UNBOUND FORM 990 TAX YEAR 2021 PUBLIC DISCLOSURE COPY Form 8879-TE

## IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 01/01/2021 and ending 12/31/2021

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information. 2021

Department of the Treasury Internal Revenue Service Name of filer

43-1243999

EIN or SSN

UNBOUND

Name and title of officer or person subject to tax

<u>SCOTT</u>	<u>WASSERMAN,</u>	<u>PRESIDENT</u>	<u>/ CEO</u>

#### Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	X k	<b>D</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) $\dots$ 1b $145382985$ .	•
2a	Form 990-EZ check here ►	t	<b>Total revenue,</b> if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here .	t	• Total tax (Form 1120-POL, line 22) • • • • • • • • • • • • • • • • • •	
4a	Form 990-PF check here ►	k	Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a	Form 8868 check here	k	Balance due (Form 8868, line 3c)	
6a	Form 990-T check here	k	<b>• Total tax</b> (Form 990-T, Part III, line 4) • • • • • • • • • • • • • • • • • •	
7a	Form 4720 check here ►	k	<b>Total tax</b> (Form 4720, Part III, line 1)	
8a	Form 5227 check here ►	k	FMV of assets at end of tax year (Form 5227, Item D)	
9a	Form 5330 check here 🕨	k	<b>5 Tax due</b> (Form 5330, Part II, line 19)	
10a	Form 8038-CP check here >	k	Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b	
Part	I Declaration and Signat	ture A	uthorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare that	ΧI	am an officer of the above entity or 🔄 I am a person subject to tax with respect to (name	
of enti	ty)		, (EIN) and that I have examined a copy of the	
2021 (	electronic return and accompanying	schedu	les and statements, and, to the best of my knowledge and belief, they are true, correct, and	
compl	ete. I further declare that the amour	nt in Pa	rt I above is the amount shown on the copy of the electronic return. I consent to allow my	
interm	ediate service provider, transmitter,	or elec	tronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an	
ackno	wledgement of receipt or reason for	rejectio	n of the transmission, <b>(b)</b> the reason for any delay in processing the return or refund, and <b>(c)</b>	
the da	te of any refund. If applicable, I autl	horize t	he U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal	

(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

## PIN: check one box only

FIN: Check one box only								
X I authorize FORVIS, LLP	to enter my PIN 8 6 2 4 8 as my signature Enter five numbers, but							
	do not enter all zeros							
on the tax year 2021 electronically filed return. If I have indicated within this return agency(ies) regulating charities as part of the IRS Fed/State program, I also authoriz return's disclosure consent screen.								
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.								
Signature of officer or person subject to tax	Date  October 18, 2022							
Part III Certification and Authentication								
ERO's EFIN/PIN. Enter your six-digit electronic filing identification								
number (EFIN) followed by your five-digit self-selected PIN. 4 3 3 7	2 2 4 4 0 1 6							
Do no	ot enter all zeros							
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the aquirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.								
ERO's signature	Date > 10/20/2022							

#### ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 1X3008 3.000

Form 8879-TE (2021)

7118FD K922 09/26/2022 17:07:41 V21-7F 97053

Form	990	
Departm	ent of the Treasu	ry

# **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.

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

OMB No. 1545-0047 Open to Public Inspection

Interr	al Reve	enue Serv	rice Information a	about Form 990 and	its instruction	s is at www.	irs.gov/fo	orm990.		Inspection
A F	or th	ne 202	1 calendar year, or tax year begir	nning		and endi	ing			
D			C Name of organization					D Employer ide	ntificat	ion number
BC	neck if ap	pplicable:	UNBOUND							
	Addre		Doing Business As					43-1243	999	
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street add	dress)	Room/suite	E	E Telephone nu	mber	
	Initial	l return	1 ELMWOOD AVE					(800)87	5-65	564
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal of	code					
	Amer returr		KANSAS CITY, KS 66103				c	Gross receipt	s \$	165,054,64
		cation	F Name and address of principal officer:	SCOTT WASS	ERMAN		F	(a) Is this a grou subordinates?	p return f	for Yes X
	-	-	1 ELMWOOD AVE, KANSAS (	CITY, KS 6610	3		н	<b>I(b)</b> Are all subordi		ided? Yes
I	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) (	) ┥ (insert no.)	4947(a)(1)	or 52	27	If "No," attac	n a list. (s	see instructions)
J	Websi	ite: 🕨	WWW.UNBOUND.ORG				н	H(c) Group exemp	tion num	iber 🕨
к	Form	of organ	ization: X Corporation Trust	Association Other	•	L Year of	of formatio	n:1981 M :	State of	legal domicile:
Pa	art I	Sur	nmary							
	1	Briefly	v describe the organization's mission o	r most significant activ	ities: UNBOU	JND'S MI	SSION	IS TO WA	LK W	VITH THE
e		POOP	R_AND_MARGINALIZED_OF_TH	IE_WORLDSEE_	SCHEDULE	0.				
Jan										
Activities & Governance	2	Check	this box 🕨 🔄 if the organization d	iscontinued its operation	tions or dispose	ed of more th	nan 25% o	of its net assets	•	
ŝ	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3	
യ് ഗ	4	Numb	er of independent voting members of t	he governing body (Pa	art VI, line 1b)			[	4	
itie	5	Total I	number of individuals employed in cale	endar year 2021 (Part V	V, line 2a)			[	5	1
živ	6		number of volunteers (estimate if necess						6	1,8
¥	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a	NC
			nrelated business taxable income from						7b	NC
								Prior Year		Current Year
e	8	Contri	butions and grants (Part VIII, line 1h)				l 13	39,403,52	7.	142,617,88
'nue	9	Progra	am service revenue (Part VIII, line 2g)		СОР	Y FOR		106,45	9.	1,77
Revenue	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC II	NSPECTION		2,012,86	1.	2,762,82
œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 1	1e)			1,38	5.	50
	12		revenue - add lines 8 through 11 (must					1,524,23	2.	145,382,98
	13	Grants	s and similar amounts paid (Part IX, colu	umn (A), lines 1-3)			11	4,152,32	4.	116,375,85
	14	Benef	its paid to or for members (Part IX, colu	mn (A), line 4)				NC	NE	NC
ş	15		es, other compensation, employee bene					13,369,03	9.	12,336,74
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				NC	NE	NC
xpe	b	Total f	fundraising expenses (Part IX, column (I	D), line 25) ▶6	,187,649.					
ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				6,168,16	7.	6,779,93
	18	Total e	expenses. Add lines 13-17 (must equal	Part IX, column (A), li	ne 25)		13	33,689,53	0.	135,492,52
	19	Reven	ue less expenses. Subtract line 18 from	n line 12				7,834,70	2.	9,890,45
Net Assets or Fund Balances							Beginni	ng of Current Y	ear	End of Year
sets alan	20	Total a	assets (Part X, line 16)				7	78,090,40	6.	85,403,83
t As d B	21	Total I	liabilities (Part X, line 26)					5,293,29	5.	2,233,38
S <sup>T</sup>	22	Net as	ssets or fund balances. Subtract line 21	from line 20			7	72,797,11	1.	83,170,44
Pa	rt II	Sig	gnature Block							
			of perjury, I declare that I have examined thi complete. Declaration of preparer (other than						my kno	owledge and belief,
	, conc		complete. Declaration of preparer (other than					wiedge.		
Ci.a	<b>n</b>									
Sig Hei			Signature of officer					Date		
IICI	C									
			Type or print name and title							
Paic		Print/	Type preparer's name	Preparer's signature		Date			if PTI	N
	arer	MICH	HAEL J ENGLE			11/15	5/2022	self-employe	d P(	00482834
	Only	Firm's	aname 🕨 FORVIS, LLP				F	Firm's EIN 🕨	44-	-0160260
		Firm's	address 🕨 1201 WALNUT, SUITE 1					Phone no.		5-221-6300
May	the I	RS dis	cuss this return with the preparer show	n above? (see instructi	ions)	<u></u> .	<u></u>			X Yes
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Form <b>990</b> (20

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)			
print				40.104000			
File by the	UNBOUND Number, street, and room or suite no. If a P.O. bo	v soo instru	rtions	43-1243999	)		
due date for			51013.				
filing your return. See	1 ELMWOOD AVE City, town or post office, state, and ZIP code. For	a foreign ad	dress see instructions				
instructions.		a foreign ac					
	KANSAS CITY, KS 66103						0 1
Enter the R	eturn Code for the return that this application	is for (file	a separate application for ea	ach return)			
Application		Return	Application				Return
Is For		Code	Is For				Code
Form 990 o	r Form 990-EZ	01	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other than in	dividual)			09
Form 990-P	F	04	Form 5227				10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870				12
Form 990-T	(corporation)	07					
<ul> <li>If this is f for the who a list with th</li> <li>1 I request for the</li> <li>X</li> <li>X</li> </ul>	anization does not have an office or place of for a Group Return, enter the organization's fo le group, check this box ■	ur digit Gro f it is for pa ion is for. ntil for the org , 20	pup Exemption Number (GEI art of the group, check this I <u>11/15</u> , 20 <u>22</u> ganization's return for: , and ending	N) ► [	a orga 20	If th and att anizati	nis is tach
	Change in accounting period				ı 		
	application is for Forms 990-PF, 990-T,	4720, or	6069, enter the tentation	ve tax, less any			
	fundable credits. See instructions.				3a (	\$	NONE
	application is for Forms 990-PF, 990-T, ated tax payments made. Include any prior yea			able credits and	3b	\$	NONE
	<b>ce due.</b> Subtract line 3b from line 3a. In	-		, if required, by			
using	EFTPS (Electronic Federal Tax Payment Syster	n). See ins	nstructions.			\$	NONE
Caution: If you instructions.	ou are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see	Form 8453-TE and For	rm 8	879-TE	for paymen
For Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Form	8868	(Rev. 1-2022

	UNBOUND	43-1243999
-	m 990 (2021)	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
	UNBOUND'S MISSION IS TO WALK WITH THE POOR AND MARGINALIZED OF THE	
	WORLD.	5
2	Did the organization undertake any significant program services during the year which were not	listed on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts,	any program
	services?	
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest pr	
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of the total expenses, and revenue, if any, for each program service reported.	grants and allocations to others.
4a	(Code: ) (Expenses \$ 121,335,674. including grants of \$ 113,110,501. ) (Reven	ue\$ 1,771.)
	SPONSORSHIP - SEE SCHEDULE O	
4b	(Code: ) (Expenses \$ 3,502,288. including grants of \$ 3,265,349. ) (Reven	ue\$ NONE )
	SCHOLARSHIP - SEE SCHEDULE O	
40	(Code: ) (Expenses \$ including grants of \$ ) (Reven	ио <b>\$</b> )
40		ue \$)
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 124,837,962.	- 000
	020 1.000 7118FD K922 10/20/2022 14:04:09 V21-7.2F 97053	Form <b>990</b> (2021) <b>6</b>

	990 (2021)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1	X	37
2		2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		v
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
J	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
Ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	L
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<b> </b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.24	37	
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Х	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140	A	
U U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
JSA 1E1021	1.000	Form	990	(2021)

JSA 1E1021 1.000

7118FD K922 10/20/2022 14:04:09 V21-7.2F 97053

7

UNBOUND

i art	Checkinst of Required Ochecules (commune)		N	NI-
			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		Х
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? If "Yes," complete Schedule J.	23	Х	
24 a	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			
		240		v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
26				
	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		X
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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If			
	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
		200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
<b>9</b> 7	or IV, and Part V, line 1.	34	Х	
25 -	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
		35a	X	
a	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	X	<u> </u>
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		X
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				. <u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
JSA 1E1030	1 000	Form	<b>AA</b> 0	(2021)

Part IV Checklist of Required Schedules (continued)

Form 990 (2021)

#### UNBOUND

Form 990 (2021)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 140			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	Х	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
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		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA 1E104	0 1.000			(2021)
	7118FD K922 10/20/2022 14:04:09 V21-7.2F 97053		9	

Form 9	90 (2021	) UNBOUND 43-1243	999	F	Page <b>6</b>
Part	VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
		Check if Schedule O contains a response or note to any line in this Part VI			X
Sect		Governing Body and Management			
	-			Yes	No
19	Entor	the number of voting members of the governing body at the end of the tax year			
Ia		e 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			
<b>L</b>	comm	ittee, explain on Schedule O.			
-					
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х
	•	her officer, director, trustee, or key employee?	-		
3		e organization delegate control over management duties customarily performed by or under the direct	3		х
		vision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4		organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5		e organization become aware during the year of a significant diversion of the organization's assets?	6		
6		e organization have members or stockholders?	Ö		X
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint	7-		37
		more members of the governing body?	7a		X
b		ny governance decisions of the organization reserved to (or subject to approval by) members,	<b></b>		
		olders, or persons other than the governing body?	7b		X
8	Did th	e organization contemporaneously document the meetings held or written actions undertaken during			
		ar by the following:			
а		overning body?	8a	X	
b	Each	committee with authority to act on behalf of the governing body?	8b	Х	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		X
Secti	on B. I	Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
				Yes	No
10a	Did the	e organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes	," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliate	es, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the	e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Descr	be on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the	e organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to	conflicts?	12b	Х	
С	Did th	e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	descri	be on Schedule O how this was done	12c	Х	
13	Did th	e organization have a written whistleblower policy?	13	Х	
14		e organization have a written document retention and destruction policy?	14	Х	
15		e process for determining compensation of the following persons include a review and approval by			
		endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		ganization's CEO, Executive Director, or top management official	15a	Х	
		officers or key employees of the organization	15b		Х
		" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
		taxable entity during the year?	16a		Х
h		s," did the organization follow a written policy or procedure requiring the organization to evaluate its			
~		pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organi	zation's exempt status with respect to such arrangements?	16b		
Secti		Disclosure			
17		e states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O			
18		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(sect	tion 5	01(c)
10	(3)s or	nly) available for public inspection. Indicate how you made these available. Check all that apply.	(000)		01(0)
	X	Dwn website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Descr	be on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
	and fir	ancial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and record I WASSERMAN-PRESIDENT/CEO 1 ELMWOOD AVE KANSAS CITY, KS 66103	s 🕨		
10.4		384-6500	Form	990	(2021)
JSA 1E1042	1.000				

Form 990 (2021)	UNBC	DUND				43-124	.3999 Page	7
Part VII Compensation		Directors, Tru	istees, Key	Employees,	Highest	Compensated	Employees, and	k
Independent Co			line in this					1
Check if Schedule Section A. Officers, Directo							•••••	<u> </u>
· · · · · · · · · · · · · · · · · · ·	•							_
<b>1a</b> Complete this table for a organization's tax year.	all persons re-	quired to be liste	d. Report co	mpensation for	the calen	dar year ending	with or within th	e

• 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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations	box, office	Position do not check more than one box, unless person is both an fficer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)			heck more than one ss person is both an d a director/trustee) from the		Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	below dotted line)	trustee r	al trustee		oyee	Highest compensated employee						
(1) SCOTT WASSERMAN	55.00											
PRESIDENT/CEO (NON-VOTING)	NONE			Х				249,448.	NONE	44,807.		
(2) ROB MCELROY	45.00			21				219,110.	INOINE	11,007.		
LEAD SOFTWARE ARCHITECT	NONE					x		136,591.	NONE	40,923.		
(3) STEVE MCCLAIN	45.00											
DIR OF GROWTH & REVENUE DEV	NONE					x		135,603.	NONE	40,842.		
(4) MARTIN KRAUS	50.00									· · · ·		
TREASURER (NON-VOTING)/DIR FIN	NONE			Х				136,676.	NONE	35,590.		
(5) FRANCIS WERTIN	45.00											
CHURCH RELATIONS DIRECTOR	NONE	1				X		144,502.	NONE	24,663.		
(6) DAN WINHOLTZ PEARSON	45.00											
DIR OF INTERNATIONAL PROGRAMS	NONE					X		125,603.	NONE	41,535.		
(7) JOHN DOUGHERTY	45.00											
DIRECTOR OF TECHNOLOGY SERVICE	NONE					Х		129,878.	NONE	20,478.		
(8) WILLIAM HANSEN	45.00											
SECRETARY (NON-VOTING)/FIN MGR	NONE			Х				85,029.	NONE	15,668.		
(9) REV. DENNIS MARTIN	2.00											
PREACH REP-NON-VOTING, BEG 6/21	NONE	Х						4,515.	NONE	NONE		
(10) ALISON AVAYU	1.00											
DIRECTOR (RETIRED 6/21)	NONE	Х						NONE	NONE	NONE		
(11) DAVID HERBISON	6.00											
DIRECTOR/CGO	NONE	Х		Х				NONE	NONE	NONE		
(12) RICH SWAN	1.00											
DIRECTOR (RETIRED 6/21)	NONE	Х						NONE	NONE	NONE		
(13) VICKI BERGER	3.00											
DIRECTOR/DEPUTY CGO (RET 6/21)	NONE	X		Х				NONE	NONE	NONE		
(14) DENNIS BERNARDO	3.00											
DIRECTOR	NONE	Х						NONE	NONE			

Part VII Section A. Officers, Directors, Tr (A)	(B)	ľ –							(E)			
(A) Name and title	(D) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more rson	e than o is both or/trusti employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	ar com fr org an	(F) stimated nount of other apensati om the anization d related anization	of ion on d
5) EMMA MILLER	5.00					0						
DIR/DEPUTY CGO (BEGAN 6/21)	NONE	x		x				NONE	NONE			NOI
.6) JOE BARKER	4.00											
DIRECTOR	NONE	x						NONE	NONE			NOI
7) REV. GREG SCHMITT C.S.S.R.	1.00											
PREACH (NON-VOTING)(RET 6/21)	NONE	Х						NONE	NONE			NO
.8) CINDY JONES	2.00											
DIRECTOR	NONE	X						NONE	NONE			NO
9) ABBY MARIE J. ROHR	2.00											
DIRECTOR	NONE	Х						NONE	NONE			NO
0) VINCENT MURMU	0.50											
DIRECTOR (NON-VOTING)	NONE	Х						NONE	NONE			NO
1) ANA MENCINI	1.00											
DIRECTOR (BEGAN 6/21)	NONE	Х						NONE	NONE			NO
2) LISA PHILLIP	1.00											
DIRECTOR (BEGAN 6/21)	NONE	Х						NONE	NONE			NO
3) HUGO PLAZA BELTRAN	0.50	-										
DIRECTOR (NON-VOTING)	<u>NONE</u>	X						NONE	NONE			NO
b Sub-total							►	1,147,845.	NONE		264,	
c Total from continuation sheets to Part VII,	Section A							NONE				NO
d Total (add lines 1b and 1c)								1,147,845.	NONE		264,	50
2 Total number of individuals (including but no reportable compensation from the organization)		hose	liste	d at		e) who 14	o re	ceived more than	\$100,000 of			
											Yes	N
B Did the organization list any former off employee on line 1a? If "Yes," complete Sche-										3		
For any individual listed on line 1a, is the organization and related organizations g	sum of rep reater than	ortab \$15	ole c 50,00	om 00?	pen If	satior <i>"Ye</i> s	n ar ;," (	nd other compens complete Schedu	sation from the Ile J for such			
individual										4	X	
Did any person listed on line 1a receive o										_		
for services rendered to the organization? If "	Yes," comple	te Scł	hedu	le J	for	such	per	son		5		

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

	(A) SEE SCHEDULE O Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

Form	990 (2	2021) UNBOUND				43-12439	99 Page <b>9</b>
Par	t VII	Statement of Revenue					
		Check if Schedule O contains a respo	nse or note to ar	ny line in this Part V	/	<u></u>	<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω w	1a	Federated campaigns 1a					
ant	b	Membership dues					
ອີຍີ	c	Fundraising events					
Ē,		Related organizations					
nila	d	-	2,386,100.				
in's,	e		2,500,100.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	140,231,782.				
	-		140,231,702.				
	g	Noncash contributions included in	<b>^</b> 205 745				
and		lines 1a-1f		140 617 000			
	n	Total. Add lines 1a-1f		142,617,882.			
a			Business Code	1 881	1 881		
Program Service Revenue	2a	AWARENESS TRIPS	900099	1,771.	1,771.		
ue Ser	b						
e u	С						
gra Re	d						
õ	е						
₽	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,771.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		1,865,745.			1,865,745.
	4	Income from investment of tax-exempt bone	•	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	e none				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 20,568,744					
ne	b	Less: cost or other basis					
		and sales expenses 7b 19,671,661					
Ś	С	Gain or (loss) 7c 897,083					
Other Rever	d	Net gain or (loss)	<u> • </u>	897,083.			897,083.
th	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from fundraising events	<u></u>	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from gaming activities	<u> • </u>	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory	<u> ►</u>	NONE			
s			Business Code				
eor	11a						
an	b						
evel 1	c						
Miscellaneous Revenue	d	All other revenue	900099	504.			504.
2	е	Total. Add lines 11a-11d		504.			
	12	Total revenue. See instructions		145,382,985.	1,771.	NONE	2,763,332.
101							000 /

#### UNBOUND

ection 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a resp				
o not include amounts reported on lines 6b, 7b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</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	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	116,375,850.	116,375,850.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	567,218.		567,218.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	8,801,559.	5,187,406.	1,133,702.	2,480,451
<ul> <li>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</li> </ul>	461,793.	280,387.	51,418.	129,988
9 Other employee benefits	1,820,032.	1,155,606.	229,104.	435,322
0 Payroll taxes	686,144.	390,660.	109,251.	186,233
1 Fees for services (nonemployees):				
a Management	NONE			
b Legal	92,630.	20,404.	67,899.	4,327
c Accounting	90,022.		90,022.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	98,480.		98,480.	
${\bm g}$ Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	578,836.	81,186.	28,305.	469,345
2 Advertising and promotion	988,390. 3,267,703.	<u> </u>	<u>11,723.</u> 1,508,512.	975,037 955,149
3 Office expenses     Information technology	650,441.	98,331.	376,734.	175,376
5 Royalties	NONE	<u> </u>	570,754.	1/5,5/0
6 Occupancy	160,559.	91,671.	24,115.	44,773
7 Travel	162,192.	12,575.	3,077.	146,540
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
9 Conferences, conventions, and meetings	39,845.	6,473.	7,844.	25,528
<b>0</b> Interest	NONE			
1 Payments to affiliates	NONE			
2 Depreciation, depletion, and amortization	284,428.	177,169.	38,307.	68,952
3 Insurance	156,353.	88,675.	24,938.	42,740
4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a AWARENESS & EDUCATION	45,650.	45,650.		
b BOARD EXPENSES	24,796.		24,796.	
c				
d	120 606		<b>D1</b> / <b>D1</b>	19 000
e All other expenses	139,606.	20,247.	71,471.	47,888
<ul> <li>5 Total functional expenses. Add lines 1 through 24e</li> <li>6 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 ► X if</li> </ul>	135,492,527. NONE	124,837,962.	4,400,910.	6,187,649

JSA 1E1052 1.000

following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021)

Page	1	1

		1	1	(
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	1,980.	1	1,033,639
2	Savings and temporary cash investments	17,417,256.	2	13,069,891
3	Pledges and grants receivable, net	NONE	3	NO
4	Accounts receivable, net	491,938.	4	993,91
5	Loans and other receivables from 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	NONE	5	NO
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NC
7	Notes and loans receivable, net	NONE	7	NC
7 8	Inventories for sale or use	NONE	8	NC
9	Prepaid expenses and deferred charges	808,560.	9	741,13
-	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D <b>10a</b> 10,473,247.			
b	Less: accumulated depreciation <b>10b</b> 7,516,728.	3,089,208.	10c	2,956,51
11	Investments - publicly traded securities.	55,778,237.	11	66,078,99
12	Investments - other securities. See Part IV, line 11	NONE		NC
13	Investments - program-related. See Part IV, line 11.	NONE		NO
14	Intangible assets	NONE		NO
15	Other assets. See Part IV, line 11	503,227.	15	529,73
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	78,090,406.	16	85,403,83
17	Accounts payable and accrued expenses	1,619,942.	17	1,465,16
18	Grants payable	631,779.	18	69,09
19	Deferred revenue	18,855.	19	18,65
20	Tax-exempt bond liabilities	NONE		NC NC
20	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NC
	Loans and other payables to any current or former officer, director,	NONE	21	INC
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
		NONE	22	DTC
22	controlled entity or family member of any of these persons	NONE		NO
23 24	Secured mortgages and notes payable to unrelated third parties	NONE 2,386,100.		NO
24 25	Other liabilities (including federal income tax, payables to related third	2,300,100.	24	NC
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	C2C C10	<b>0</b> 5	C00 47
20	—	636,619.	25	680,47
26	Total liabilities. Add lines 17 through 25	5,293,295.	26	2,233,38
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	40,143,512.	27	48,933,26
28	Net assets with donor restrictions	32,653,599.	28	34,237,18
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.	- , , / / -	-	. , ,
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
			31	
31	Relained earnings endowment accumulated income of other more			
31 32	Retained earnings, endowment, accumulated income, or other funds	72,797,111.	32	83,170,44

Form 990 (2021)

UNBOUND 43-12	439	99		
Form 990 (2021)			Pa	ige <b>12</b>
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI				.X
1 Total revenue (must equal Part VIII, column (A), line 12)	1	145,	382,	985.
2 Total expenses (must equal Part IX, column (A), line 25)	2	135,		
3 Revenue less expenses. Subtract line 2 from line 1	3	9,	890,	458.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72,	797,	111
5 Net unrealized gains (losses) on investments	5			353.
6 Donated services and use of facilities	6			
7 Investment expenses	7			
8 Prior period adjustments	8			
9 Other changes in net assets or fund balances (explain on Schedule O).	9		18,	523
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
32, column (B))	10	83,	170,	445.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII.				
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	on		
Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
If "Yes," check a box below to indicate whether the financial statements for the year were co				
reviewed on a separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis				
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were au				
separate basis, consolidated basis, or both:				
Separate basis X Consolidated basis Both consolidated and separate basis				
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiah	tof		
the audit, review, or compilation of its financial statements and selection of an independent account	•		X	
If the organization changed either its oversight process or selection process during the tax year, of				
Schedule O.	mpiairi			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	the		
Single Audit Act and OMB Circular A-133?				Х
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not un				
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a				
			m <b>990</b>	(2021)

SCHED	ULE A
(Form 99	0)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. for instructions and the latest information.

OMB No. 1545-0047 Open to Public

spection

Department of the Treasury	Attach to Fe
Internal Revenue Service	► Go to www.irs.gov/Form990

Nam	e of t	he organization					Employer identi	fication number
UNI	BOU	ND					43-1	243999
Ра	rt I	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this p	art.) See instruction	IS.
The	org	anization is not a private four	ndation because it	is: (For lines 1 throug	gh 12, ch	neck only	one box.)	
1		A church, convention of chu					70(b)(1)(A)(i).	
2								
3								
4		A medical research organiz	-	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A	)(iii). Enter the
_		hospital's name, city, and st						
5		An organization operated f		a college or universit	y owne	d or ope	erated by a governm	ental unit described in
~		section 170(b)(1)(A)(iv). (C	• • •					
6 7		A federal, state, or local go An organization that norma	•					om the general public
'	X	described in section 170(b)	-	-	pport in	oni a yo		oni the general public
8		A community trust describe		-	Part II )			
9	-	An agricultural research org					l in conjunction with a	a land-grant college
5		or university or a non-land-				-	-	
		university:	grant conege of ag		.ioiio). E		hamo, oky, and olato t	i lie cellege el
10		An organization that norma	lly receives (1) mc	ore than 331/3 % of its	support	from co	ntributions, members	hip fees, and gross
		receipts from activities relation	ted to its exempt f	unctions, subject to c	ertain ex	xceptions	s; and (2) no more tha	in 331/3 % of its
		support from gross investm acquired by the organizatio	n after June 30. 1	975. See section 509	able inco ( <b>a)(2).</b> ((	Complete	Part III.)	n dusinesses
11		An organization organized a						
12		An organization organized a	and operated exclu	sively for the benefit o	of, to per	form the	functions of, or to ca	rry out the purposes of
		one or more publicly suppor	ted organizations	described in section 5	09(a)(1)	) or secti	ion 509(a)(2). See se	ction 509(a)(3). Check
	_	_the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines	12e, 12f, and 12g.
а		<b>Type I.</b> A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s)	, typically by giving
		the supported organizatio				ajority of	the directors or trust	ees of the
		supporting organization. Y	-					
b		<b>Type II.</b> A supporting orga						
		control or management o		-	the sam	e persor	ns that control or ma	nage the supported
	Г	organization(s). You must	-					
С		_ Type III functionally integ						ally integrated with,
h	Г	its supported organization Type III non-functionally	. , .	· ·				rtad arganization(a)
d		that is not functionally inte			-			- · ·
		requirement (see instructi			-			ia an allentiveness
е	Γ	Check this box if the orga	,	•				II. Type III
•		functionally integrated, or						, . , p o
f	En	ter the number of supported						
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	lame of supported organization	<b>(ii)</b> EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	,	,
(A)								
(B)								
(C)								
(D)								
(E)								
т								
Tota	1							
For I	ane	rwork Reduction Act Notice, see the	Instructions for Form	990 or 990-EZ				Schedule A (Form 990) 2021

JSA 1E1210 1.000 7118FD K922 10/20/2022 14:04:09 V21-7.2F 97053 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	133,688,878.	133,867,370.	137,342,202.	139,403,527.	142,617,882.	686,919,859.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	133,688,878.	133,867,370.	137,342,202.	139,403,527.	142,617,882.	686,919,859.
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).						NONE
6	Public support. Subtract line 5 from line 4						686,919,859.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	133,688,878.	133,867,370.	137,342,202.	139,403,527.	142,617,882.	686,919,859.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	913,259.	1,183,406.	1,477,335.	1,512,656.	1,865,745.	6,952,401.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	105.	547.	766.	1,385.	504.	3,307.
11	Total support. Add lines 7 through 10						693,875,567.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,562,112.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	the organizatio	on's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2021 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	99.00 <b>%</b>
15	Public support percentage from 2020					15	99.14 <b>%</b>
16a	331/3% support test - 2021. If the org	anization did n	ot check the bo	x on line 13, an	id line 14 is 33	1/3 % or more, cl	neck this
	box and stop here. The organization qu						
b	331/3% support test - 2020. If the org	anization did no	ot check a box o	on line 13 or 16	a, and line 15 is	s 331/3 % or mor	e, check
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	021. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization					-	-
	Part VI how the organization meets t	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	upported
	organization						🕨 📖
b	10%-facts-and-circumstances test - 2	020. If the org	anization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organiz	ation meets the	e facts-and-circ	umstances test,	check this box	and stop here	. Explain
	in Part VI how the organization meets	the facts-and-	circumstances t	est. The organi	zation qualifies	as a publicly su	upported
	organization						
18	Private foundation. If the organizatio						
	instructions						► 📖

Schedule A (Form 990) 2021

Page 3

#### Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			•			
	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organization	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u>.</u>					<u></u> ▶
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
15	Public support percentage for 2021 (line 8,	column (f), divid	ed by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2020 Sche	dule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investment	t Income Perc	centage				
17	Investment income percentage for 2021 (lin	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020 \$	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2021. If the or	ganization did n	ot check the bo	ox on line 14, a	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation ►
b	331/3% support tests - 2020. If the orga	anization did not	check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of						
JSA 1E122	21 1.000						A (Form 990) 2021
1 2 2	7118FD K922 10/20/2022 14	1:04:09 V2	1-7.2F 970	53			19

JSA

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c 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 Part VI 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 Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

1

2

Part	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		ĺ
Secti	on B. Type I Supporting Organizations			
			Yes	No

	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
--	--

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?			
2	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's</i>			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).							
а	The organization satisfied the Activities Test. Complete line 2 below.							
b	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete <b>line 3</b> below.</i>							
С	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).							
•		[	Yes	No				
2	Activities Test. Answer lines 2a and 2b below.							
~	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of							

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of						
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify						
	those supported organizations and explain how these activities directly furthered their exempt purposes,						
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.						

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2. 3b 3b 2021 Schedule A (Form 990) 2021

2a

2b

3a

7118FD K922 10/20/2022 14:04:09 V21-7.2F 97053

JSA 1E1230 1.000

#### Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 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).

6

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021				Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	s	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in <b>Part VI.</b></i> See instructions. Remaining underdistributions for 2021. Subtract lines 3h				
6	•				
	and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
í	and 4c.				
8	Breakdown of line 7:				
 	Excess from 2017				
 b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

UNBOUND

Schedule A (Form 990 or 990-EZ) 2021

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER REVENUE	105.	547.	766.	1,385.	504.	3,307.
TOTALS	105.	547.	766.	1,385.	504.	3,307.

SCHEE	DULE D	
(Form	990)	

Department of the Treasury

# 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. /-

20 Z **Open to Public** 

OMB No. 1545-0047

	rtment of the Treasury nal Revenue Service	► Go to www.irs.gov/	Form990 for instructions and	the latest inform	nation.	Inspection
	e of the organization	·			Employer identific	
UNE	BOUND				43-1243	999
Ра	rt I Organiza	tions Maintaining Donor Advi	ised Funds or Other Sim	ilar Funds or	Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part	IV, line 6.		
			(a) Donor advised fu	inds	(b) Funds and	d other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3	Aggregate value of	of grants from (during year)				
4		at end of year				
5	Did the organizat	ion inform all donors and donor	advisors in writing that th	e assets held	in donor advised	
	funds are the orga	anization's property, subject to the	organization's exclusive leg	gal control?		Yes No
6	Did the organizati	ion inform all grantees, donors, a	and donor advisors in writin	g that grant fu	unds can be used	
		e purposes and not for the benef				
		nissible private benefit?	<u> </u>	<u></u>	<u></u>	Yes No
Pa		ation Easements.				
		e if the organization answered				
1		nservation easements held by the				
		on of land for public use (for example	, recreation or education)		of a historically in	-
		of natural habitat		Preservation	of a certified histo	oric structure
_		on of open space				
2	-	a through 2d if the organization he	eld a qualified conservation	contribution in		
		last day of the tax year.				End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
C		rvation easements on a certified			2c	
d		rvation easements included in (c				
•		listed in the National Register			2d	ani-ation during the
3		ervation easements modified, tra	nsterred, released, extinguis	snea, or term	inated by the org	anization during the
	tax year ►		nuction accompant in logated	•		
4 5		where property subject to conse zation have a written policy reg			ion handling of	
5	-	forcement of the conservation eas			-	Yes No
6		hours devoted to monitoring, insp				
0		nours devoted to monitoring, insp	ecting, nanoling of violations,	and enforcing	conservation easer	nents during the year
7	Amount of expens	ses incurred in monitoring, inspect	ting handling of violations a	nd enforcing c	onservation easen	nente durina the year
•	►\$		ang, nanaling of violations, a	ind ernerenig e		for the during the year
8		vation easement reported on line 2	(d) above satisfy the require	ements of secti	on 170(h)(4)(B)(i)	
•		ı)(4)(B)(ii)?				Yes No
9	In Part XIII. descri	ibe how the organization reports	conservation easements in	its revenue and	d expense stateme	
-		nd include, if applicable, the text of			•	
	organization's acc	counting for conservation easeme	nts.			
Ра	rt III Organiza	tions Maintaining Collections	of Art, Historical Treasu	ires, or Othe	r Similar Assets	5.
	Complete	e if the organization answered	"Yes" on Form 990, Part	IV, line 8.		
1a	If the organization	n elected, as permitted under FA treasures, or other similar asset	SB ASC 958, not to report	t in its revenu	e statement and	balance sheet works
	of art, historical	treasures, or other similar asset Part XIII the text of the footnote	ts held for public exhibitio	n, education,	or research in fu	urtherance of public
b	•	n elected, as permitted under FA				ance sheet works of
D		sures, or other similar assets hel				
	provide the follow	ring amounts relating to these iter	ns:			•
		ded on Form 990, Part VIII, line 1				
	(ii) Assets include	ed in Form 990, Part X			▶ \$	i
2	If the organizatio	on received or held works of a	rt, historical treasures, or o	other similar	assets for financi	al gain, provide the
		s required to be reported under F				
а		I on Form 990, Part VIII, line 1.				
<u>b</u>		Form 990, Part X		<u></u>		
r or F	-aperwork Reduction	n Act Notice, see the Instructions for	Form 990.		Sch	nedule D (Form 990) 2021

		OUND							243999	Page <b>2</b>
Pa	rt III Organizations Maintaini	•			-			•		,
3	Using the organization's acquisitio collection items (check all that appl			_	-		-	ake signi	ficant us	e of its
a	Public exhibition		d		or exchang					
b	Scholarly research		е	Other						
c	Preservation for future gener									
4	Provide a description of the organ	ization's collection	is and expl	ain how t	they furthe	er the org	ganization's	exempt	purpose	in Part
_	XIII.									
5	During the year, did the organizatio								٦.,	— <b>.</b> .
	assets to be sold to raise funds rath		tained as pa	art of the o	organizatio	n's collec			Yes	No
Pa	rt IV Escrow and Custodial Au Complete if the organiza 990, Part X, line 21.	•	es" on For	m 990, F	Part IV, lin	e 9, or re	eported an	amount	t on Fori	m
12	Is the organization an agent, trust	ee custodian or	othar intarn	nodiary fo	or contribu	itions or	other asse	te not		
Ia	included on Form 990, Part X?			-					Yes	No
h	If "Yes," explain the arrangement ir	Part XIII and com	nlete the fo	llowing tak	nle <sup>.</sup>		• • • • • •	• • • ∟	165	
D	in res, explain the arrangement in			nowing tai				Amount		
с	Beginning balance				10			/ intounit		
	Additions during the year									
e e	Distributions during the year									
f	Ending balance									
-	Did the organization include an am						account liab	vility?	Yes	No
	If "Yes," explain the arrangement in									
	rt V Endowment Funds.			Aplanation		provided				
Ιa	Complete if the organiza	tion answered "Y	'es" on For	m 990 F	Part IV lin	e 10				
		(a) Current year	(b) Price		(c) Two ye		(d) Three yea	ars back	(e) Four ye	ars back
4.		(u) ouriont your		, your	(-,		(u) 11100 you		(0) i oui ye	
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
t	Administrative expenses									
g	End of year balance	<i>(</i>		<i>(</i> ); 4						
2 a	Provide the estimated percentage Board designated or quasi-endowm		end balanc	e (line 1g,	column (a	)) heid as				
b	Permanent endowment	%	/0							
c		% %								
Ŭ	The percentages on lines 2a, 2b, a		100%							
3a	Are there endowment funds not in t	•		ation that	are held a	nd admir	nistered for t	he		
ou	organization by:		and organize						Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relate								3b	
4	Describe in Part XIII the intended u	•	•							
	rt VI Land, Buildings, and Equ			Wittent ta	100.					
	Complete if the organiza	ation answered "	res" on Fo	rm 990, I	Part IV, lir	<u>ie 11a. S</u>	See Form	990, Par	t X, line	10.
	Description of property		or other basis estment)		or other basis other)		cumulated eciation	(d)	Book value	9
1a	Land				273,053.	dopi			2.73	,053.
b	Buildings				.49,750.	2.7	82,440.		2,467	
c	Leasehold improvements			5,2	,,	2,7			2,107	,
d	Equipment			2 1	.94,821.	1 9	78,665.		216	,156.
ē	Other				55,623.		55,623.		210	, 0 .
Tota	I. Add lines 1a through 1e. (Column		rm 990, Part						2,956	,519.

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	) Part IV line 11b See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	on:
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Ves" on Form 990	) Part IV/ line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	on:
(1)				
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets.	•	•	
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	umn (b) must equal Form 990, Part X, col. (B)	ine 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990	), Part IV, line 11e or 11f. See Form	n 990, Part X,
1.		otion of liability		(b) Book value
	ral income taxes			
,	TY OBLIGATIONS			680,476.
(3)				000,470.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<b>&gt;</b>	680,476.
	or uncertain tax positions. In Part XIII, provide the		· · · · · · · · · · · · · · · · · · ·	
	s liability for uncertain tax positions under FASB			

Schedu	le D (Form 990) 2021 UNBOUND	43	-1243999 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	145,863,233.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	464,353.
3	Subtract line 2e from line 1	3	145,398,880.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b5,895.		
с	Add lines 4a and 4b	4c	-15,895.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	145,382,985.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret		
T all	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1 ar t	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	135,487,789.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		135,487,789.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		135,487,789.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities		135,487,789.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments		135,487,789.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		135,487,789.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)		135,487,789.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	1	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	1 2e	135,487,789.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses.         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses.         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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	1 2e	
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statements	1 2e	
1 2 6 6 8 3 4 8 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses.         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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	1 2e 3 4c	135,487,789.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4B

CHANGE IN UNINSURED ANNUITY OBLIGATIONS	(\$ 18,523)
UNBOUND - COLOMBIA AND PHILLIPINES	2,628
TOTAL	(\$ 15,895)

SCHEDULE D, PART XII, LINE 4B

TOTAL	\$ 4,738	
UNBOUND - PHILIPPINES	\$ 61	
UNBOUND - COLOMBIA	\$ 4,677	

SCHEDULE F	Statement of Activities Outside the United Statement	ates 📙	OMB No. 1545-0047		
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15	5, or 16.	2021		
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>		Open to Public Inspection		
Name of the organization	·	Employer identification number			
UNBOUND		43-124	3999		
	Information on Activities Outside the United States. Complete if the , Part IV, line 14b.	organizatio	on answered "Yes" on		
1 For grantmake other assistance award the grant	•				

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBB	NONE	NONE	GRANTMAKING		47,672,209.
(2) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		18,141,058.
(3) NORTH AMERICA	NONE	NONE	GRANTMAKING		3,788,583.
(4) SOUTH AMERICA	NONE	NONE	GRANTMAKING		18,849,927.
(5) SOUTH ASIA	NONE	NONE	GRANTMAKING		9,961,685.
(6) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING		17,962,388.
(7) CENTRAL AMERICA AND THE CARIBB	NONE	1	PROGRAM SERVICES	PROJ MENTOR & MONITOR	150,736.
(8) EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	PROJ MENTOR & MONITOR	1,917.
(9) NORTH AMERICA	NONE	1	PROGRAM SERVICES	PROJ MENTOR & MONITOR	21,510.
(10) SOUTH ASIA	NONE	1	PROGRAM SERVICES	PROJ MENTOR & MONITOR	9,274.
11) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	PROJ MENTOR & MONITOR	2,043.
12) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	PROJ MENTOR & MONITOR	2,020.
13) CENTRAL AMERICA AND THE CARIBB	1	NONE	PROGRAM SERVICES	REGIONAL CENTER	1,138,234.
14)					
15)					
16)					
(17)					
<ul> <li>3a Subtotal</li> <li>b Total from continuation sheets to Part I</li> </ul>	1	3.			117,701,584
c Totals (add lines 3a and 3b)	1.	3.			117,701,584

work Reduction Act Notice, see the Instructions for Form 990. For Paper JSA 1E1274 1.000 7118FD K922 10/20/2022 14:04:09 V21-7.2F 97053

31

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)			CENT. AMERICA/CARIBBEAN	SEE PART V	4,433,604.	WIRE			
(2)			EAST ASIA AND THE PACIFI	SEE PART V	1,278,333.	WIRE			
(3)			NORTH AMERICA	SEE PART V	391,313.	WIRE			
(4)			SOUTH AMERICA	SEE PART V	1,683,634.	WIRE			
(5)			SOUTH ASIA	SEE PART V	422,283.	WIRE			
(6)			SUB-SAHARAN AFRICA	SEE PART V	1,340,528.	WIRE			
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

35

1

#### Page 2

#### Schedule F (Form 990) 2021 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part II

43-1243999

#### 43-1243999

Page 3

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1) NUTRITION, EDUCATION, HEALTH, FAMILY	CENT. AMERICA/CARIBBEAN	113,017	43,238,605.	WIRE			
(2) NUTRITION, EDUCATION, HEALTH, FAMILY	EAST ASIA/PACIFIC	43,299	16,862,725.	WIRE			
(3) NUTRITION, EDUCATION, HEALTH, FAMILY	NORTH AMERICA	8,216	3,397,270.	WIRE			
(4) NUTRITION, EDUCATION, HEALTH, FAMILY	SOUTH AMERICA	45,632	17,166,293.	WIRE			
(5) NUTRITION, EDUCATION, HEALTH, FAMILY	SOUTH ASIA	24,492	9,539,402.	WIRE			
(6) NUTRITION, EDUCATION, HEALTH, FAMILY	SUB-SAHARAN AFRICA	46,144	16,621,860.	WIRE			
(7)							
(8)							
(9)							
0)							
11)							
12)							
3)							
4)							
5)							
6)							
7)							
18)							

Schedule F (Form 990) 2021

Schedu	ule F (Form 990) 2021	UNBOUND		Page <b>4</b> 3-124
Part	V Foreign Forms			
1	the organization may be req	transferor of property to a foreign corpor quired to file Form 926, Return by a U.S. s for Form 926)	Transferor of Property to a Foreign	X No
2	be required to separately file Receipt of Certain Foreign G	n interest in a foreign trust during the tax y Form 3520, Annual Return To Report Tra Sifts, and/or Form 3520-A, Annual Informa for Forms 3520 and 3520-A; don't file with	ansactions With Foreign Trusts and tion Return of Foreign Trust With a	ΧΝο
3	the organization may be req	an ownership interest in a foreign corpora uured to file Form 5471, Information Retur s (see Instructions for Form 5471)	rn of U.S. Persons With Respect to	ΧΝο
4	qualified electing fund durin	ect or indirect shareholder of a passive fing the tax year? If "Yes," the organization r hareholder of a Passive Foreign Investme rm 8621)	nay be required to file Form 8621,	ΧΝο
5	the organization may be re	an ownership interest in a foreign partner quired to file Form 8865, Return of U.S. structions for Form 8865)	Persons With Respect to Certain	ΧΝο
6	"Yes," the organization may	ny operations in or related to any boycottin be required to separately file Form 5713, don't file with Form 990)	, International Boycott Report (see	ΧΝο

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

UNBOUND

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).

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, ELDER AND VOCATIONS (WHERE APPLICABLE). THE MONTHLY TRANSFER ALSO INCLUDES BIRTHDAY FUNDS, AND FOR COVID-19 RESPONSE PROGRAMS DURING 2020 AS AN ADDITIONAL MEASURE TO HELP.

MONEY IS SENT AT THE APPROPRIATE TIMES FOR SCHOLARSHIPS AND CHRISTMAS. THERE MIGHT BE ADDITIONAL RESTRICTED FUNDS SENT AS UNBOUND GRANTS OR BECAUSE OF SPONSORS' EXTRA DONATIONS FOR SPECIFIC FAMILY OR PROJECT NEEDS BEYOND WHAT THE SPONSORSHIP PROGRAM COVERS. UNBOUND MONITORS THE PROJECTS' USE OF THESE FUNDS IN A VARIETY OF WAYS.

PROJECTS ARE REQUIRED TO PROVIDE MONTHLY FINANCIAL INFORMATION TO UNBOUND'S OFFICE IN KANSAS CITY, KANSAS, INCLUDING:

A. TRANSACTION-LEVEL FINANCIAL DETAIL WHICH INCLUDE THE BALANCE SHEET

#### **Supplemental Information**

Part V 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).

AND INCOME STATEMENT

B. PROJECT BANK STATEMENTS AND BANK RECONCILIATIONS

C. CASH RESERVES REPORT

THE PROJECTS ARE ALSO REQUIRED TO SUBMIT OR MAKE AVAILABLE THE FOLLOWING

DOCUMENTS ON AN ANNUAL BASIS:

- A. ANNUAL BUDGET
- B. ASSET LISTING
- C. GOVERNMENT-REQUIRED EXTERNAL AUDIT
- D. ANY OTHER FINANCIAL REPORTS FILED WITH THEIR GOVERNMENTS

FOR SPECIAL MONEY GIFTS OVER \$100, PROJECTS ARE REQUIRED TO ACKNOWLEDGE THE EXPENDITURES TO THE DONORS.

THERE ARE FOUR 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 **Supplemental Information** 

Part V 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). AND PROGRAM POLICY. REGULAR FEEDBACK IS GIVEN TO THE PROJECTS. BEFORE

PANDEMIC-RELATED TRAVEL RESTRICTIONS, STAFF REPRESENTATIVES FROM THE UNBOUND HEADQUARTERS OFFICE VISITED EACH PROJECT ON AN ANNUAL BASIS TO ASSESS PROGRAM AND ADMINISTRATIVE PERFORMANCE, VISIT PROGRAM BENEFICIARIES IN THEIR HOMES, AND PROVIDE SUPPORT AND TRAINING TO PROJECT TEAMS. ON-SITE VISITS WERE VERY LIMITED DURING 2020 AND 2021 DUE TO COVID-19 TRAVEL RESTRICTIONS. FORMAL PERFORMANCE AUDITS ARE PERFORMED PERIODICALLY, TYPICALLY ONCE EVERY THREE YEARS.

IN ADDITION, THE UNBOUND FINANCE DEPARTMENT HAS A TEAM OF FINANCIAL AUDITORS WHO 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. THOUGH ON-SITE FINANCIAL AUDITS WERE NOT POSSIBLE IN 2020-2021, THE AUDIT TEAM PERFORMED SELECTIVE DESK AUDITS.

THERE ARE OTHER PROCESSES, TOO, THROUGH WHICH UNBOUND IS ABLE TO MONITOR THE PROJECT PERFORMANCE AND ADHERENCE TO UNBOUND POLICIES. UNBOUND

**Supplemental Information** 

Part V 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).

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. WHEN PANDEMIC RESTRICTIONS AND HEALTH CONCERNS MADE IT IMPOSSIBLE TO GATHER LETTERS AND PHOTOS IN PERSON, UNBOUND CREATED A METHOD FOR FAMILIES TO SUBMIT LETTERS AND PHOTOS DIGITALLY IN A WAY THAT DID NOT REQUIRE CONTACT WITH PROJECT STAFF. THE LETTERS ARE REGULARLY REVIEWED ON A SAMPLE BASIS BEFORE BEING SENT TO SPONSORS. SPONSORS EAGERLY ANTICIPATE LETTERS FROM THEIR SPONSORED FRIENDS.

UNBOUND HEADQUARTERS STAFF MEMBERS MONITORED THE ACTIVITY OF THE PROJECTS THROUGH CONFERENCE CALLS, WEBINARS, REVIEW OF FINANCIAL AND PROGRAM DOCUMENTS, AND FINANCIAL DESK AUDITS. THE PROJECTS CONTINUE TO SUBMIT ALL DOCUMENTS AND REPORTS.

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).

SCHEDULE F, PART 1, LINE 3, COLUMN F

THE ACCRUAL METHOD OF ACCOUNTING IS USED TO REPORT THE AMOUNT OF

EXPENDITURES IN COLUMN F.

SCHEDULE F, PART II, LINES 1(1)-(6), COLUMN D

PURPOSE OF GRANTS FOR ALL REGIONS IS PROJECT INFRASTRUCTURE, EMERGENCY,

SCHOLARSHIP, AND OTHER ASSISTANCE.

SCHEDULE J		Comper	nsation Information	0	/IB No. 1	1545-0	047	
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		ରଳ <b>ମ 1</b>			
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	3.	$\mathbb{Z}$			
	nent of the Treasury	f the Treasury Attach to Form 990.						
	Revenue Service of the organization	<b>.</b>	· · · · · · · · · · · · · · · · · · ·	Employer identification			n	
UNB				43-1243999		-		
Part		ns Regarding Compensation		15 12 15 77.				
						Yes	No	
1a			ovided any of the following to or for a pers					
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	these items.				
		ss or charter travel	Housing allowance or residence for	-				
		or companions	Payments for business use of persor					
		emnification and gross-up payments	Health or social club dues or initiatio					
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)				
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to				
2	explain	anization require substantiation prior	r to reimbursing or allowing expenses	incurred by all	1b			
2	-		D/Executive Director, regarding the items	-				
				checked on line	2			
3			on used to establish the compensation of t	he	_			
J			at apply. Do not check any boxes for metho					
			e CEO/Executive Director, but explain in Pa					
	Comper	nsation committee	Written employment contract					
		dent compensation consultant	X Compensation survey or study					
	X Form 99	90 of other organizations	X Approval by the board or compensa	tion committee				
4			Part VII, Section A, line 1a, with respect to	the filing				
	•	or a related organization:						
a L			ayment?		4a	X	37	
b	-		ntal nonqualified retirement plan?		4b 4c		X X	
L			rovide the applicable amounts for each ite		40			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations must complete lines 5-9.					
5	-		ion A, line 1a, did the organization pa	y or accrue any				
		n contingent on the revenues of:						
а	The organizat	ion?			5a		Х	
b	Any related o	rganization?			5b		X	
		e 5a or 5b, describe in Part III.						
6	-		ion A, line 1a, did the organization pa	y or accrue any				
	-	n contingent on the net earnings of:						
a L					6a 6b		X X	
b		e 6a or 6b, describe in Part III.			00			
7			on A, line 1a, did the organization provi	ide any ponfixed				
'			lescribe in Part III		7		x	
8			paid or accrued pursuant to a contract that					
		•	Regulations section 53.4958-4(a)(3)? If	•				
	in Part III				8		X	
9			low the rebuttable presumption proced					
			<u> </u>		9			
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fe	orm 990.	Schedu	ile J (Fo	orm 990	0) 2021	

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

Dout II				
Schedule J	(Form 990) 2021	UNBOUND	43-1243999	Page <b>2</b>

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SCOTT WASSERMAN	(i)	248,214.	NONE	1,234.	15,209.	29,598.	294,255.	NONE
1 PRESIDENT/CEO (NON-VO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARTIN KRAUS	(i)	135,442.	NONE	1,234.	8,453.	27,137.	172,266.	NONE
2 TREASURER (NON-VOTING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FRANCIS WERTIN	(i)	33,096.	NONE	111,406.	8,815.	15,848.	169,165.	NONE
3 CHURCH RELATIONS DIRE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROB MCELROY	(i)	136,177.	NONE	414.	8,487.	32,436.	177,514.	NONE
4 LEAD SOFTWARE ARCHITE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEVE MCCLAIN	(i)	134,829.	NONE	774.	8,406.	32,436.	176,445.	NONE
5 DIR OF GROWTH & REVEN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN DOUGHERTY	(i)	129,074.	NONE	804.	7,924.	12,554.	150,356.	NONE
6 DIRECTOR OF TECHNOLOG	(ii)		NONE	NONE	NONE	NONE	NONE	NONE
DAN WINHOLTZ PEARSON	(i)	125,173.	NONE	430.	7,899.	33,636.	167,138.	NONE
7 DIR OF INTERNATIONAL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021	UNBOUND	4

43-1243999

# Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4A

FRANCIS WERTIN RECEIVED SEVERANCE IN THE AMOUNT OF \$103,938.

Page 3

### SCHEDULE M (Form 990)

UNBOUND

Dowt

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

2021 Open to Public Inspection

Name of the	e organization
-------------	----------------

Employer identification number

43-1	.243	999

Par	Types of Property						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of deter noncash contributio		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		52	285,031.	FAIR MARKET N	/ALUE	2
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			<b>P14</b>			
25	Other ►( <u>CRYPTOCURRENCY</u> )	X	1	714.	FAIR MARKET V	/ALUE	5
26	Other ►()						
27	Other ►()						
	Other ►()			an fan anstrikustiene fan			
29	Number of Forms 8283 received				29		
	which the organization completed I	-0111 8283,	Part V, Donee Acknowledge	ement	23	Yes	No
302	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through	103	
504	28, that it must hold for at least t				-		
	to be used for exempt purposes for						х
b	If "Yes," describe the arrangement						
31	Does the organization have a		tance policy that require	es the review of any	nonstandard		
	contributions?					X	
32a	Does the organization hire or use						
	contributions?		-				х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	) is checked.		
	describe in Part II.						
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for For	rm 990.		Schedule M (Fo	orm 990	) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE AMOUNTS LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Employer identification number

43-1243999

Department of the Treasury Internal Revenue Service Name of the organization

#### UNBOUND

# FORM 990, PART I, LINE 1

UNBOUND'S MISSION IS TO WALK WITH THE POOR AND MARGINALIZED OF THE WORLD.

1. WE PROVIDE PERSONAL ATTENTION AND DIRECT BENEFITS TO CHILDREN, YOUTH, AGING AND THEIR FAMILIES SO THEY MAY LIVE WITH DIGNITY, ACHIEVE THEIR DESIRED POTENTIAL AND PARTICIPATE FULLY IN SOCIETY.

2. WE INVITE PEOPLE OF GOODWILL TO LIVE IN DAILY SOLIDARITY WITH THE WORLD'S POOR THROUGH ONE-TO-ONE SPONSORSHIP.

3. WE BUILD COMMUNITY BY FOSTERING RELATIONSHIPS OF MUTUAL RESPECT, UNDERSTANDING AND SUPPORT THAT ARE CULTURALLY DIVERSE, EMPOWERING AND WITHOUT RELIGIOUS OR OTHER PREJUDICE.

GROUNDED IN THE GOSPEL CALL TO SERVE THE POOR, UNBOUND IS A LAY CATHOLIC ORGANIZATION WORKING WITH PERSONS OF ALL FAITH TRADITIONS TO CREATE A WORLDWIDE COMMUNITY OF COMPASSION AND SERVICE.

#### FORM 990, PART III, LINE 3

WHILE THE COVID-19 PANDEMIC CONTINUED TO DISRUPT THE LIVES OF INDIVIDUALS AND SOCIETIES ACROSS THE GLOBE IN 2021, THE IMPACT ON UNBOUND PROGRAMS AND THE FAMILIES SERVED IN 19 COUNTRIES DEPENDED HEAVILY ON LOCAL SITUATIONS, AS THE ORGANIZATION PERSISTED WITH DISTRIBUTING CASH BENEFITS WITHOUT INTERRUPTION.

#### CASH TRANSFERS GIVE FAMILIES A LIFELINE

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

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

Employer identification number

INDIVIDUALS AND FAMILIES PARTICIPATING IN THE UNBOUND SPONSORSHIP PROGRAM HAVE FLEXIBILITY TO USE THEIR BENEFITS FOR WHAT THEY NEED MOST. ABOUT 94% RECEIVE ASSISTANCE THROUGH CASH TRANSFERS, WHICH HAVE BEEN A LIFELINE DURING THE PANDEMIC.

FOOD VENDORS, DRIVERS, DAY LABORERS AND OTHERS EARNING THEIR LIVING IN THE INFORMAL ECONOMY SAW THEIR JOBS SIGNIFICANTLY AFFECTED. MANY USED SPONSORSHIP BENEFITS TO HELP KEEP THEIR FAMILIES AFLOAT UNTIL THEY COULD FIND OR RESUME WORK. IN THE EARLY MONTHS OF THE PANDEMIC, FOOD INSECURITY WAS AN EMERGING CRISIS IMPACTING FAMILIES, AND MANY REPORTED USING FUNDS TO BUY FOOD. SOME STARTED OR ADAPTED A SMALL BUSINESS. IN ADDITION TO SPONSORSHIP ASSISTANCE, UNBOUND SENT \$5.5 MILLION TO THE FIELD SPECIFICALLY TO HELP FAMILIES IN DIRE NEED BECAUSE OF THE PANDEMIC. THE FUNDS WERE RAISED FROM SPONSOR DONATIONS FOR CRITICAL NEEDS.

#### TECHNOLOGY GAPS IMPACT STUDENTS

WITH THE DISRUPTION OF IN-PERSON LEARNING, DISPARITIES IN ACCESS TO TECHNOLOGY MADE IT DIFFICULT FOR STUDENTS TO STAY ENGAGED AND MOTIVATED. HOWEVER, UNBOUND HAS EVIDENCE FROM GUATEMALA, THE PHILIPPINES AND INDIA THAT THERE HAS NOT BEEN AN INCREASE IN DROPOUT RATES AMONG SPONSORED MEMBERS. IN ECUADOR, 79% OF SPONSORED STUDENTS IN HIGH SCHOOL AND UNIVERSITY CONTINUED WITH THEIR STUDIES THROUGH 2021, WHILE 96% OF THE STUDENTS WHO WERE NOT ENROLLED REPORTED THAT THEY HAD PLANS TO RETURN TO

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

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

Employer identification number

SCHOOL, WITH 76% PLANNING TO RETURN WITHIN THREE MONTHS OF THE

EVALUATION.

UNBOUND PROGRAMS REPORTED THAT DIGITAL LEARNING HAS BEEN A MAJOR CHALLENGE, AND SOME WERE DOING MORE IN-DEPTH SURVEYS TO BETTER UNDERSTAND OBSTACLES FACED BY STUDENTS. IN SOME CASES, STUDENTS HAD THE OPTION TO USE ADDITIONAL ASSISTANCE FROM UNBOUND TO PURCHASE TOOLS THEY NEEDED TO CONTINUE STUDYING, SUCH AS LAPTOPS OR INTERNET ACCESS.

COVID-19 ALSO IMPACTED THE UNBOUND SCHOLARSHIP PROGRAM. STUDENTS CONTINUED TO RECEIVE SCHOLARSHIP SUPPORT, HOWEVER, AND WERE ENCOURAGED TO USE FUNDS FOR TECHNOLOGICAL NEEDS RELATED TO SCHOOLING. THE REQUIRED COMMUNITY SERVICE COMPONENT WAS ADAPTED TO ALLOW FOR COMPLETION OF REQUIREMENTS REMOTELY. MANY SCHOLARS FOCUSED ON COVID-19 PREVENTION INITIATIVES IN THE COMMUNITY, WHILE SOME CONTINUED WITH TUTORING ASSISTANCE AND PROGRAMING TO SPONSORED MEMBERS USING VIRTUAL METHODS.

LOCAL TEAMS STAY CONNECTED TO FAMILIES

IN-PERSON INTERACTIONS BETWEEN UNBOUND STAFF AND FAMILIES WERE DISRUPTED, INCLUDING HOME VISITS BY SOCIAL WORKERS, COMMUNITY GATHERINGS, MOTHERS GROUP MEETINGS AND OTHER ACTIVITIES. LOCAL UNBOUND TEAMS, HOWEVER, STAYED CONNECTED WITH FAMILIES BY COMMUNICATING WITH GROUP LEADERS AND MEMBERS WHO HAD ACCESS TO TECHNOLOGY. LOCAL TEAMS FOCUSED ON COVID PREVENTION STRATEGIES AND USED CELL PHONES, FREE MESSAGING APPS, SOCIAL MEDIA

#### Department of the Treasury Internal Revenue Service Name of the organization

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

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

Employer identification number

PLATFORMS, RADIO BROADCASTS AND OTHER MEANS TO PASS ALONG IMPORTANT

HEALTH AND SAFETY INFORMATION.

LETTERS GO DIGITAL

ONE OF THE CORE TENETS OF UNBOUND IS BUILDING RELATIONSHIPS OF MUTUAL RESPECT. WHILE RELATIONSHIPS BETWEEN SPONSORS AND THEIR SPONSORED FRIENDS HAVE ALWAYS FORMED ACROSS DISTANCES, MAINLY THROUGH CORRESPONDENCE, THE PANDEMIC CREATED BARRIERS TO NORMAL LETTER-WRITING PROCESSES.

BEFORE THE PANDEMIC, HANDWRITTEN LETTERS FROM SPONSORED CHILDREN, YOUTH AND ELDERS TO THEIR SPONSORS WERE TYPICALLY COLLECTED BY MOTHERS GROUP MEMBERS OR SOCIAL WORKERS AND DELIVERED TO THE LOCAL UNBOUND OFFICE. PANDEMIC LOCKDOWNS PROMPTED FAMILIES AND STAFF TO GET CREATIVE SO CORRESPONDENCE COULD RESUME. DESPITE SIGNIFICANT GAPS IN ACCESS TO TECHNOLOGY, FAMILIES MANAGED TO SEND LETTERS TO UNBOUND STAFF THROUGH EMAIL, TEXT, FREE MESSAGING APPS, OR LAND LINES OF FAMILY MEMBERS AND NEIGHBORS. LETTERS WERE SENT AS TYPED MESSAGES, PHOTOS OF HANDWRITTEN LETTERS, OR THEY WERE DICTATED TO STAFF MEMBERS BY PHONE.

AGENTS OF CHANGE INITIATIVES RESUME

AGENTS OF CHANGE AWARDS GRANTS TO UNBOUND PARENT GROUPS TO MAKE IMPROVEMENTS IN THEIR COMMUNITIES. ONCE A GROUP IDENTIFIES A COMMON NEED (A BATHROOM AT A SCHOOL, STREETLIGHTS IN A DARK NEIGHBORHOOD, A WELL TO

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

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

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



**Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

gov/form990. Inspection Employer identification number

SAFEGUARD A COMMUNITY'S WATER SOURCE) THEY COMPLETE THE AGENTS OF CHANGE APPLICATION, WHICH INCLUDES AN ANALYSIS OF PROJECTED COSTS AND EXISTING RESOURCES AS WELL AS A COMPREHENSIVE PLAN FOR COMPLETION. AGENTS OF CHANGE INITIATIVES PAUSED IN 2020 AND RESUMED IN 2021 AS LOCAL CONDITIONS AND RESTRICTIONS ALLOWED.

### FORM 990, PART III, LINE 4A

TOTAL GRANTS FOR THE SPONSORSHIP PROGRAM WERE 113.1 MILLION IN 2021.

AT THE END OF 2021, A TOTAL OF 280,800 INDIVIDUALS IN LATIN AMERICA, ASIA AND AFRICA WERE SPONSORED THROUGH UNBOUND. THEY INCLUDED 250,096 CHILDREN AND YOUTH, 30,480 ELDERS AND 224 CANDIDATES STUDYING FOR THE PRIESTHOOD OR RELIGIOUS LIFE.

FOLLOWING ARE EXAMPLES OF ACHIEVEMENTS IN THE SPONSORSHIP 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.

UNBOUND'S SPONSORSHIP PROGRAM CONNECTS SPONSORED INDIVIDUALS AND THEIR FAMILIES WITH 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 PATHS OUT OF POVERTY. IN 2021, UNBOUND HAD PROGRAMS IN 19 COUNTRIES INCLUDING BOLIVIA, CHILE, COLOMBIA, COSTA RICA, THE DOMINICAN REPUBLIC, ECUADOR, EL SALVADOR, GUATEMALA, HONDURAS, INDIA, KENYA, MADAGASCAR, MEXICO,

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Employer identification number

NICARAGUA, PERU, THE PHILIPPINES, RWANDA, TANZANIA AND UGANDA.

SPONSORSHIP CONNECTS PEOPLE ACROSS GEOGRAPHIC, ECONOMIC AND SOCIAL BOUNDARIES. IT ENABLES THE DEVELOPMENT OF RELATIONSHIPS BASED ON LISTENING, ENCOURAGEMENT AND MUTUAL RESPECT. SPONSORS - THROUGH THEIR MONTHLY FINANCIAL CONTRIBUTIONS AND CORRESPONDENCE THEY RECEIVE FROM THEIR SPONSORED FRIENDS - CAN EXPERIENCE A SENSE OF CONNECTION WITH SOMEONE IN ANOTHER PART OF THE WORLD AND SATISFACTION KNOWING THEY ARE HELPING ANOTHER HUMAN BEING REACH THEIR POTENTIAL. SPONSORS CAN ALSO WRITE THEIR SPONSORED FRIENDS TO OFFER ENCOURAGEMENT AND BUILD REWARDING RELATIONSHIPS. UNBOUND HAD 231,844 SPONSORS FROM THE U.S. AND AROUND THE WORLD AT THE END OF 2021.

SPONSORED INDIVIDUALS AND THEIR FAMILIES PARTNER WITH UNBOUND TO MAKE PROGRAM AND BENEFIT DECISIONS THAT HELP THEM MEET THEIR BASIC NEEDS AND DEVELOP THEIR POTENTIAL OVER THE COURSE OF THEIR TIME IN THE PROGRAM, WHICH CAN BE UP TO 18 YEARS OR MORE. SPONSORED INDIVIDUALS AND THEIR FAMILIES USE FINANCIAL ASSISTANCE TO HELP MEET NEEDS SUCH AS EDUCATION, NUTRITION, HOUSING IMPROVEMENTS, TRANSPORTATION AND HEALTH CARE. THEY ALSO HAVE ACCESS TO LEADERSHIP AND ECONOMIC DEVELOPMENT OPPORTUNITIES RELATED TO FINANCIAL LITERACY, SKILL DEVELOPMENT AND INCOME GENERATION. BECAUSE OF COVID-19, MANY PROGRAMS SAW FAMILIES SHIFTING THEIR RESOURCES TO BASIC NEEDS, SUCH AS FOOD, RATHER THAN THEIR PLANNED GOALS. THE FLEXIBILITY OF THE PROGRAM AND UNBOUND'S CASH TRANSFER SYSTEM OF BENEFIT DELIVERY ALLOWED FAMILIES TO USE THE FUNDS TO MEET THEIR SPECIFIC NEEDS.

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

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

Employer identification number

SPONSORSHIP REQUIRES ACTIVE PARTICIPATION FROM FAMILIES AS THE PROGRAM IS HIGHLY PERSONALIZED. WITH SUPPORT FROM SOCIAL WORKERS AND OTHER LOCAL UNBOUND STAFF, FAMILIES TAKE A CENTRAL ROLE IN SHAPING THE SPONSORSHIP PROGRAM AND FORMING SUPPORT NETWORKS TO ENCOURAGE EACH OTHER AND HOLD EACH OTHER ACCOUNTABLE. SMALL SUPPORT GROUPS OF PARENTS AND GUARDIANS, MOSTLY MADE UP OF MOTHERS, ARE KEY TO THE SPONSORSHIP PROGRAM'S SUCCESS.

MOTHERS ARE THE PRIMARY LEADERS IN UNBOUND. THEY KNOW BEST WHEN IT COMES TO MEETING THEIR CHILDREN'S NEEDS, AND UNBOUND LISTENS TO THEM AND LEARNS FROM THEM. MOTHERS OF SPONSORED CHILDREN JOIN SMALL SUPPORT GROUPS AND OFTEN BECOME LEADERS BY SERVING THEIR COMMUNITIES AND PLANNING PROGRAM ACTIVITIES. MOTHERS PARTICIPATING IN UNBOUND HAVE TAKEN ADVANTAGE OF MICRO-SAVINGS AND CREDIT OPPORTUNITIES TO MEET URGENT FAMILY NEEDS OR START OR BOOST SMALL BUSINESSES TO GENERATE INCOME. PARENTS HAVE ALSO FORMED COOPERATIVES TO MEET COMMUNITY NEEDS AND PROVIDE INCOME FOR MEMBERS.

OUTCOMES OF SPONSORSHIP VARY BUT TYPICALLY RELATE TO EDUCATION, LEADERSHIP DEVELOPMENT, IMPROVED HEALTH AND NUTRITION STATUS, DIGNIFIED HOUSING, SKILL DEVELOPMENT AND INCREASED INCOME THROUGH LIVELIHOOD OPPORTUNITIES FOR FAMILIES.

MONITORING PROGRAM SUCCESS

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

Employer identification number

MONITORING AND EVALUATION OF PROGRAMS

UNBOUND IS COMMITTED TO LEARNING FROM EXPERIENCE AND ENSURING THAT EFFORTS MAKE 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 MAINTAIN A HIGH STANDARD OF SERVICE:

1. DID WE DO WHAT WE SAID WE WERE GOING TO DO? THIS IS PROGRAM

MONITORING.

DID IT MAKE A DIFFERENCE? THIS IS PROGRAM EVALUATION. 2.

UNBOUND DISTINGUISHES BETWEEN MONITORING AND EVALUATION AND MAINTAINS SEPARATE BUT COMPLEMENTARY STRATEGIES.

#### MONITORING:

THE PRINCIPAL PURPOSE OF MONITORING IS ACCOUNTABILITY. REGULAR PROGRAM MONITORING IS CONDUCTED TO ENSURE FIDELITY IN THE ORGANIZATIONAL STRUCTURE, DEVELOPMENT OF PROGRAMS, IMPLEMENTATION OF POLICIES AND THE APPROPRIATE USE OF FINANCES.

SOME OF THIS MONITORING HAPPENS ACROSS DISTANCE WITH REGULAR REPORTING, EMAILS AND PHONE CALLS. MUCH OF IT HAPPENS WITH PERSONAL, ON-SITE VISITS FROM UNBOUND'S KANSAS CITY HEADQUARTERS STAFF. WHILE THE PANDEMIC LIMITED TRAVEL IN 2021, ALL LOCAL PROGRAM TEAMS CONTINUED TO RECEIVE REGULAR, VIRTUAL SUPPORT FROM HEADQUARTERS THROUGH CALLS, EMAILS, MEETINGS AND

#### Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Name of the organization

Employer identification number

VIRTUAL CONFERENCES.

UNBOUND'S MONITORING STRATEGY INCLUDES:

- . VISITS MADE ANNUALLY TO EACH PROJECT FOR STAFF DEVELOPMENT, PROGRAM SUPPORT AND ASSESSMENTS (IN-PERSON VISITS WERE LIMITED IN 2021 DUE TO THE PANDEMIC)
- . FINANCIAL AUDITS CONDUCTED IN EACH PROJECT
- . PROGRAM AUDITS CONDUCTED IN EACH PROJECT
- . AWARENESS TRIPS AND INDIVIDUAL SPONSOR VISIT OPPORTUNITIES
- (SUSPENDED IN 2021 DUE TO THE PANDEMIC)
- . THIRD-PARTY LEGAL ASSESSMENTS OF PROJECTS

#### EVALUATION:

LEARNING IS THE FOCUS OF PROGRAM EVALUATION. UNBOUND'S PERSONALIZED APPROACH TO SPONSORSHIP REQUIRES A UNIQUE AND CREATIVE APPROACH TO EVALUATION.

THE ORGANIZATION HAS DEVELOPED A THREE-TIER SYSTEM TO EVALUATE THE OUTCOMES OF THE UNBOUND SPONSORSHIP PROGRAM TO ADDRESS THE LEARNING AND DECISION-MAKING NEEDS AT ALL LEVELS: INDIVIDUAL, PROJECT/PROGRAM AND GLOBAL.

#### INDIVIDUAL OUTCOMES:

CORRESPONDENCE FROM SPONSORED INDIVIDUALS TO THEIR SPONSORS PROVIDES DIRECT FEEDBACK ABOUT HOW THE RELATIONSHIPS AND SUPPORT MAKE A

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

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

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



Department of the Treasury Internal Revenue Service Name of the organization

DIFFERENCE. SPONSORED CHILDREN AND YOUTH, FOR EXAMPLE, OFTEN WRITE ABOUT HOW THEY ARE PROGRESSING IN SCHOOL OR HOW THE BENEFITS OF THE PROGRAM IMPACT THEM AND THEIR FAMILIES.

#### PROGRAM OUTCOMES:

PROGRAMS AT THE PROJECT LEVEL ARE TAILORED TO THE NEEDS OF SPONSORED INDIVIDUALS AND THEIR FAMILIES AND THE INITIATIVES OF UNBOUND IN THEIR COMMUNITIES. FAMILIES WORK WITH PROGRAM STAFF TO DEFINE AND MEASURE OUTCOMES AND UTILIZE THE RESULTS FOR CONTINUOUS PROGRAM IMPROVEMENT. WITH TRAINING AND TECHNICAL SUPPORT FROM THE EVALUATION TEAM, THESE LOCALLY DIRECTED EVALUATIONS ASK QUESTIONS LIKE: WHAT IS THE PROGRAM ACCOMPLISHING? HOW ARE FAMILIES DIFFERENT NOW? WHAT COULD WE DO BETTER?

#### GLOBAL OUTCOMES:

AS AN INTERNATIONAL ORGANIZATION, UNBOUND ALSO RECOGNIZES THE NEED TO STEP BACK PERIODICALLY AND LOOK AT THE BIG PICTURE. GLOBAL EVALUATIONS EXPLORE QUESTIONS OF ORGANIZATIONAL OUTCOMES FOR ALL PROGRAM PARTICIPANTS ACROSS BORDERS AND IN EVERY REGION. THESE BROAD ASSESSMENTS HELP US TELL OUR COLLECTIVE STORY AND UNDERSTAND THE EFFECTIVENESS OF OUR APPROACH IN KEY AREAS SUCH AS EDUCATIONAL ATTAINMENT, ECONOMIC SELF-SUFFICIENCY, EMPOWERMENT OF MOTHERS AND COMMUNITY PARTICIPATION.

EACH TIER OF OUR EVALUATION FRAMEWORK IS IMPORTANT TO UNDERSTANDING THE WHOLE OF UNBOUND'S IMPACT AND ITS COMPLEX CONTRIBUTION TO INDIVIDUAL GOALS AROUND THE WORLD.

#### Department of the Treasury Internal Revenue Service Name of the organization

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

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



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

Employer identification number

GOVERNING BOARD'S ROLE IN MONITORING OUTCOMES ON BEHALF OF SPONSORED INDIVIDUALS, THEIR FAMILIES AND SPONSORS, THE UNBOUND GOVERNING BOARD RIGOROUSLY MONITORS THE INTEGRITY AND ACCOUNTABILITY OF THE ORGANIZATION'S OPERATIONS. THE BOARD PROACTIVELY DEFINES THE OUTCOMES EXPECTED FROM THE ORGANIZATION. MANAGEMENT MUST THEN PRODUCE VERIFIABLE DATA PROVING PROGRESS TOWARD THE EXPECTED OUTCOMES.

WITH THE BOARD SETTING ETHICAL AND PRUDENT LIMITS, MANAGEMENT CHOOSES THE APPROPRIATE MEANS TO ACHIEVE ORGANIZATIONAL ENDS.

THE BOARD SYSTEMATICALLY MONITORS COMPLIANCE WITH THESE EXECUTIVE LIMITATIONS. AS A RESULT, THE BOARD CONFIDENTLY ASSURES DONORS THAT THEIR CONTRIBUTIONS ACHIEVE THEIR PROMISED OBJECTIVES, AND THAT THE ORGANIZATION REMAINS TRANSPARENT AND ETHICAL.

#### FORM 990, PART III, LINE 4A CONTINUED

MONITORING ACTIVITIES AND EVALUATION METHODS UNBOUND CONDUCTS FINANCIAL AND PROGRAM AUDITS OF PROJECTS ON A REGULAR BASIS TO ENSURE THAT FINANCIAL RESOURCES PROVIDE INTENDED BENEFITS AND SERVICES, AND SPONSORED MEMBERS ARE EMPOWERED TO DIRECT THEIR OWN DEVELOPMENT. IN 2021, ALL LOCAL PROGRAM TEAMS CONTINUED TO RECEIVE REGULAR, VIRTUAL SUPPORT FROM HEADQUARTERS THROUGH CALLS, EMAILS, MEETINGS AND VIRTUAL CONFERENCES. OF UNBOUND'S 34 PROGRAM SITES, 33 PARTICIPATED IN AT LEAST ONE VIRTUAL EVENT IN 2021 WITH 32 SITES PARTICIPATING IN TWO OR MORE.

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

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

Employer identification number

IN ADDITION, THE ORGANIZATION PERFORMS QUALITY CHECKS ON LETTERS AND PHOTOS FROM SPONSORED FRIENDS TO THEIR SPONSORS, AND MONITORS MEMBER RETIREMENT RATES AND SPONSOR RETENTION RATES. UNBOUND COLLECTS EDUCATIONAL ATTENDANCE AND PERFORMANCE DATA AND DOCUMENTS THE FINAL EDUCATION LEVEL ACHIEVED BY SPONSORED MEMBERS LEAVING THE PROGRAM.

UNBOUND PROJECTS AROUND THE WORLD CONDUCT EVALUATIONS IN THEIR LOCAL CONTEXTS TO DETERMINE OUTCOMES FOR SPONSORED MEMBERS AND THEIR FAMILIES. METHODS INCLUDE SURVEYS OF SPONSORED MEMBERS ON INCOME AND SKILL DEVELOPMENT, FOCUS GROUPS ON ATTITUDES AND BEHAVIORAL CHANGES, AND INTERVIEWS TO DOCUMENT EMPOWERMENT.

ORGANIZATION-WIDE PROGRAM EVALUATIONS FOCUS ON FOUR KEY DOMAINS: EDUCATION, ECONOMIC STATUS, COMMUNITY PARTICIPATION AND EMPOWERMENT. EMPOWERMENT REFERS TO ONE'S ABILITY TO MAKE DECISIONS FOR ONESELF AND ACT FREELY IN A WAY THAT IS INTENTIONAL AND GOAL ORIENTED.

IN 2021, UNBOUND ENGAGED WITH THE CANOPY LAB, A CONSULTANCY FIRM, TO CONDUCT AN EXTERNAL EVALUATION TO BETTER UNDERSTAND IF THE UNBOUND PROGRAM HELPS SPONSORED FAMILIES EXIT ECONOMIC POVERTY. THE CANOPY LAB DESIGNED A QUESTIONNAIRE THAT WAS ADMINISTERED IN FIVE PROGRAM SITES AROUND THE WORLD. THE CANOPY LAB'S ANALYSIS SHOWED POSITIVE RESULTS IN FOUR OF THE FIVE SITES REGARDING A DECREASE IN POVERTY OVER LENGTH OF TIME OF PARTICIPATION IN THE PROGRAM. THE FIFTH SITE YIELDED MORE COMPLEX

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

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RESULTS INDICATING INCREASED PERCEPTIONS OF RESILIENCE IN HOUSEHOLDS WITH LONGER PARTICIPATION IN THE PROGRAM; HOWEVER, FURTHER ANALYSIS WILL BE NEEDED TO BETTER UNDERSTAND THE OVERALL ECONOMIC IMPACT ON FAMILIES.

ALSO IN 2021, UNBOUND INITIATED A PROGRAM, UNBOUND'S GOAL ORIENTATION POWERED BY POVERTY STOPLIGHT, WHICH WILL ALLOW FOR PARTICIPATING FAMILIES TO DEFINE POVERTY AND THEN MEASURE THEIR OWN PROGRESS AS THEY SET AND WORK TOWARD GOALS TO EXIT POVERTY. FOURTEEN UNBOUND PROGRAM SITES COMPLETED ORIENTATION ON THIS METHODOLOGY IN 2021, WITH FOUR PROGRAM SITES COMPLETING PILOTS OF THE METHODOLOGY INCLUDING MORE THAN 800 FAMILIES. IN 2022, 12 ADDITIONAL PROGRAM SITES WILL COMPLETE ORIENTATION.

EXAMPLES OF PROGRAM SUCCESS

CASH TRANSFERS

WITH THE INTRODUCTION AND ADOPTION OF INDIVIDUAL BANK ACCOUNT MODELS, THE VAST 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 EVALUATIONS THAT FOCUS ON THE PURCHASING BEHAVIOR OF THE FAMILIES PARTICIPATING IN THE SPONSORSHIP PROGRAM.

IN 2021, 59 LOCAL-LEVEL EVALUATIONS WERE CONDUCTED, WITH MANY FOCUSED ON CONTINUED NEEDS TO ADAPT THE PROGRAM TO THE ONGOING GLOBAL PANDEMIC. A

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

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NEED THAT HAS EMERGED IN EVALUATION RESULTS FROM INDIA, ECUADOR, AND MEXICO IS SUFFICIENT TECHNOLOGY. IN TIMES OF DISASTER, WHEN PHYSICAL CONNECTION BECOMES THE MOST CHALLENGING, VIRTUAL CONNECTION TO OTHERS IS CRUCIAL FOR RECEIVING NECESSARY SERVICES. ALTHOUGH MOST FAMILIES HAVE AT LEAST ACCESS TO A CELL PHONE, THIS IS INSUFFICIENT TO MEET THEIR NEEDS, THANKS TO THESE EVALUATION RESULTS, LOCAL PROGRAM SITES HAVE BEEN ABLE TO ADAPT THEIR PROGRAMS WITH A FOCUS ON SUPPORTING FAMILIES IN MEETING THEIR TECHNOLOGICAL NEEDS.

#### EDUCATION

SPONSORSHIP HELPS CHILDREN ACHIEVE A LEVEL OF EDUCATION THAT PREPARES THEM TO COMPETE WITH PEERS FOR JOBS AND BE RESPONSIBLE COMMUNITY MEMBERS, PARENTS AND LEADERS.

AT A GLOBAL LEVEL, WHEN THEY LEFT THE PROGRAM, 75% OF SPONSORED CHILDREN ACHIEVED A LEVEL OF SCHOOLING COMPARABLE TO OR ABOVE NATIONAL PEER AVERAGES, ACCORDING TO DATA GATHERED FROM 2011-2014. THIS MEANS THAT UNBOUND STUDENTS - DESPITE MARGINALIZATION BASED ON ECONOMIC, SOCIAL AND GEOGRAPHIC FACTORS - WERE ABLE TO COMPETE AND EXCEL ALONGSIDE STUDENTS FROM ALL SOCIOECONOMIC BRACKETS AND AREAS WITHIN THEIR COUNTRIES. OF THESE FORMER SPONSORED CHILDREN, 51% 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

# Department of the Treasury Internal Revenue Service

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Employor identi

Employer identification number

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.

A CONCERN RESULTING FROM THE PANDEMIC AND LOCKDOWNS IS THE POTENTIAL FOR AN INCREASE IN DROPOUT RATES AMONG SPONSORED MEMBERS. WITH SCHOOL CLOSURES, DISTANCE EDUCATION TAKING PLACE THROUGH LIMITED TECHNOLOGY AND PACKETS OF SCHOOLWORK, COMBINED WITH HEIGHTENED FINANCIAL PRESSURES, THE INCREASE IN YOUTH LEAVING SCHOOL FOR WORK EARLY HAS BEEN A GLOBAL CONCERN. HOWEVER, UNBOUND HAS EVIDENCE FROM GUATEMALA, THE PHILIPPINES AND INDIA THAT THERE HAS NOT BEEN AN INCREASE IN DROPOUT RATES AMONG SPONSORED MEMBERS. IN ECUADOR, 79% OF SPONSORED STUDENTS IN HIGH SCHOOL AND UNIVERSITY CONTINUED WITH THEIR STUDIES THROUGH 2021, WHILE 96% OF THE STUDENTS WHO WERE NOT ENROLLED REPORTED THAT THEY HAD PLANS TO RETURN TO SCHOOL, WITH 76% PLANNING TO RETURN WITHIN THREE MONTHS OF THE EVALUATION.

HOWEVER, THE COVID-19 CRISIS HAS MADE DISPARITIES IN INTERNET ACCESS MORE PRONOUNCED, ESPECIALLY FOR STUDENTS WHO LACK TOOLS FOR REMOTE LEARNING. UNBOUND ESTIMATES THAT JUST OVER 50% OF SPONSORED FAMILIES AND LESS THAN

Department of the Treasury

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

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

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



Internal Revenue Service Name of the organization

Employer identification number

25% OF SPONSORED ELDERS HAVE REGULAR ACCESS TO A SMARTPHONE, AND MANY OF THOSE INCLUDE SOME APPS BUT NO INTERNET BROWSERS, OR INTERMITTENT INTERNET ACCESS. MANY PROGRAMS ARE SHARING THAT DIGITAL LEARNING IS A BIG CHALLENGE AND SOME ARE DOING MORE IN-DEPTH SURVEYS TO BETTER UNDERSTAND THE CHALLENGES FACED BY SPONSORED STUDENTS. IN SOME CASES, STUDENTS HAVE HAD THE OPTION TO USE ADDITIONAL ASSISTANCE FROM UNBOUND TO PURCHASE THE TOOLS NEEDED TO CONTINUE STUDYING, SUCH AS LAPTOPS OR INTERNET ACCESS.

#### FORM 990, PART III, LINE 4A CONTINUED

FAMILIES

SPONSORSHIP IMPACTS THE SPONSORED CHILD AND THE ENTIRE FAMILY. UNBOUND'S DIRECT WORK THROUGH A PERSONALIZED BENEFIT MODEL AND PARENT GROUPS MEANS FAMILIES CAN 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 2021, ENTREPRENEURSHIP GRANTS WERE AWARDED TO ENTREPRENEURIAL SPONSORED FAMILY MEMBERS IN LATIN AMERICA. RESULTS FROM THESE EVALUATIONS SHOWED ENTREPRENEURS EXPERIENCED A WIDE RANGE OF POSITIVE RESULTS FROM REDUCED PRODUCTION TIME, IMPROVEMENTS IN GENERAL BUSINESS PRACTICES AND THE ABILITY TO REACH NEW CLIENTS THROUGH VIRTUAL PLATFORMS. ENTREPRENEURS

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Employer identification number

WHO RECEIVED THE SUPPORT ALSO REPORTED ATTITUDINAL CHANGES SUCH AS AN INCREASE IN GOAL ORIENTATION, SELF-ESTEEM AND PERSONAL SATISFACTION.

IN 2021, \$291,000 IN AGENTS OF CHANGE GRANTS WERE AWARDED TO GROUPS OF SPONSORED FAMILIES TO SUPPORT COMMUNITY IMPROVEMENT PROJECTS. BEYOND THE BENEFITS THE COMMUNITIES RECEIVED FROM THE COMPLETED PROJECTS, PARTICIPATING GROUP MEMBERS EXPERIENCED AN INCREASE IN PSYCHOLOGICAL ASSETS OF AGENCY. THERE IS A SIGNIFICANT INCREASE FELT IN COMMUNITY INCLUSION AFTER THE COMPLETION OF PROJECTS. PARTICIPANTS ALSO HAVE SIGNIFICANTLY MORE INTERACTION WITH PEOPLE FROM OTHER SOCIAL GROUPS AND SIGNIFICANTLY FEWER PERCEIVED RESTRICTIONS TO SOCIALIZATION THAN PEOPLE WHO DID NOT PARTICIPATE IN THE AGENTS OF CHANGE GRANTS.

IN 2019, A LOCAL EVALUATION IN KISUMU, KENYA, FOCUSED ON UNDERSTANDING THE FACTORS THAT WERE STOPPING THE MEMBERS OF THE PARENT GROUPS FROM TAKING LOANS FROM THEIR GROUP'S COOPERATIVE CALLED BORNEKA SACCO (SAVINGS AND CREDIT COOPERATIVE). THEY FOUND OUT THAT 54% OF THE RESPONDENTS HAD NEVER TAKEN A LOAN FROM THE SACCO, MOSTLY BECAUSE THEY FELT LIKE THE REGULATION THAT QUALIFIES THE MEMBERS FOR LARGER LOANS LIMITED THEM IN TERMS OF WHEN AND HOW MUCH THEY COULD WITHDRAW FOR A LOAN. THE TEAM AND THE SACCO MEMBERS ARE REVIEWING AS WELL AS EDUCATING THE MEMBERS ON THE GUIDELINES AND REGULATIONS OF THE LOANING PROCESS TO HELP MORE MEMBERS IN NEED.

MOTHERS AND GUARDIANS IN UNBOUND REPORTED FEELING THEY ARE HAVING A

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

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

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GREATER 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 GROUP. 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 FAMILY'S SITUATION, AND 63% REPORTED THEY WERE ACTIVE IN SOLVING PROBLEMS IN THEIR COMMUNITIES, AMONG OTHER FINDINGS ON PARTICIPATION AND EMPOWERMENT INDICATORS.

IN 2022, UNBOUND WILL CONCLUDE A SIX-YEAR LONGITUDINAL DATA COLLECTION ON ECONOMIC OUTCOMES FOR SPONSORED MEMBERS AND THEIR FAMILIES. THE STUDY'S CONCLUSION WAS POSTPONED DUE TO THE PANDEMIC. THE EVALUATION INCLUDES BOTH QUANTITATIVE AND QUALITATIVE DATA AND FOLLOWS FAMILIES FROM THE TIME THEY BEGAN IN 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

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

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

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ASSISTANCE, HELP WITH HEALTH AND MEDICAL EXPENSES, HOME VISITS AND GROUP ACTIVITIES. IN 2018, AN EVALUATION WAS CONDUCTED TO MEASURE UNBOUND'S IMPACT WITH ELDERS IN RELATION TO OVERCOMING THESE CHALLENGES. THE RESULTS WERE OVERWHELMINGLY POSITIVE. SPONSORED ELDERS EXPERIENCE A LESSENED SENSE 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 WHEN THEY HAVE PROBLEMS, BELIEVE THEY CAN TRUST OTHERS IN THEIR LIVES, AND CONSIDER THEMSELVES CLOSE TO OTHERS IN CONTRAST TO THOSE ELDERS WHO WERE WAITING TO PARTICIPATE IN THE UNBOUND SPONSORSHIP PROGRAM. SPONSORED ELDERS FELT AT EASE WHEN TALKING WITH MORE PEOPLE ABOUT PRIVATE MATTERS, AND THEY HAVE MORE CLOSE FRIENDS TO CALL ON FOR HELP COMPARED TO NON-SPONSORED ELDERS. SPONSORED ELDERS DID NOT WORRY AS FREQUENTLY ABOUT INSUFFICIENT FOOD INTAKE, DID NOT HAVE TO LIMIT VARIETY OF FOOD, AND DID NOT EXPERIENCE THE SAME DEGREE OF HUNGER AS ELDERS OUTSIDE THE PROGRAM WHO MORE FREQUENTLY EXPERIENCED THESE CONDITIONS. LASTLY, THE STUDY REVEALED THAT SPONSORED ELDERS HAD GREATER ACCESS TO MEDICINE AND MEDICAL CARE THAN THOSE ELDERS WHO WERE WAITING TO BE SPONSORED BY UNBOUND. ACCORDING TO THE SURVEY, 66% OF SPONSORED ELDERS SAID THEY RECEIVED NEEDED MEDICAL CARE, COMPARED TO 40% ON THE WAITING LIST.

THE RESULTS OF THIS EVALUATION AID IN OUR UNDERSTANDING OF THE

#### Department of the Treasury Internal Revenue Service Name of the organization

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

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

Employer identification number

EFFECTIVENESS OF THE UNBOUND PROGRAM'S GLOBAL IMPACT WITH ELDERS AND HELP US MAKE DECISIONS TO IMPROVE HOW THE PROGRAM SERVES ELDERS GLOBALLY.

FEEDBACK FROM SPONSORS

UNBOUND RECOGNIZES SPONSORS AND OTHER BENEFACTORS NOT MERELY AS DONORS BUT, FIRST AND FOREMOST, AS HIGHLY VALUED AND RESPECTED MEMBERS OF THE UNBOUND COMMUNITY. BOTH SPONSORS AND SPONSORED PERSONS HAVE SOMETHING TO GAIN FROM THE SPONSORSHIP RELATIONSHIP, AND TOWARD THAT END UNBOUND IS COMMITTED TO HELPING SPONSORS BECOME MORE AWARE OF THE REALITIES OF GLOBAL POVERTY AND GROW IN HUMAN SOLIDARITY.

ON AN ONGOING BASIS, UNBOUND SURVEYS SPONSORS ABOUT THEIR SPONSORSHIP EXPERIENCE. IN 2021, THE RESULTS WERE:

91.3% INDICATED THEY WERE EITHER VERY SATISFIED (60.1%)
 OR SATISFIED (31.2%).

UNBOUND ALSO ASKED SPONSORS HOW LIKELY THEY WOULD BE TO RECOMMEND THE ORGANIZATION TO A FRIEND OR COLLEAGUE. SURVEY RESPONSES YIELDED A "NET PROMOTER SCORE" IN THE "EXCELLENT" RANGE. THE METRIC IS COMMONLY USED BY COMPANIES AND ORGANIZATIONS TO GAUGE LOYALTY.

PERHAPS THE MOST SIGNIFICANT INDICATOR OF A QUALITY SPONSOR EXPERIENCE IS THAT UNBOUND MAINTAINS A HIGH SPONSOR RETENTION RATE. UNBOUND ENDED 2021

Department of the Treasury Internal Revenue Service

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

Employer identification number

WITH A SPONSOR RETENTION RATE OF ALMOST 94%.

ANOTHER INDICATOR OF A QUALITY SPONSOR EXPERIENCE IS THE NUMBER OF PEOPLE (31,841 IN 2021) WHO SPONSOR MORE THAN ONE CHILD, YOUTH OR ELDER THROUGH THE ORGANIZATION.

#### FORM 990, PART III, LINE 4B

THE FOLLOWING ARE EXAMPLES OF ACHIEVEMENTS IN THE UNBOUND SCHOLARSHIP PROGRAM.

THE UNBOUND SCHOLARSHIP PROGRAM ASSISTS STUDENTS WHO ARE PURSUING SECONDARY, POST-SECONDARY AND VOCATIONAL EDUCATION AND STRUGGLING TO CONTINUE BECAUSE OF ECONOMIC CIRCUMSTANCES. ALONG WITH ACADEMICS, THE PROGRAM FOCUSES ON SERVICE TO THE COMMUNITY AND LEADERSHIP DEVELOPMENT. IT INCLUDES A SELECTION PROCESS FOR APPLICANTS THAT RECOGNIZES STUDENTS WITH A PARTICIPATORY ATTITUDE, PERSEVERANCE, COMMITMENT TO SERVICE AND A DESIRE TO BE LEADERS IN THEIR COMMUNITIES.

WHILE EDUCATION REDUCES POVERTY, THE COST CAN BE PROHIBITIVE. MANY STUDENTS MUST CHOOSE BETWEEN PAYING FOR SCHOOL AND USING INCOME THEY EARN FROM PART-TIME OR FULL-TIME WORK TO PROVIDE MUCH-NEEDED INCOME FOR THEIR FAMILIES. THIS LEADS TO HIGHER DROPOUT RATES AT EACH LEVEL OF SCHOOL. UNBOUND SCHOLARSHIPS MAKE AN EDUCATION THAT WAS ONCE OUT OF REACH ACCESSIBLE.

SCHOLARSHIPS HELP STUDENTS IN COMMUNITIES AROUND THE WORLD ACHIEVE THEIR

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

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

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

EDUCATIONAL GOALS, FOLLOW THEIR CHOSEN CAREER PATHS AND BE OF SERVICE TO THE LARGER COMMUNITY. IN 2021, SCHOLARSHIP GRANTS TO UNBOUND FIELD OFFICES TOTALED MORE THAN \$3.3 MILLION. SCHOLARSHIPS WERE AWARDED TO 8,586 STUDENTS IN BOLIVIA, CHILE, COLOMBIA, COSTA RICA, THE DOMINICAN REPUBLIC, ECUADOR, EL SALVADOR, GUATEMALA, HONDURAS, INDIA, KENYA, MEXICO, PERU, THE PHILIPPINES, TANZANIA AND UGANDA.

SCHOLARSHIPS HELP WITH TUITION AND OTHER SCHOOL FEES, INTERNET ACCESS, COMPUTER NEEDS, TRANSPORTATION, BOOKS, SUPPLIES AND MORE. STUDENTS CONTRIBUTE WHAT THEY CAN TOWARD THEIR EDUCATIONAL COSTS, AS UNBOUND SCHOLARSHIPS ARE INTENDED AS SUPPLEMENTAL ASSISTANCE. MANY SCHOLARS ARE UNBOUND SPONSORED YOUTH WHO NEED FINANCIAL HELP IN ADDITION TO SPONSORSHIP SUPPORT TO COMPLETE THEIR EDUCATIONS. IN 2021, 54% OF SCHOLARSHIP STUDENTS WERE ALSO SPONSORED. QUALIFIED NON-SPONSORED STUDENTS ARE ELIGIBLE FOR SCHOLARSHIPS AND REPRESENT 46% OF THOSE RECEIVING AWARDS.

UNBOUND SCHOLARS PARTICIPATE IN COMMUNITY SERVICE AS A REQUIREMENT OF THE PROGRAM. SCHOLARS TUTOR CHILDREN, TEACH LITERACY AND HEALTH WORKSHOPS, PLAN ACTIVITIES FOR ELDERS, HELP WITH CORRESPONDENCE BETWEEN SPONSORED CHILDREN AND THEIR SPONSORS, PROVIDE TECHNOLOGY EXPERTISE, AND PERFORM OFFICE WORK OR OTHER TASKS RELATED TO THEIR FIELDS OF STUDY.

THE COVID-19 PANDEMIC HAS CONTINUED TO DISRUPT IN-PERSON LEARNING AROUND THE GLOBE. AS A RESULT, SCHOLARSHIP STUDENTS WERE ENCOURAGED TO USE FUNDS

# r 990-EZ) Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

Employer identification number

FOR TECHNOLOGICAL NEEDS. THE REQUIRED SERVICE COMPONENT WAS ALSO ADAPTED TO ALLOW FOR DISTANCE COMPLETION. MANY SCHOLARS HAVE FOCUSED ON COMMUNITY COVID-19 PREVENTION INITIATIVES, WHILE SOME CONTINUED WITH TUTORING ASSISTANCE AND PROGRAMING TO SPONSORED MEMBERS USING VIRTUAL METHODS.

A NUMBER OF FORMER SCHOLARS HAVE JOINED UNBOUND AS STAFF MEMBERS AFTER THEY GRADUATED. THEY BRING TO THEIR WORK A WEALTH OF KNOWLEDGE AND A SPECIAL PERSPECTIVE ON THE PROGRAM AND THEIR COMMUNITIES.

IN ADDITION, IT HAS BEEN NOTED THAT SOME FORMER SCHOLARS, BECAUSE OF THEIR EXPERIENCES IN THE SCHOLARSHIP PROGRAM, HAVE BEEN INSPIRED TO CHOOSE CAREER PATHS THAT CONTRIBUTE TO THE SOCIAL AND ECONOMIC DEVELOPMENT OF THEIR COMMUNITIES (OR RATHER ARE SERVICE-ORIENTED), CAREERS SUCH AS THOSE IN THE FIELDS OF SOCIAL WORK, PSYCHOLOGY, EDUCATION, HEALTH CARE AND WORKING WITH NONPROFIT ORGANIZATIONS.

MONITORING PROGRAM SUCCESS

SCHOLARS ARE REQUIRED TO MAINTAIN GOOD GRADES IN ADDITION TO FULFILLING SERVICE REQUIREMENTS. LOCAL UNBOUND TEAMS MONITOR STUDENTS TO MAKE SURE THEY ARE MEETING PROGRAM REQUIREMENTS. THEY ALSO PROVIDE ANNUAL REPORTS ON THE SCHOLARSHIP PROGRAMS IN THEIR AREAS.

EXAMPLES OF PROGRAM SUCCESS

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

AT VARIOUS LOCATIONS AROUND THE WORLD, COMMUNITY-LEVEL EVALUATIONS ARE ONGOING AND BEING LED BY PROGRAM STAFFS IN EACH COUNTRY. THE PRIMARY PURPOSE OF EVALUATIONS AT THE LOCAL LEVEL IS TO ENSURE CONTINUOUS PROGRAM IMPROVEMENTS AND ADAPTATIONS TO THE EVER-CHANGING ENVIRONMENT. IN 2021, 59 LOCAL-LEVEL EVALUATIONS WERE CONDUCTED, INCLUDING THE FOLLOWING THREE EXAMPLES.

IN BOLIVIA, 79% OF FAMILIES LIVING IN COMMUNITIES THAT RECEIVED THE SUPPORT OF SCHOLARS RECOGNIZED THE BENEFITS OF THAT SUPPORT. IN ADDITION, 94% OF SCHOLARS REPORTED IDENTIFYING WITH THE FUNDAMENTAL VALUES OF UNBOUND AND LIVING THEM IN THEIR DAILY LIVES. THE SCHOLARS REPORTED THAT PARTICIPATION IN UNBOUND SOLIDARITY GROUPS HAS BEEN A GREAT SUPPORT FOR THEIR SOCIAL SKILLS.

IN THE DOMINICAN REPUBLIC, SCHOLARS REPORTED INCREASED FOCUS ON GOALS AND AN INCREASED MOTIVATION TO ACHIEVE THEM - WITH 32% OF SCHOLARS REPORTING THAT THEY WILL ACHIEVE THEIR ACADEMIC GOALS WITHIN A YEAR AND 68% REPORTING THAT THEY WILL ACHIEVE THEIR GOALS WITHIN THREE YEARS.

IN COLOMBIA, SCHOLARS PLAYED AN IMPORTANT ROLE IN THE ADJUSTMENT OF THE ORGANIZATION'S PROCESSES DUE TO COVID-19. SCHOLARS REPORTED THEIR NEW EXPERIENCE HAS IMPROVED THEIR SKILLS, ABILITIES AND LEADERSHIP. SERVICE TO THE COMMUNITY WAS REPORTED AS INSPIRING MANY SCHOLARS TO PURSUE CAREERS IN SOCIAL WORK AND OTHER SERVICE VOCATIONS. FORMER SCHOLARS REPORTED IMPROVED ECONOMIC SITUATIONS BECAUSE OF THE EDUCATION THEY WERE

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

ABLE TO RECEIVE WITH THE SCHOLARSHIP ASSISTANCE.

IN PAST YEARS, UNBOUND HAS ALSO INITIATED QUALITATIVE EVALUATIONS 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 CONTEXTS OF GROUPS WERE DRAMATICALLY DIFFERENT, WITH DIFFERENT GEOGRAPHIES AND SIGNIFICANT CULTURAL DIFFERENCES, THE SIMILARITIES BETWEEN THE OUTCOMES STRENGTHEN THE ARGUMENT FOR WHAT MIGHT BE UNBOUND'S CONTRIBUTION THROUGH THE SCHOLARSHIP AND SPONSORSHIP PROGRAMS.

ALUMNI PARTICIPATING IN THE QUALITATIVE EVALUATION IN THE PHILIPPINES, ON AVERAGE THREE YEARS OUT OF THE PROGRAM, WERE PURSUING CAREERS SUCH AS TEACHING, NURSING, ACCOUNTING AND ARCHITECTURAL DESIGN. ALUMNI PARTICIPATING IN THE EVALUATION IN GUATEMALA, ON AVERAGE SIX YEARS OUT OF THE PROGRAM, MENTIONED EMPLOYMENT AS TEACHERS, POLICE OFFICERS, BAKERS AND SMALL-BUSINESS OWNERS. MOST OF THE EVALUATION PARTICIPANTS WERE EMPLOYED ON A FULL-TIME BASIS.

AMONG THE KEY FINDINGS WERE:

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

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

Employer identification number

1. GRATITUDE AND GIVING BACK: THE FEELING OF GRATITUDE AND ACTIVELY GIVING BACK WERE BOTH CONNECTED AND COMMON ACROSS THE RIPPLE MAPS IN GUATEMALA AND THE PHILIPPINES. PARTICIPANTS EXPRESSED HOW INDIVIDUALS AND COMMUNITIES IN POVERTY CAN FOCUS INTERNALLY ON WHAT LITTLE THEY HAVE, BUT THROUGH UNBOUND THEY BEGAN TO SEE THEIR STRENGTHS AND ASSETS. THIS GRATITUDE FOR WHAT THEY HAD AND FOR WHAT WAS SHARED THROUGH UNBOUND SPURRED A DESIRE TO HELP OTHERS, WHETHER FAMILY, FRIENDS OR STRANGERS.

2. PRIDE: A DEEP SENSE OF PRIDE AND PERSONAL ACCOMPLISHMENT CAME FORWARD IN THE MAPS OF BOTH COUNTRIES. IT IS A PRIDE THAT COMES FROM EDUCATIONAL ACCOMPLISHMENTS AND THE ABILITY TO SUSTAIN ONE'S FAMILY. HOWEVER, IT ALSO COMES FROM BEING PART OF, OR ASSOCIATED WITH, THE UNBOUND PROGRAM ITSELF (PHILIPPINES) OR HAVING A SPONSOR (GUATEMALA).

3. EDUCATION: EDUCATION AND ACADEMIC ACHIEVEMENT SHOW UP IN ALL RIPPLE-EFFECT MAPS CREATED IN GUATEMALA AND THE PHILIPPINES; HOWEVER, THEIR POSITIONING AND VALUE DIFFER BETWEEN THE TWO COUNTRIES. GUATEMALANS VIEWED EDUCATION 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.

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

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

Employer identification number

#### FORM 990, PART III, LINE 4B CONTINUED

THE MOST SIGNIFICANT, LONG-TERM OUTCOMES OF THE UNBOUND PROGRAM WERE OVERWHELMINGLY 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 SPONSORED 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.

ONE BENEFIT OF THE RIPPLE-EFFECT-MAPPING METHOD OVER SEPARATE EVALUATIONS OF EACH OUTCOME DOMAIN IS THAT IT MORE CLEARLY DEMONSTRATES LINKS BETWEEN PHYSICAL AND PSYCHO-SOCIAL-SPIRITUAL DEVELOPMENT. THIS MAKES AN EXCELLENT CASE FOR THE PERSONALIZED ATTENTION, PROGRAM ACTIVITIES AND RELATIONSHIPS THAT COMPLEMENT TANGIBLE SPONSORSHIP BENEFITS. THESE COMPONENTS CAN ALSO BE CALLED BENEFITS.

"THE BEAUTY IS THAT EACH FAMILY CAN CHOOSE WHAT IS NEEDED IN EACH MOMENT," SAID ONE PARTICIPANT IN GUATEMALA. EACH INDIVIDUAL TELLS A DIFFERENT STORY, BUT ALL ARE UNITED IN THEIR EXPERIENCE WITH UNBOUND. SO, WHILE THESE EXPERIENCES DO CAUSE US TO RECOGNIZE THE SIGNIFICANT INFLUENCES OF EXTERNAL FACTORS IN THE LIVES OF INDIVIDUALS, THEY ALSO EMPHASIZE THE REMARKABLE FLEXIBILITY OF THE UNBOUND PROGRAM. IT HAS THE POTENTIAL TO CONTRIBUTE TO AN INDIVIDUAL'S PATH OUT OF POVERTY IN WAYS UNLIKE A STANDARD AID-DISTRIBUTION OR COMMUNITY-BASED DEVELOPMENT

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

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

Employer identification number

APPROACH.

#### FORM 990, PART VI, SECTION B, LINE 11B

AN INDEPENDENT ACCOUNTING FIRM PREPARES THE 990. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S PRESIDENT/CEO AND ACCOUNTING PERSONNEL. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S PRESIDENT/CEO AND ACCOUNTING PERSONNEL HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE 990 IS THEN PROVIDED TO THE FULL BOARD FOR THEIR REVIEW. ANY QUESTIONS AND CONCERNS OF THE BOARD ARE ADDRESSED AND CORRECTIONS OR CLARIFICATIONS ARE MADE PRIOR TO FILING THE 990.

#### FORM 990, PART VI, SECTION B, LINE 12C

ALL BOARD MEMBERS ANNUALLY DISCLOSE THEIR INVOLVEMENT WITH OTHER ORGANIZATIONS, COMMUNITIES, EMPLOYMENT, STAFF, VENDORS OR ANY OTHER ASSOCIATIONS THAT MIGHT POTENTIALLY PRODUCE A CONFLICT, REGARDLESS OF THE LIKELIHOOD OF AN ACTUAL CONFLICT ARISING. NEW BOARD NOMINEES ALSO COMPLETE A DISCLOSURE FORM. WHEN THE BOARD IS TO DECIDE AN ISSUE THAT PRESENTS AN UNAVOIDABLE CONFLICT OF INTEREST FOR A MEMBER, THE MEMBER WITH THE CONFLICT ABSTAINS FROM PARTICIPATION IN BOTH THE DELIBERATION AND VOTE.

ALL EMPLOYEES ANNUALLY SIGN A RECEIPT AND ACKNOWLEDGEMENT OF UNBOUND'S 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

#### Department of the Treasury Internal Revenue Service

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Name of the organization

THE HUMAN RESOURCES DEPARTMENT OR CONFIDENTIALLY THROUGH UNBOUND'S

INDEPENDENT REPORTING SERVICE.

#### FORM 990, PART VI, SECTION B, LINE 15A & 15B

THE COMPENSATION OF THE PRESIDENT/CEO FOR JUNE 2021-JUNE 2022 WAS DETERMINED AT THE JUNE 2021 GOVERNING BOARD OF DIRECTORS MEETING. PRIOR TO THIS DISCUSSION, THE PRESIDENT/CEO AND THE NON-VOTING MEMBERS OF THE BOARD EXCUSED THEMSELVES FROM THE BOARD MEETING. THE VOTING MEMBERS MET WITH THE DIRECTOR OF HUMAN RESOURCES WHO PROVIDED THEM WITH THE FOLLOWING INFORMATION WHICH THEY USED TO DETERMINE THE COMPENSATION AMOUNT.

USING COMPANALYST, 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 2021-JUNE 2022 COMPENSATION.

THE VOTING MEMBERS THEN APPROVED THE ANNUAL SALARY FOR THE PRESIDENT/CEO. SUBSTANTIATION OF THE DECISION OF THE BOARD'S DETERMINATION WAS

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

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.

#### FORM 990, PART VI, SECTION C, LINE 19

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

#### FORM 990, PART XI, LINE 9

CHANGE IN UNINSURED ANNUITY OBLIGATIONS \$ 18,523

Schedule O (Form 990 or 990-EZ) 2021	Page	2
Name of the organization	Employer identification number	_
UNBOUND	43-1243999	

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

COLOMBIA PHILIPPINES

Schedule O (Form 990 or 990-EZ) 2021	Page 2
Name of the organization	Employer identification number
UNBOUND	43-1243999

FORM 990, PART VI, LINE 17 - STATES 

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, TN, UT, VA, WV, WI,

75

Schedule O (Form 990 or 990-EZ) 2021	1	Page 2
Name of the organization		entification number
UNBOUND	43-124	43999
FORM 990,PART VII-COMPENSATION OF THE 5 F		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TF/BOK-FINANCIAL		
PO BOX 443		
TULSA, OK 74101	MERCHANT SERVICES	985,921
CHAO CARDS LLC		
524 MID FLORIDA DRIVE		
ORLANDO, FL 32824	PRINTING	360,088
DATAWRKZ		
12636 RESEARCH BLVD SUITE C-206		
AUSTIN, TX 78759	ADVERTISING	337,450
GOOGLE INC.		
1600 AMPHITHEATRE PKWY		
MOUNTAIN VIEW, CA 94043	ADVERTISING	305,417
BOK-FINANCIAL		
7101 COLLEGE BLVD. FLOOR 11		
OVERLAND PARK, KS 66210	BANKING SERVICES	235,248

76

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

UNBOUND

Part I

#### Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

				-	
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
_(3)					
(4)					
(5)					
_(6)					

#### Part II

#### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr enti	12(b)(13) olled
						Yes	No
(1) UNBOUND COLOMBIA 901091198							
CALLE 50 NO. 65-42 CENTRO CONT MEDELLIN ANTIOQUIA, CO	PRJT SUPPORT	CO	501(C)(3)		UNBOUND	x	
(2) UNBOUND-PHILIPPINE BRANCH 202003725							
5 RED STREET, RAINBOW VILLAGE, SAN ISIDRO, RIZAL RP 1930	PRJT SUPPORT	RP	501(C)(3)		UNBOUND	x	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

2

Employer identification number

43-1243999

Open to Public

Inspection

(5)		
(6)		
(7)		
JSA		
1E1308 1.000		

#### Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV,

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets		entity	y?
(1)	_							(i) Section 512(b)(1: controlle entity? Yes No	10
(2)	_								
(3)	_								
(4)	_								
(5)	_								
(6)	_								
(7)	_								
						Schedule	R (Form 99	90) 20	2

Schedule R (	(Form 990) 2021	UNBOUND	43-1243999
Part III	Identification of because it had o	Related Organizations Taxable as a Partnership. On ne or more related organizations treated as a partner structure of the str	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
				,			Yes	No		Yes	No	
(1)	-											
(2)	-											
(3)	-											
(4)	-											
(5)	-											
(6)	-											
(7)	-											

Page **2** 

chedule R (	(Form 990) 2021	UNBOUND	4	3-1243999			Page 3
Part V	Transactions With Rel	ated Organizations. Complete if the organization an	swered "Yes" on Form 990, P	art IV, line 34, 35b, or 36.			
Note: Co	mplete line 1 if any entity is	listed in Parts II, III, or IV of this schedule.				Ye	es No
		anization engage in any of the following transactions with o					
		es, (iii) royalties, or (iv) rent from a controlled entity				la	X
		n to related organization(s)				lb 2	-
		n from related organization(s)			· · · · · ⊢	1c	X
		for related organization(s)			· · · · · ⊢	ld	X
e Loar	ns or loan guarantees by re	ated organization(s)				le	X
f Divid	dends from related organiza	tion(s)				1f	X
		ation(s)				lg	X
h Purc	chase of assets from related	organization(s)				lh	X
		organization(s)			· · · · · ⊢	1i	X
j Leas	se of facilities, equipment, o	or other assets to related organization(s)			•••••	1j	X
k Leas	se of facilities, equipment, o	or other assets from related organization(s)			1	lk	x
		mbership or fundraising solicitations for related organization(				11	X
		mbership or fundraising solicitations by related organization	-			m	X
n Shar	ring of facilities, equipment,	mailing lists, or other assets with related organization(s)				In	X
o Shar	ring of paid employees with	related organization(s)				10	X
n Reim	nbursement paid to related	organization(s) for expenses.			1	lp	x
-	-	organization(s) for expenses				lq	X
		rty to related organization(s)				1r	X
s Othe	er transfer of cash or prope	rty from related organization(s). e is "Yes," see the instructions for information on who mus	t complete this line, including co	variad relationships and trans	1		X
	e answer to any of the abov	(a)				d)	
		Name of related organization	Transaction type (a-s)	Amount involved	Method of amount	determ	
			type (a-s)		amount	mvoive	<u> </u>
1) UNB	BOUND COLOMBIA		в	89,100.	CASH		
, 01.2							
2) UNB	BOUND - PHILIPPINES	BRANCH	В	89,234.	CASH		
3)							
<i>A</i> )							
4)							
4) 5)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity Leg (stat	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	organizations		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No		Yes	No	]
(1)	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													

Schedule R (Form 990) 2021