		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
3	Excess distributions carryover, if any, to 2019			
_	From 2014		(	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017 <b>.</b>			
e From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, line 7

**a** Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4

instructions)

8 Breakdown of line 7

d Excess from 2018. e Excess from 2019.

a Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . .

\$

5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in <b>Part VI</b> See instructions		
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in <b>Part VI</b> See instructions		
7	Excess distributions carryover to 2020. Add lines 3j and 4c		

Schedule A (Form 990 or 990-EZ) (2019)

### **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)

Instructions)

Facts And Circumstances Test

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

(Form 990)

DLN: 93493171001180

OMB No 1545-0047

## **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.

Open to Public

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** UNBOUND 43-1243999 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

**d** Equipment .

Par	t IIII	Organizations Ma	aintaining Col	lections of A	rt, Histori	ical Tr	easur	es, or Other	Similar As	sets (d	continued)
3	Using	the organization's acq (check all that apply)									
а		Public exhibition			d		Loan o	r exchange prog	ırams		
b		Scholarly research			е		Other				
С		Preservation for future	e generations								
4	Provid Part X	de a description of the call	organızatıon's coll	lections and exp	lain how the	ey furth	er the	organization's ex	kempt purpo	se in	
5		g the year, dıd the orga s to be sold to raise fur							ular	☐ Ye	s 🗆 No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			Form 990	, Part	IV, lın	e 9, or reporte	ed an amou	ınt on F	Form 990, Part
1a		e organization an agent led on Form 990, Part X		an or other inter	mediary for	contrib	utions	or other assets	not	☐ Ye	s 🗆 No
ь	If "Ye	s," explain the arrange	ement in Part XIII	and complete th	he following	table			A	mount	
С	Begin	ning balance		·	_			1c			
d	Addıtı	ons during the year						1d			
е	Distri	butions during the year	r					1e			
f	Endın	g balance						1f			
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X,	line 21, for	escrow	or cust	todial account lia	ability?	☐ Ye	s 🗆 No
		s," explain the arrange								_	
	rt V	Endowment Fund		one on the contract of the con	ne explanae			Torraca III rare.			
		Complete of the org	ganization answ								
4_	D	6 b		(a) Current yea	ar <b>(b)</b> F	Prior yea	(c	:) Two years back	(d) Three yea	ars back	(e) Four years back
	_	ing of year balance .					+				
		outions	as and lasses		_		_				
		estment earnings, gair	•				-				
		or scholarships					-				
	and pro	expenditures for facilities	es								
		strative expenses .					_				
g		year balance									
2		de the estimated percei	-	ent year end bala	ance (line 1	g, colur	nn (a))	held as			
а	Board	l designated or quasi-e	ndowment 🟲								
b	Perma	anent endowment 🟲									
C		orarily restricted endov									
3а	Are th	ercentages on lines 2a nere endowment funds lization by			nızatıon tha	t are he	ld and	administered fo	r the		Yes No
	-	related organizations								3a	a(i)
		elated organizations .								_	n(ii)
b		s" on 3a(11), are the rel		s listed as requi	red on Sche	dule R	٠				Bb
4	Descr	ribe in Part XIII the inte	ended uses of the	organızatıon's e	ndowment t	funds					<u> </u>
Pa	rt VI	Land, Buildings,			_						
	Dosser	Complete of the ord	ganization answ (a) Cost or oth		Form 990 Cost or other			e 11a. See For (c) Accumulated (			ie 10. d) Book value
	vescri	ption of property	(a) Cost or oth (investme		cost or other	uasis (C	mer)	(C) Accumulated (	iehi eciarion	(	u) book value
1-	اعمط					רר	3,053				273,053
	Land						0,230		2,394,249		2,575,981
	Building	gs old improvements				7,7/	5,230		2,007,279		2,373,301
·	_cuocii	ora improvemento	I	ı			I		l l		

2,068,373

2,840,562

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

270,077

84,939

3,204,050

1,798,296

2,755,623

	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990	Part IV/ lu	ne 11h	Saa Form 990 D	Part Y	line 12
	(a) Description of security or category (including name of security)	(b) Book value	ile IID.	(c) Method Cost or end-of-	d of va	luation
	l derivatives					
!) Closely-l !)Other	held equity interests					
)						
)						
)						
)						
)						
)						
5)						
1)						
otal. (Columi art VIII	n (b) must equal Form 990, Part X, col (B) line 12)  Investments—Program Related.	<b>•</b>				
	Complete if the organization answered 'Yes' on Form 990	Part IV, lır	ne 11c.		Part X	, line 13.
	(a) Description of investment			(b) Book value		Method of valuation or end-of-year marke value
)						
2)						
3)						
1)						
5)						
5)						
<b>'</b> )						
3)						
<del>)</del> )						
	n (b) must equal Form 990, Part X, col (B) line 13 )		▶			
Part IX						
art IX	Other Assets. Complete if the organization answered 'Yes' on Form 990,  (a) Description	Part IV, lın	e 11d.	See Form 990, Par	t X, lın	e 15 (b) Book value
	Complete if the organization answered 'Yes' on Form 990,	Part IV, lın	e 11d.	See Form 990, Par	t X, lın	
.)	Complete if the organization answered 'Yes' on Form 990,	Part IV, lın	e 11d.	See Form 990, Par	t X, lın	
2)	Complete if the organization answered 'Yes' on Form 990,	Part IV, lın	e 11d.	See Form 990, Par	t X, lın	
2)	Complete if the organization answered 'Yes' on Form 990,	Part IV, lın	e 11d.	See Form 990, Par	t X, lin	
2)	Complete if the organization answered 'Yes' on Form 990,	Part IV, lın	e 11d.	See Form 990, Par	t X, lin	
3)	Complete if the organization answered 'Yes' on Form 990,	Part IV, lin	e 11d.	See Form 990, Par	t X, lin	
(i) (i) (i) (ii) (ii)	Complete if the organization answered 'Yes' on Form 990,	Part IV, lin	e 11d.	See Form 990, Par	t X, lin	
11) 22) 33) 11) 55)	Complete if the organization answered 'Yes' on Form 990,	Part IV, lin	e 11d.	See Form 990, Par	t X, lin	
1) 2) 3) 3) 5) 5)	Complete if the organization answered 'Yes' on Form 990,	Part IV, lin	e 11d.	See Form 990, Par	t X, lin	
1) 2) 3) 5) 7) 3) potal. (Column	Complete if the organization answered 'Yes' on Form 990,  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )			See Form 990, Par	t X, lin	
1) 2) 3) 5) 7) 3) potal. (Column	Complete if the organization answered 'Yes' on Form 990,  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990,				<b>&gt;</b>	(b) Book value
2) 3) 3) 3) 3) 3) 3) 4) 5) 5) Cotal. (Columnation X	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, (a) Description				<b>&gt;</b>	(b) Book value
(Columpart X	Complete if the organization answered 'Yes' on Form 990,  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990,				<b>&gt;</b>	(b) Book value
2) 3) 3) 3) 3) 3) 3) 3) 4) 5) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 7) 8) 7) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, (a) Description				<b>&gt;</b>	(b) Book value
(Columbia (Colum	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, (a) Description				<b>&gt;</b>	(b) Book value
2) 3) 3) 5) 6) 7) 8) Part X 2) 3)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, (a) Description				<b>&gt;</b>	(b) Book value
2) 3) 4) 5) 6) 7) 8) Part X 1) Federal (2) 3)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, (a) Description				<b>&gt;</b>	(b) Book value
2) 3) 4) 5) 6) 7) 8) Part X  L) Federal (2) 3) 4) 5)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, (a) Description				<b>&gt;</b>	(b) Book value
2) 3) 4) 5) 6) 7) 8) Part X 1) 1) 5) 6) 7)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, (a) Description				<b>&gt;</b>	(b) Book value
1) 2) 3) 4) 5) 7) 0tal. (Columnation X	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, (a) Description				<b>&gt;</b>	(b) Book value

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

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

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

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 . .

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Supplemental Information

Add lines 2a through 2d . . . . .

Part XI

2

а

b

c d

e

5

c

d

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2019

Page 4

1,871,463

19,485

139,350,455

139,369,940

133,170,032

133.172.401

Schedule D (Form 990) 2019

2.369

#### 3 3 4 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 19,485 b Add lines **4a** and **4b** . . . . . . 4c c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

1,871,463

2e

5

2e

3

4c

5

2.369

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . . Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 133,170,032 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

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

Page <b>5</b>		chedule D (Form 990) 2019	
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	

Schedule D (Form 990) 2019

## 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 \$ 18,564 UNBOUND COLOMBIA \$ 921 TOTAL \$ 19.485						

pplemental Information	
Return Reference	Explanation
CHEDULE D, PART XII, LINE 4B	UNBOUND COLOMBIA \$ 2,369

Sur

SCHEDULE F	State	ement of A	Activities	Outside the Un	ited States	OMB No 1545-0047
Form 990)	► Comp	ıne 14b, 15, or 16.	2019			
Department of the Treasury nternal Revenue Service	•	► Go to www.irs.g	► Attach f gov/Form990 for i	nformation.	Open to Public Inspection	
lame of the organization					Employer ider	ntification number
JNBOUND					43-1243999	
	<b>nformation</b> Part IV, line		Outside the l	<b>Jnited States.</b> Comple	ete if the organization a	nnswered "Yes" on
1 For grantmakers	. Does the o	rganızatıon maı	ntaın records to	substantiate the amoun	t of its grants and	
			ie grants or assi	stance, and the selection	criteria used	
to award the gran	ts or assistan	ce?				🗹 Yes 🗌 No
2 For grantmakers outside the United		Part V the orga	anization's proce	dures for monitoring the	use of its grants and ot	her assistance
3 Activites per Region	n (The followir	ng Part I, line 3 t	table can be dupl	icated if additional space is	needed )	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
			contractors in the region	to recipients located in the region)	service(s) in the region	
See Add'l Data				to recipients located in the	service(s) in the region	
See Add'l Data				to recipients located in the	service(s) ill the region	
See Add'l Data				to recipients located in the	service(s) ill the region	
See Add'l Data				to recipients located in the	service(s) ill the region	
See Add'l Data				to recipients located in the	Service(s) ill the region	
See Add'l Data  3a Sub-total b Total from continuat Part I	ion sheets to	1		to recipients located in the	Service(s) ill the region	114,681,619

Page 2

	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
	See Add'l Data									

organization	and EIN (if applicable)	grant	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
See Add'l Data							
	1						1

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

Schedule F (Form 990) 2019

Part III can be di	uplicated if addi	tionai space is ne	eeaea.				
Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Schedule F (Form 990) 2019						
Par	rt 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)	☐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)	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			

Schedule F (Form 990) 2019

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

amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting

method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference

SCHEDULE
F, PART I,
LINE 2
UNBOUND SENDS A WIRE TRANSFER TO PROJECTS ON A MONTHLY BASIS THE MONTHLY TRANSFER INCLUDES THE PROJECT'S 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 LURBOUND MONITORS THE PROJECTS' USE OF THESE FUNDS

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 UNBOUND'S 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 GOVERMENTS FOR SPECIAL MONEY GIFTS OVER \$100. PROJECTS ARE REQUIRED TO ACKNOWLEDGE THE EXPENDITURES TO THE DONORS. THERE ARE FIVE REGIONAL ACCOUNTANTS IN THE INTERNATIONAL PROGRAMS DEPARTMENT AT UNBOUND. EACH HAS RESPONSIBILITY FOR A NUMBER OF PROJECTS, AND REVIEWS THE MONTHLY TRANSACTIONS AND REPORTS ON A REGULAR BASIS FOR TIMELINESS. ACCURACY. COMPLETENESS, AND COMPLIANCE WITH UNBOUND FINANCIAL AND PROGRAM POLICY REGULAR FEEDBACK IS GIVEN TO THE PROJECTS STAFF REPRESENTATIVES FROM THE UNBOUND HEADQUARTERS OFFICE VISIT EACH PROJECT AT LEAST ONCE PER YEAR TO ASSESS PROGRAM AND ADMINISTRATIVE PERFORMANCE, VISIT PROGRAM BENEFICIARIES IN THEIR HOMES, AND PROVIDE SUPPORT AND TRAINING TO PROJECT TEAMS FORMAL PERFORMANCE AUDITS ARE PERFORMED PERIODICALLY, TYPICALLY ONCE EVERY THREE YEARS IN ADDITION. THE UNBOUND FINANCE DEPARTMENT HAS A TEAM OF FINANCIAL AUDITORS WHO REGULARLY AUDIT THE PROJECTS' INTERNAL CONTROLS, PROCESSES AND PROCEDURES, AND THE ACCURACY OF THEIR RECORDKEEPING THEY HAVE ESTABLISHED A SCHEDULE FOR AUDITING EACH PROJECT ON A REGULAR BASIS THERE ARE OTHER PROCESSES, TOO, THROUGH WHICH UNBOUND IS ABLE TO MONITOR THE PROJECT PERFORMANCE AND ADHERENCE TO UNBOUND POLICIES UNBOUND REQUIRES AN UPDATED ANNUAL PHOTO OF EACH SPONSORED MEMBER, AND HAS PROCESSES TO ASSURE THE AUTHENTICITY OF EVERY PHOTO UNBOUND REQUIRES EACH SPONSORED MEMBER TO WRITE TO HIS OR HER SPONSOR AT LEAST TWICE EACH YEAR. THE LETTERS ARE REGULARLY REVIEWED ON A SAMPLE BASIS BEFORE BEING SENT TO SPONSORS SPONSORS EAGERLY ANTICIPATE LETTERS FROM THEIR SPONSORED FRIENDS UNBOUND ORGANIZES GROUP TRIPS CALLED AWARENESS TRIPS AND FACILITATES INDIVIDUAL SPONSOR VISITS TO A NUMBER OF THE PROJECTS EACH YEAR UNBOUND ENCOURAGES ALL SPONSORS TO VISIT THEIR SPONSORED FRIENDS AND VIEW FIRSTHAND THE WORK OF THE PROJECTS IN 2019, 933 SPONSORED CHILDREN AND ELDERLY WERE VISITED

Return Reference Explanation

990 Schedule F, Supplemental Information

Return Reference Explanation

SCHEDULE F, PART II, LINES 1(1) PURPOSE OF GRANTS FOR ALL REGIONS IS PROJECT INFRASTRUCTURE, EMERGENCY, SCHOLARSHIP, AND OTHER ASSISTANCE

#### **Additional Data**

CENTRAL AMERICA AND THE

EAST ASIA AND THE PACIFIC

CARIBBEAN

#### Software ID: Software Version:

**EIN:** 43-1243999

UNBOUND

47,219,410

17,265,807

Name:

GRANTMAKING

GRANTMAKING

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) (ı e ,	is a program service,	for region
	region	agents in	fundraising, program	describe specific type of	
		region	services, grants to	service(s) in region	
			recipients located in the		
			region)		

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) **IGRANTMAKING** 4.371.327 NORTH AMERICA SOUTH AMERICA IGRANTMAKING. 17,549,812

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 **IGRANTMAKING** 10.931.764 SUB-SAHARAN AFRICA IGRANTMAKING. 15,731,617

Form 990 Schedule F Part	t I - Activities	Outside The U	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN		1	PROGRAM SERVICES	PROJ MENTOR & MONITOR	263,037
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	PROJ MENTOR & MONITOR	54,417

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 13.100 NORTH AMERICA SOUTH AMERICA PROGRAM SERVICES PROJ MENTOR & MONITOR 56,303

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) SOUTH ASIA IPROGRAM SERVICES PROJ MENTOR & MONITOR 35.880 SUB-SAHARAN AFRICA PROGRAM SERVICES PROJ MENTOR & MONITOR 50,911

Form 990 Schedule F Par	t I - Activities	Outside The l	Jnited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	1		PROGRAM SERVICES	REGIONAL CENTER	1,138,234

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America SEE PART V 2.501.740 WIRE land the Caribbean ISEE PART V 845.572 WIRE East Asia and the Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of l(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 organization grant cash grant non-cash disbursement appraisal, assistance applicable) assistance other) North America ISEE PART V 348,515 WIRE ISouth America ISEE PART V 829.724 WIRE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) 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 206,733 WIRE Sub-Saharan ISEE PART V 775.136 WIRE Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or I (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) NUTRITION, 122,875 44,717,670 WIRE Central America EDUCATION, land the HEALTH, & FAMILY Carıbbean NUTRITION. 46.167 16,420,235 WIRE lEast Asia and EDUCATION, Ithe Pacific HEALTH, & FAMILY

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (c)Number (e) Manner of cash (g) Description of (h) Method of (b) Region (d) Amount of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance FMV, appraisal, assistance other) NUTRITION, 11,114 4,022,812 WIRE North America EDUCATION. HEALTH, & FAMILY 47,767 NUTRITION, 16,720,088 WIRE 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, 30,440 10.725.031 WIRE South Asia EDUCATION. HEALTH, & FAMILY 14,956,481 WIRE NUTRITION, 43,192 Sub-Saharan EDUCATION, Africa HEALTH, & FAMILY

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93493	1710	01180	
Sch	edule J	Со	mpensati	ion Information	ОМВ Г	lo 154	5-0047	
(For	n 990)	For certain Office	rs, Directors, T	rustees, Key Employees, and High	est			
		Complete if the ora:	Compensa	ated Employees vered "Yes" on Form 990, Part IV, l	ine 23. 2	01	9	
			▶ Attach	to Form 990.		Open to Public		
•	Department of the Treasury Internal Revenue Service Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.							
Nar	ne of the organiza	ation		E	mployer identification	numb		
UNE	SOUND			4	3-1243999			
Pa	rt I Questi	ons Regarding Compensat	ion	-				
						Υe	s No	
1a				the following to or for a person listed y relevant information regarding these				
		or charter travel		Housing allowance or residence for pe	ersonal use			
	_	companions	님	Payments for business use of persona				
		nification and gross-up payments	H	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ц	Personal services (e g , maid, chauffe	eur, cner)			
b				follow a written policy regarding paym ve? If "No," complete Part III to explai		b Ye	es	
2				or allowing expenses incurred by all r, regarding the items checked on Line	I .	2 Ye	:S	
	directors, truste	es, officers, including the CEO/EX	Recutive Directo	r, regarding the items checked on Line	Ia'			
3				ed to establish the compensation of the				
	_	•		not check any boxes for methods CEO/Executive Director, but explain in	Part III			
				Mouth on a series and a series of				
	· ·	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	<b>\cute{\cie\cute{\cute{\cute{\cute{\cute{\cute{\cute{\cute{\cute{\cute{\ci</b>	Approval by the board or compensation	on committee			
		-						
4	related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fili	ng organization or a			
а	Receive a sever	ance payment or change-of-contr	rol payment?			a	No	
b		r receive payment from, a supple		ified retirement plan?		<u>ъ</u>	No	
С	•	r receive payment from, an equit	•	'	4	С	No	
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part I	II			
	0	\ F04(-\/4\  F04(-\/20\						
5		), 501(c)(4), and 501(c)(29) ed on Form 990 Part VII Section	=	the organization pay or accrue any				
•		ontingent on the revenues of		the organization pay or accrac any				
а	The organization	1 <sup>7</sup>			5	a	No	
b	Any related orga				5	b	No	
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
а	The organization	17			_6	a	No	
b	Any related orga				6	b	No	
_	•	6a or 6b, describe in Part III						
7	payments not d	escribed in lines 5 and 6? If "Yes,	," describe in Pa			,	No	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," des				
						3	No	
9	If "Yes" on line : 53 4958-6(c)?	3, did the organization also follow	v the rebuttable	presumption procedure described in R	=	,		
For I		iction Act Notice, see the Inst	ructions for Fo	orm 990 Cat No 50	053T Schedule 1 (Fo		0) 2019	

			y Employees, and Hig					
instructions, on row (ii) [	o no	ot list any individuals that	rted on Schedule J, report t are not listed on Form 99 dividual must equal the to	90, Part VII	.,	-	•	at individual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & incentive (iii) Other compensation reportable.			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 SCOTT WASSERMAN PRESIDENT/CEO (NON-	(i)	227,299	0	774	18,068	23,777	269,918	0
VOTING)	(ii)	0	0	0	0	0	0	0
2 MARTIN KRAUS TREASURER (NON-	(i)	127,533	0	804	9,696	18,507	156,540	0
VOTING)/DIR FIN	(ii)	0	0	0	0	0	0	0
3 ROB MCELROY LEAD SOFTWARE ARCHITECT	(i)	127,284	0	270	12,585	20,789	160,928	0
	(ii)	0	0	0	0	0	0	0
4 STEVE MCCLAIN DIRECTOR OF OUTREACH	(i)	123,751	0	774	12,998	23,777	161,300	0
	(ii)	0	0	0	0	0	0	0
				1				

Schedule J (Form 990) 2019	Page <b>3</b>
Part III Supplemental Inform	nation
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
	IN 2019, ANABELLA WASSERMAN, WIFE OF SCOTT WASSERMAN, PRESIDENT/CEO OF UNBOUND, TRAVELED INTERNATIONALLY WITH MR WASSERMAN AND OTHER UNBOUND STAFF TO PARTICIPATE IN PROJECT MENTORING/MONITORING AND SPONSOR AWARENESS TRIPS TO VARIOUS UNBOUND PROJECTS UNBOUND COMPENSATED MS WASSERMAN FOR HER TIME AS AN INDEPENDENT CONTRACTOR AND PAID FOR HER AIRFARE BECAUSE HER PARTICIPATION WAS FOR BONA FIDE BUSINESS PURPOSES MS WASSERMAN'S LONG STANDING RELATIONSHIP WITH UNBOUND, PREVIOUS INVOLVEMENT LEADING SEVERAL CHURCH MISSION TRIPS, BEING A NATIVE OF GUATEMALA AND BEING BI-LINGUAL ARE JUST A FEW OF THE MANY ATTRIBUTES THAT ENABLE HER TO WORK SUCCESSFULLY AND TO HELP UNBOUND BUILD MEANINGFUL RELATIONSHIPS WITH PROJECT STAFF, AWARENESS TRIP PARTICIPANTS AND SPONSORED FAMILIES

Schedule 1 (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493171001180 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number UNBOUND 43-1243999 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 164,986 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_\_\_\_) Other ▶ ( \_\_\_\_\_\_) 26 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2019)	Page 2
	ution. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both Also y 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) (2019)

efile GRAPHI	C print - DO NOT PROCESS   As Filed Data -	DLN: 93493171001180
SCHEDULI (Form 990 or 9 EZ)	Complete to provide information for responses to specific quest Form 990 or 990-EZ or to provide any additional information  Attach to Form 990 or 990-EZ.	ions on Open to Public
tamel Betherofga INBOUND 990 Schedule	নাইation O, Supplemental Information	Employer identification number 43-1243999
Return Reference	Explanation	
PART I, LINE 1	Unbound's mission is to walk with the poor and marginalized of the world 1 We provide prohibition, youth, aging and their families so they may live with dignity, achieve their desired. We invite people of goodwill to live in daily solidarity with the worlds poor through one-to-community by fostering relationships of mutual respect, understanding and support that a without religious or other prejudice. Grounded in the Gospel call to serve the poor, Unbouwith persons of all faith traditions to create a worldwide community of compassion and se	d potential and participate fully in society to-one sponsorship 3. We build re culturally diverse, empowering and and is a lay Catholic organization working

Return Reference	Explanation
FORM 990, PART III, LINE 4A	Total grants for the sponsorship program were \$109 million in 2019. At the end of 2019, a total of 301,555 individuals in Latin America, Asia and Africa were sponsored through Unbo und. They included 268,421 children and youth, 32,895 elders and 239 candidates studying for the priesthood or religious life. Following are examples of achievements in the sponsor ship program, as sponsored individuals and their families partnered with Unbound to identify the specific 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 2019, 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. In 2019, Unbound also started a program in Rwanda and sponsorship launched in January 2020. Sponsors - through the monthly financial contributions they make and letters they receive from their sponsored friends - experience a sen se 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 relationships. Unbound had 252,222 sponsors from the U.S. and around the world at the end of 2019. Sponsored individuals and their families partner with Unbound to make program and benef it decisions that help them meet their basic needs and develop their potential over the co-urse of their time in the program, which is sometimes 18 years or more. Sponsored individuals and their families use financial assistance to help mee

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	o meet urgent family needs, or to start or boost small businesses to generate income, Pare nts have also formed cooperatives to meet community needs and provide income for members. Outcomes of sponsorship vary but typically relate to education, leadership development, im proved health and nutrition status, dignified housing, skill development and increased inc ome through livelihood opportunities for families. Monitoring program success Monitoring and evaluation of programs Unbound is committed to learning from our work and ensuring that it makes a positive impact in the lives of children, youth, elders and families around the world. The organization asks two basic questions to earn donor trust and be at our best for those we work with 1 Did we do what we said we were going to do? This is program mon itoring 2. Did it make a difference? This is program evaluation. Unbound distinguishes be tween monitoring and evaluation and maintains separate but complementary strategies. Monit oring. The principal purpose of monitoring is accountability. Regular program monitoring is conducted to ensure fidelity in the organizational structure, development of programs, implementation of policies and the appropriate use of finances. Some of this monitoring hap pens across distance with regular reporting, emails and phone calls. Much of it happens with personal, on-site visits from Unbound's Kansas City headquarters staff. Unbounds monitoring strategy includes 1. Visits made annually to each project for staff development, pro gram support and assessments 2. Financial audits conducted in each project 3. Program audit is conducted in each project 4. Awareness trips and individual sponsor visit opportunities 5. Third-party 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ion, Unbound also recognizes the need to step back periodically and look at the big picture. Global evaluations explore questions of organizational outcomes for all program partici pants across borders and in every region. These broad assessments help us tell our collect ive story and understand the effectiveness of our approach in key areas such as educationa. I attainment, economic self-sufficiency, empowerment of mothers and community participation. Each tier of our evaluation framework is important to understanding the whole of Unboun ds impact and its complex contribution to individual goals around the world. Governing board's role in monitoring outcomes. On behalf of sponsored individuals, their families and sponsors, the Unbound Governing Board monitors the integrity and accountability of the organ ization's operations. The board proactively defines the outcomes expected from the organization. Management must then produce verifiable data proving progress toward the expected o utcomes. Management chooses the means to achieve the boards ends. However, the board sets ethical and prudent limits on which means management may use. The board systematically mon itors compliance with these executive limitations. As a result, the board confidently assu residency and the contributions achieve their promised objectives, and that the organization remains transparent and ethical. Monitoring activities and evaluation methods. Unbou indiconducts financial and program audits of projects on a regular basis to ensure financial i resources provide 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 awarene ss trips visiting projects and families in the program. In 2019, headquarters staff collect tively spent more than 1,400 days in the field monitoring and supporting programs. In addition, the organization performs quality checks on le

Return Reference	Explanation
Cash Transfers	With the introduction and adoption of individual bank account models, a majority of sponsored members now have more direct access to their personal benefits. While a major concern surrounding cash transfer programs has been misuse of funds, Unbound seeks to answer these concerns by conducting an evaluation that studies the purchasing behavior of the families participating in the sponsorship program. Evaluations were conducted in India in 2018 and Guatemala in 2019 to determine if a lack of supervision mechanisms - such as submission of receipts - has any impact on the ways families use their benefit amounts. The findings from this evaluation did not indicate that supervision mechanisms lead to a decrease in purchasing temptation goods. This means that families who weren't submitting receipts were no more likely to purchase temptation goods than the families that were submitting receipts. Finally, various project (community) level evaluations are ongoing and led by program staff in each country. The primary purpose of evaluations at the project level is to ensure continuous program improvements and adaptations to the ever-changing world around the program. For example, a 2019 evaluation conducted in Delhi, India, on a tutoring program showed 73% of the mothers of the tutored children have seen improved performance in the studies of their children. Furthermore, 73% of the mothers mentioned that the level of confidence in the children has increased. A 2019 evaluation in Guatemala revealed how families are spending their benefit funds. This information will be used to enhance the program to support financial planning for the achievement of goals.

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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% of sponsored children achieved a level of school ing comparable to or above national peer averages, according to data gathered from 2011-20 14. This means that Unbound students - despite marginalization based on economic, social and geographic factors - were able to compete and excel alongside students from all socioec onomic brackets and areas within their countries. Of these former sponsored children, 51% achieved educational levels a year or more above their national peer averages. The number jumped to 59% achieving a year or more above their national peer averages when looking at the experience of 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 children, 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% of sponsored youth pursued post-secondary education compared to 30% of their peers. Families Sponsorship impacts the sponsored children 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 development as families. Most sponsored children have representation in the program through small parent/guardian groups. These groups provide the space for families to have a voice in the program and be part of a supportive community, addressing two significant components of poverty lack of choices and isolation. In 2019, a local evaluation in Kisumu, Kenya, focused on understanding the factors that were stopp ing the members of the parent groups from taking loans from thei

Return Reference	Explanation
Education	ons as well. Mothers and guardians in Unbound reported feeling they are having a greater i impact on their communities. Thirty percent of Unbound mothers said they were involved in making decisions within their communities compared to 16% of mothers in the comparison grou p. Evaluation results showed how more women in Unbound are taking economic risks starting small businesses to enact change. More women in the Unbound program have their own businesses, and fewer women in the program are unemployed than mothers in the comparison group. More mothers in Unbound also reported having complete choice in deciding or changing their occupations. This evaluation was a follow-up to a 2013 global evaluation on the same topic. The 2017 study revealed that 9% of mothers of sponsored children believed they had the power to change their familys situation, and 63% reported they were active in solving problems in their communities, among other findings on participation and empowerment indicators. Unbound is now in the final year of a six-year longitudinal data 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 overwhelmingly positive. Sponsored elders expense of emptiness, encountered less frequent feelings of rejection, and underwent fewer moments of missing having people 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

990 Schedule O, Supplemental Information

Explanation

Reference	Laplation
Education	nderstanding of the effectiveness of the Unbound programs global impact with elders and he ln us make decisions to improve how

the program serves elders globally

990 Schedule O, Supplemental Information

Return Reference	Explanation
Feedback from sponsors	Unbound recognizes sponsors and other benefactors not merely as donors but, first and fore most, as highly valued and respected members of the Unbound community. Both sponsors and s ponsored 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 commu nications 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 his appens in programs so they understand how their contributions are being used and become more invested in the lives of those they help. On an ongoing basis, Unbound surveys sponsors whose sponsorship relationships have come to an end. Respondents are asked how they feel about their sponsorship experience and how likely they would be to recommend Unbound. In 2 019, the results were 1. Ninety percent indicate they were either very satisfied (59%) or satisfied (31%). 2. More than 92% indicated they were either very likely (65.3%) or somewhat likely (27%) to recommend Unbound. 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. A mong the findings were 1. Eighty-five percent of respondents reported they read printed in aterial 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%, stated the reason they visit is to send eLetters to their sponsored friends. Secondary reasons were to make playments or learn more about Unbound. 5. Fourteen percent

Return Explanation
Reference

Feedback 9, 643 people participated in 28 awareness trips in 12 countries from sponsors

990 Schedule O, Supplemental Information

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 46.8% of scholarship students also sponsored. Unb ound scholarships have helped students in communities around the world achieve their educational goals. Students are able to complete their educations, follow their chosen career p aths and be of service to the larger community. Scholarships are used for needs such as se condary, post-secondary and vocational school tuttion, transportation, school supplies and books. Students are selected by local program staffs based on economic need, commitment to completing their educations, demonstrated leadership potential and interest in community service. Scholarship students participate in service projects as a requirement of the program. Scholarships are intended as supplemental assistance, and students and their familie is contribute what they can toward educational costs. In 2019, scholarship grants to Unboun difield offices totaled more than \$3.9 million. Scholarships were awarded to 9,086 students in Bolivia, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, G. uatemala, Honduras, India, Kenya, Madagascar, Mexico, Nicaragua, Peru, the Philippines, Ta nizania and Uganda. Many scholars are sponsored youth who need extra financial help in addition to sponsorship support to complete their educations. Qualified non-sponsored students identified by local Unbound staffs as being in need of educational assistance are also eligible for scholarships and represent 53.2% of those receiving awards. The service require ment is an important component of the program. Service

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Return Reference	Explanation
FORM 990, PART III, LINE 4B	In 2019, 14 local-level evaluations were conducted, including the following three example's In Honduras, 99% of scholars stated that they believe they are achieving their academic goals. Beyond their personal academic accomplishments, the evaluation in Honduras measure d how scholars were leaders in their communities. Of the scholars who took the survey, 94% believe their actions in the Unbound scholarship program earn them respect in the community, and 91% believe they can take action to improve their community. In Guatemala, 98% of the scholars report having a goal for which they are working to achieve. The goals were ed ucation-related for 84% of the scholars. The evaluation in Guatemala also focused on result is from students receiving tutoring from the scholars. It found that 95% of parents of stu dents receiving tutoring reported a positive change in the attitude of their child. In Mad agascar, young people in the scholarship program were dropping out of school. The evaluation highlighted the man reason as lack of specific objectives or goals that would motivate them to continue. Based on the finding, staff in Madagascar recommended that identifying and setting goals be part of the interview process, and that these efforts be nurtured through sessions that give scholars a way to motivate themselves and each other to achieve their dreams. Unbound has also initiated qualitative evaluation of the scholarship program with alumni, utilizing a group mind-mapping process and individual interviews to explore long-term outcomes. Unbound conducted Ripple-Effect Mapping (REM) in 2015 with 32 program alumni from rural communities in Guatemala and in 2013 with more than 80 program alumni in the Metro Manila area of the Philippines REM is a participatory and qualitative evaluation method used to learn the intended and unintended results of the program. While the contex ts of groups were dramatically different, with different geographies and significant cultural differences, the similarities between the outcomes strengt

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	they had and for what was shared through Unbound spurred a desire to help others, whether family, friends or strangers 2 Pride A deep sense of pride and personal accomplishment came forward in the maps of both countries. It is a pride that comes from educational acc omplishments and the ability to sustain ones family. However, it also comes from being part of, or associated with, the Unbound program itself (Philippines) or having a sponsor (Gu atemala). 3 Education Education and academic achievement show up in all ripple-effect map is created in Guatemala and the Philippines, however, their positioning and value differ be tween the two countries. Guatemalans viewed education as a key outcome and means to their most significant outcomes. Attaining an education meant gaining access to professional employment and caring for their families. It brought about satisfaction and pride. In the Philippines, however, alumni emphasized education as an end in itself. Having an education was the outcome. The most significant, long-term outcomes of the Unbound program were overwhelmingly both real and intangible. Housing and health, education and work were all present in the lives of Unbound alumni, yet the core of the impact remaining for formerly sponso red members lies in a moral, character-centered, reflective and goal-oriented worldview. This intangible core appears to offer a foundation for the alumni to continue to build their own tangible ripples in providing for their families and assisting community members. On e benefit of the ripple-effect-mapping method, over separate evaluations of each outcome domain, is that we can see more clearly that there are links between physical and psycho-so cial-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

Return

Reference

Ittererence	
FORM 990,	AN INDEPENDENT ACCOUNTING FIRM PREPARES THE 990 THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S
PART VI,	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

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
	EMPLOYEE MANUAL THE CODE OF CONDUCT WHICH FORBIDS A CONFLICT OR THE APPEARANCE OF A CONFLICT
	BETWEEN THE EMPLOYEE'S PERSONAL INTERESTS AND THOSE OF UNBOUND IS PART OF THAT REVIEW THE
	EMPLOYEE'S SIGNATURE ACKNOWLEDGES THEIR AGREEMENT TO ADHERE TO THIS CODE AND TO IMMEDIATELY
	DISCLOSE A SUSPECTED CONFLICT OF INTEREST TO A STAFF DIRECTOR, MEMBER OF THE HUMAN RESOURCES
	DEPARTMENT OR CONFIDENTIALLY THROUGH UNBOUND'S INDEPENDENT REPORTING SERVICE

Explanation

Return Reference

FORM 990,	THE COMPENSATION OF THE PRESIDENT/CEO FOR JUNE 2019-JUNE 2020 WAS DETERMINED AT THE JUNE 2019
PART VI,	GOVERNING BOARD OF DIRECTORS MEETING PRIOR TO THIS DISCUSSION, THE PRESIDENT/CEO AND THE NON-
SECTION B,	$\mid$ VOTING MEMBERS OF THE BOARD EXCUSED THEMSELVES FROM THE BOARD MEETING. THE VOTING MEMBERS MET. $\mid$
LINES 15A &	WITH THE DIRECTOR OF HUMAN RESOURCES WHO PROVIDED THEM WITH THE FOLLOWING INFORMATION WHICH
15B	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 AND 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/CEO'S JUNE 2018 - JUNE 2019 COMPENSATION THE VOTING
	MEMBERS THEN APPROVED THE ANNUAL SALARY FOR THE PRESIDENT/CEO SUBSTANTIATION OF THE DECISION OF
	THE BOARD'S DETERMINATION WAS MAINTAINED BY THE DIRECTOR OF HUMAN RESOURCES THE COMPENSATION
	OF THE OTHER OFFICERS (TREASURER AND SECRETARY) AND ALL OTHER EMPLOYEES WERE APPROVED BY THEIR
	RESPECTIVE SUPERVISOR AT UNBOUND IT WAS BASED ON BOTH A WRITTEN PERFORMANCE EVALUATION AS WELL
	AS THE ORGANIZATION'S COMPENSATION FRAMEWORK AND PLANNING SYSTEM COMPENSATION CHANGE
	DECISIONS ARE PLANNED AND DOCUMENTED IN THE ADP WORKFORCE NOW COMPENSATION MODULE

Explanation

990 Schedule O, Supplemental Information

Doturn

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

Evolunation

Return Explanation
Reference

LINE 9

Reference
FORM 990, CHANGE IN UNINSURED ANNUITY OBLIGATIONS \$(18,563)
PART XI.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493171001180 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** 43-1243999 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) (c) Legal domicile (state (d) (e) Primary activity Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organi related tax-exempt organizations during the tax y		ganization answered	d "Yes" on Form 990	0, Part IV, line 34 b	pecause it had one o	r more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(b) (c) Primary activity Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b (13) controlled entity?	
						Yes	No
(1)UNBOUND COLOMBIA CALLE 50 NO 65-42 CENTRO CONTEMPOR MEDELLIN ANTIOQUIA CO 90-1091198	PRJT SUPPORT	СО	501(C)(3)		UNBOUND	Yes	
For Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Cat No 5013	35Y		Schedule R (Forn	1 990) 20	19

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(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(relate unrelated, excluded fror tax under sections 512	d, total income		allocations? a		(i) Code V-UBI amount in boo 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percenta <u>c</u> ownershi
					514)	-				<u></u>			
								Yes	No		Yes	NO	
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J Identification of Related Organiza because it had one or more related or (a)  Name, address, and EIN of related organization		a corporation		st during th	(d) controlling Ty	(e)	(f) Share of total	Share	(g) of end-o	(I of- Perce	, line  i)  ntage	Sec	(ı) tion 512 ) contro
related organization		(state	or foreign untry)		endry	or trust)	income		assets	OWITE	тэтпр		entity?
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Schedule R (Form 990) 2019		Pa	age <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	<b>1</b> f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharing of paid employees with related organization(s)	g of paid employees with related organization(s) . . . . . . . . . . . . . . . . . . .						
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No		
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No		
r Other transfer of cash or property to related organization(s)				1r	No		
f s Other 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, including covered i	relationships and tra	ansaction thresholds				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount invol	ved		
(1)UNBOUND COLOMBIA	В	71,500	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 histractions 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-		(e) e all partners section 501(c)(3) 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)	(1) General or managing partner?		(k) Percentage ownership
			514)	Yes	No	<u> </u>		Yes	No		Yes	No	
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