** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

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

Open to Public Inspection

ΑF	or the	2020 calendar year, or tax year beginning $FEB 21$, 2020 and ending	DEC 31,	2020	
B	heck if pplicable	C Name of organization	D Employer	r identific	cation number
	Addres change				
	Name change	Doing business as	84-4	9602	64
X	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 4300 W WACO DR STE 2 BLDG B # 244		e numbei - 757 –	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receip		851,955.
	Amend		H(a) Is this a		
F	⊒return ⊒Applica	-		ordinates	
	tion pendin	SAME AS C ABOVE			ncluded? Yes No
_					
		mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or ⇒ WWW • UNBOUNDNOW • ORG			list. See instructions
			H(c) Group 6		
			rear of formation; 4	0 2 0 1	A State of legal domicile: TX
Pa		Summary	OT ODAT OF		ша
Se	1 1	Briefly describe the organization's mission or most significant activities: UNBOUND	GLUBAL SU	PPOR	CKING
an		SURVIVORS AND RESOURCES COMMUNITIES TO FIGHT			
Governance		Check this box if the organization discontinued its operations or disposed of the continued its operations.		1 1	
õ		Number of voting members of the governing body (Part VI, line 1a)			5
∞ಶ		Number of independent voting members of the governing body (Part VI, line 1b)			2
ies		Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)			10
Activities		Total number of volunteers (estimate if necessary)			20
Act		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
_	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
Φ			Prior Yea	r	Current Year
	8 (Contributions and grants (Part VIII, line 1h)			845,991.
enn	9 F	Program service revenue (Part VIII, line 2g)			0.
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			131.
<u> </u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-8,818.
	l	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			837,304.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			161,000.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.
ģ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			172,092.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.
<u>p</u>	l _b ∃	Total fundraising expenses (Part IX, column (D), line 25) 11,019.			
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			87,505.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			420,597.
	l	Revenue less expenses. Subtract line 18 from line 12			416,707.
Net Assets or Fund Balances			Beginning of Curr	ent Year	End of Year
ets	20 7	Fotal assets (Part X, line 16)			447,750.
Ass I Ba	21	Fotal liabilities (Part X, line 26)			31,043.
Net	22 1	Net assets or fund balances. Subtract line 21 from line 20			416,707.
Pa	art II	Signature Block		I	
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the	best of m	v knowledge and belief, it is
	-	, and complete. Declaration of preparer (other than officer) is based on all information of which pre		-	,,,,,
		\		-9	
Sig	,	Signature of officer	Date		
Her		► SUSAN PETERS, EXECUTIVE DIRECTOR/PRESIDEN	ľТ		
1161	້	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid		NANCY A. LIVINGSTON NANCY A. LIVINGSTON		if	
	- +	Firm's name JAYNES, REITMEIER, BOYD & THERRELL,			74-2533381
	-	Firm's address 5400 BOSQUE BLVD STE 600	1 • C • FIIIII	9 LIIV	14 2333301
536	Jiny	WACO, TX 76710-4459	Dhan	no no (2	54)776-4190
N 4	, +ba !D	S discuss this return with the preparer shown above? See instructions		€ 11U. \ Z	X Ves No
n/ISI\					

UNBOUND GLOBAL SUPPORTS SURVIVORS AND RESOURCES COMMUNITIES TO FIGHT HUMAN TRAFFICKING. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. If yes, describe these changes on Schedule O. If yes, describe the services of the Schedule O. If yes, describe these changes on Schedule O. If yes, describe the services of the Schedule O. If yes, describe these changes on Schedule O. If yes, describe the services of the Schedule O. If yes, describe the services on Schedule O. If yes, describe the services on Schedule O.	Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
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(Expenses \$ 477 • including grants of \$) (Revenue \$)	۸4	Other program convices (Describe on Schedule O.)
	4 0	
4e Lotal program service expenses ► 343,000 •	4e	Total program service expenses 325,068.

Form 990 (2020) UNBOUND GLOB 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)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	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, assessments, or			
3	similar amounts as defined in Revenue Procedure 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 have the right to			7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		1
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		22
9	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	
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		Х
С	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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			. v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		X
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		1
ь	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
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		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	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,"			
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b o1	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	
	domestic government on Fart IX, column (A), line 1: 11 163, complete domestic i, 1 arts 1 and 11	<u> </u>		

Form 990 (2020) UNBOUND GLOBAL Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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			
	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		х
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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"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
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30	contributions? If "Yes," complete Schedule M	30		х
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	- 31		
32	Sahadula N. Dart II	32		х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		24	х	
25 ~	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	-23	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	งวล		- ^`
b		2Eh		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	, , , ,	36		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		- ^
38		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 † V Statements Regarding Other IRS Filings and Tax Compliance	<u>.</u> 36	22	
L	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is doctional of doctions a response of flote to any line in this fact v		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	J		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		4.		
	(gambling) winnings to prize winners?	1c		

UNBOUND GLOBAL Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 10						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	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		X			
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the second se	ne organization solicit						
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions 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 ser		7a	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			37			
	to file Form 8282?	I I	7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year		_		v			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h	Х				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
0	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a					
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:		30					
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
	Section 501(c)(12) organizations. Enter:	100						
		11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against	114						
-	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	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	13b						
С	Enter the amount of reserves on hand	13c						
			14a		Х			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
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?								
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							

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. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer director tructoe or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۳		
<i>1</i> a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
b		7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		21
8		0-	Х	
_	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
500	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 254-757-2333			
	4300 W WACO DR STE 2 BLDG B # 244, WACO, TX 76710			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)	(C)			пре	isai	(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated				
	hours per	box			person is both an			compensation	compensation	amount of	
	week				lee)	from	from related	other			
	(list any hours for	direct				Đ		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	(,	organization	
	organizations	al trus	nal tru		loyee	ompo				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JEFF ABSHIRE	1.00	=		0	~	王 ==	Œ				
SECRETARY		Х		х				0.	41,398.	49,251.	
(2) SUSAN PETERS	40.00										
EXECUTIVE DIRECTOR/PRES	10.00	Х		Х				0.	46,877.	36,713.	
(3) DREW STEADMAN	1.00										
DIRECTOR		Х	L					0.	33,796.	43,050.	
(4) RACHEL HOBBS	1.00										
TREASURER		Х		Х				0.	0.	0.	
(5) DILLON MEEK	1.00										
DIRECTOR		Х						0.	0.	0.	
										- 000	

Par	Tt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director op objection op	not c	Pos heck	ition more erson lirecto		one th an stee)	(D) Reportable compensation from the	es (continued) (E) Reportable compensation from related organization (W-2/1099-MI)	on d ns	Estin amo of compe	m the nization relate	ion on ed
			-											
С	1b Subtotal								0. 71.	129	,01	0.		
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest cothe organization. Report compensation for	uch individual um of reportab 0,000? If "Yes, accrue compet plete Schedul mpensated ind	ole co ," co nsati le J f	omp mple ion f	ensa ete S from uch	ation Sche any pers	n and edule y uni son	d ot e <i>J i</i> relat	her compensation from for such individual ted organization or individual that received more than the organization's tax	the organization idual for services \$100,000 of cor	 S			X X
	(A) Name and business	address	NO	ONI	Ξ				(B) Description of s	services	Co	(C) ompens	sation	
2	Total number of independent contractors (i \$100,000 of compensation from the organization from the organization)		ot lir	mite	d to	tho (se li:	stec	d above) who received n	nore than			00 (0	

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Form 990 (2020) UNBOUND
Part VIII Statement of Revenue

		Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lanction revenue	business revenue	sections 512 - 514
ts	1 a	Federated campaigns	1a					
iran Dun		Membership dues						
ا ق				50,423.				
if fi		Related organizations		,				
Contributions, Gifts, Grants and Other Similar Amounts			. —	88,741.				
Sir		All other contributions, gifts, grants, a		00,7120				
ig je	•	similar amounts not included above	1f	706,827.				
등급	_	•	··	38,431.				
i g	g				845,991.			
9	<u>n</u>	Total. Add lines 1a-1f			043,331.			
				Business Code				
<u>i</u>	2 a							
Program Service Revenue	b							
n S	С							
Zer Se	d							
5	е							
₫	f	All other program service revenue)					
	g	Total. Add lines 2a-2f						
	3	Investment income (including divi	dends, intere	est, and				
		other similar amounts)		▶	131.			131.
	4	Income from investment of tax-ex						
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	b							
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)		•				
		` ') Securities	(ii) Other				
	, a	assets other than inventory 7a	,	(4) = 11121				
	h	Less: cost or other basis						
<u>o</u>	b							
er	_							
ther Revenue		· /						
포		Net gain or (loss)		>				
₹∣	8 a	Gross income from fundraising events	o (not					
١		including \$ 50,423						
		contributions reported on line 1c)		4,615.				
		Part IV, line 18						
		Less: direct expenses		13,091.	0 076			0 076
		Net income or (loss) from fundrais	_		-9,076.			-9,076.
	9 a	Gross income from gaming activit						
		Part IV, line 19		ļ				
		Less: direct expenses						
		Net income or (loss) from gaming						
	10 a	Gross sales of inventory, less retu		1 11				
		and allowances						
	b	Less: cost of goods sold	10b	960.				
	С	Net income or (loss) from sales of	inventory		258.	258.		
က္ခ				Business Code				
e eon	11 a							
Miscellaneous Revenue	b							
e e	С							
iš E	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			837,304.	258.	0.	-8,945.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Charle if Sahadula O contains a reason			· · · · · · · · · · · · · · · · · · ·	
Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	this Part IX(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	161 000	161 000		
_	and domestic governments. See Part IV, line 21	161,000.	161,000.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	145,772.	108,769.	31,247.	5,756.
8	Pension plan accruals and contributions (include				27.200
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,863.	12,095.	2,718.	50.
10	Payroll taxes	11,457.	8,608.	2,405.	444.
11	Fees for services (nonemployees):	,	,	,	
	Management				
	Legal	12.		12.	
	Accounting	2,295.		2,295.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	21.		21.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	300.	300.		
12	Advertising and promotion	20,567.	14,497.	6,070.	
13	Office expenses	9,244.	994.	8,250.	
14	Information technology	16,997.	3,020.	11,127.	2,850.
15	Royalties	F.0		<u> </u>	
16	Occupancy	50.	1 040	50.	
17	Travel	1,049.	1,049.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	815.	337.	478.	
19	Conferences, conventions, and meetings	013.	331.	4/0.	
20	Interest Payments to affiliates			+	
21 22	Payments to affiliates Depreciation, depletion, and amortization	7,663.		7,663.	
23	Insurance	8,805.		8,805.	
24	Other expenses. Itemize expenses not covered	3,0001		3,3331	
-7	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 0.)				
а	VICTIM SERVICES	13,249.	13,249.		
b	DONATION FEES	2,383.		2,383.	
С	OTHER EXPENSES	2,136.	1,150.	986.	
d	DONOR DEVELOPMENT	1,919.			1,919.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	420,597.	325,068.	84,510.	11,019.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 10 00 00				Earm 990 (2020)

Form 990 (2020)
Part X Balance Sheet

Га	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	333,086.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	36,022.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	ibed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	4,735.
¥	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	24,490.			
	b	Less: accumulated depreciation	10b	7,663.	0.	10c	16,827.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	57,080.		
	16	Total assets. Add lines 1 through 15 (must e	equal line	33)	0.	16	447,750.
	17	Accounts payable and accrued expenses				17	21,772.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or f					
ij		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela		To the second se		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Complete Part X	0.	25	9,271.
	06	of Schedule D			0.	26	31,043.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, 6			0.	20	31,043.
es		and complete lines 27, 28, 32, and 33.	check he	ie 🖊 🔼			
auc	27	Net assets without donor restrictions				27	416,707.
Bal	28	Net assets with donor restrictions				28	
pu	20	Organizations that do not follow FASB AS					
F		and complete lines 29 through 33.	0 000, 01				
, or	29	Capital stock or trust principal, or current fun	nds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			0.	32	416,707.
_	33	Total liabilities and net assets/fund balances			0.	33	447,750.

Form **990** (2020)

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Pai	Tt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				Ш		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,5			
3	Revenue less expenses. Subtract line 2 from line 1	3	41	6,7			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.		
5	Net unrealized gains (losses) on investments	5					
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	41	6,7	07.		
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				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," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
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 audited on a separa	te basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number UNBOUND GLOBAL 84-4960264 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					835,439.	835,439.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					835,439.	835,439.
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)						69,112.
6	Public support. Subtract line 5 from line 4.						766,327.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4					835,439.	835,439.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					92.	92.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						835,531.
12	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	3,841.
13	First 5 years. If the Form 990 is for th	e organization's fi				501(c)(3)	
	organization, check this box and stop	here					<u>▼X</u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2019. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check th	is box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, ch	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu		-	•			▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶∟

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

(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	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						<u> </u>
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
L	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1		1
	indar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
							<u></u> ▶∟⊥
	ction C. Computation of Publi					l I	
	Public support percentage for 2020 (li					15	%
	Public support percentage from 2019					16	<u>%</u>
<u>Se</u>	ction D. Computation of Inves					T .= I	
17						17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the						17 is not
	more than 33 1/3%, check this box an						▶□
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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.)

		Yes	No
- [1		
	_		
-	2		
	3a		
	3b		
L	3с		
-	4a		
	4b		
	4c		
	5a		
-	5b		
-	5c		
L	6		
	7		
	8		
	9a		
	9b		
	7.7		
	9с		
	10a		
	10b		
m 99	0 or 99	90-EZ)	2020

Par	Part IV Supporting Organizations (continued)			
	(Community		Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in lines 1	11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described in line 11a above?	11b		
	c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 1	11c, provide		
	detail in Part VI.	11c		
Sec	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their official capacity, or n	nembership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the common supported organizations have the power to regularly appoint or elect at least a majority of the common supported organizations.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the	<u> </u>		
2	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 open	erated,		
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			
			Yes	No
1	, , , , , , , , , , , , , , , , , , , ,			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how or			
	or management of the supporting organization was vested in the same persons that controlled or man	-		
800	the supported organization(s).	1		
Sec	ection D. All Type III Supporting Organizations		1	·
	4 8:11	£11	Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided durin			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copy			
•	organization's governing documents in effect on the date of notification, to the extent not previously			
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P			
2	the organization maintained a close and continuous working relationship with the supported organization.			
3				
	significant voice in the organization's investment policies and in directing the use of the organization income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1		he veaksee instructions)		
' a		re yea(see man denoms).		
b				
c		overnmental entity (see instruction	ns).	
2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
а		poses of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide			
	those supported organizations and explain how these activities directly furthered their exempt purp			
	how the organization was responsive to those supported organizations, and how the organization det			
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described in line 2a, above, constitute activities that, but for the organization's invo	lvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," e	xplain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engage			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and activi	ities of each		

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
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	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Fai	t v Type III Non-Functionally integrated 509	(a)(o) Supporting Org	(continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	· · · · · · · · · · · · · · · · · · ·		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

UNBOUND GLOBAL

84-4960264

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
X						
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \sigma_{\text{\te					
but it m u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

UNBOUND GLOBAL 84-4960264

I ait i	Continuators (see instructions). Ose duplicate copies of Part I if additional actions of the copies of Part I if additional actions of the copies of Part I if additional actions of the copies of Part I if additional actions of the copies of Part I if additional actions of the copies of Part I if additional actions of the copies of Part I if additional actions of the copies of Part I if additional actions of the copies of Part I if additional actions of the copies of Part I if additional actions of the copies of the copies of Part I if additional actions of the copies of Part I if additional actions of the copies of the copie	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNBOUND GLOBAL

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 20,290.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 5,000.	Person X Payroll

UNBOUND GLOBAL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13	nume, dudices, and En 1 1	\$ 31,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16		\$ 5,145. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNBOUND GLOBAL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 7,015.	Person X Payroll
(a)	(b)	(c)	(d)
No. 21	Name, address, and ZIP + 4	* 10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	Total contributions \$ 16,936.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	Ivalile, audi ess, allu ZIF + 4	\$ 10,290.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNBOUND GLOBAL

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		- - \$ 17,219.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	Name, address, and Zir + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions - \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	rumo, addi 000, una En TT	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNBOUND GLOBAL

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	tors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
31		\$ 14,808. Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
32		\$ 17,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
33		\$ 27,005. Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
34	Name, audiess, and ZIF + 4	Person Payroll Noncash X (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
35		Person Payroll Noncash X (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
36		\$ 297,467. Person X Payroll Noncash (Complete Part II for noncash contributions.)					

UNBOUND GLOBAL

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
34	STANDING DESKS, IPADS, COMOPUTERS & SUPPLIES VALUED AT 21,631; INVENTORY VALUED AT \$3,583.	\$\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

cor	m any one contributor. Complete columns (an appleting Part III, enter the total of exclusively religious, and duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)
o. n	e duplicate copies of Part III if additional	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of git	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
). I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
·	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
<u> </u>	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
		(e) Transfer of git	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNBOUND GLOBAL

Employer identification number 84-4960264

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in		sed funds				
	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of	· · ·	-				
	impermissible private benefit?		Yes No				
Pai							
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation o	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
	Total acreage restricted by conservation easements						
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re						
	year▶						
4	Number of states where property subject to conservation ea	sement is located >					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements i	it holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year				
	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year				
	▶ \$						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement and				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the				
	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections o		Other Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works				
	of art, historical treasures, or other similar assets held for pul						
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these ite	ms.				
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide				
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		> \$				
h	Assets included in Form 990 Part Y		• •				

	rt III Organizations Maintaining C		rt Histo	rical Tr	oacuroc (or Oth	or Simil	04-45		
										ea)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research	e	• 🗀 0	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co							ose in Parl	XIII.	
5	During the year, did the organization solicit o								7	—
Dai	to be sold to raise funds rather than to be ma								Yes	No_
Pai	rt IV Escrow and Custodial Arrang		ete if the c	organizatio	n answered '	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi								7	—
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble:				ı		
									Amount	
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance								T	
	Did the organization include an amount on Fo							L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete it									
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b										
С	Net investment earnings, gains, and losses									
d	'									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g										
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	ınd administe	ered for t	he organi	zation	_	
	by:									es No
	(i) Unrelated organizations								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		owment fu	nds.						
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered				The state of the s					
	Description of property	(a) Cost or o			or other		ccumulat		(d) Book	value
		basis (investr	ment)	basis	(other)	de	oreciation			
	Land									
	Buildings									
	Leasehold improvements				0 0 4 0			46		
	Equipment				0,040.		3,3			,694.
	Other				4,450.		4,3	1 / •		,133.
Total	L Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X column	1 (R) line 1	10c)				⊥ (5	.827.

Schedule D (Form 990) 2020 UNBOUND GLO	BAL	84	L-4960264 Page 3
Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form 000 Dort IV line:	11d Coo Form 000 Part V line 15	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1) BENEFICIAL INTEREST & ASS		℃ F	32,054
(2) BENEFICIAL INTEREST & ASS			25,026
(3)		100 100112111	23,020
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	57,080
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CREDIT CARDS PAYABLE			8,936
(3) INSURANCE PAYABLE	31/3DI T		286
(4) TEXAS STATE COMPTROLLER P	AIARLE		49
(5)			

(1) Federal income taxes	
(1) 1 edicial moonic taxes	
(2) CREDIT CARDS PAYABLE	8,936.
(3) INSURANCE PAYABLE	286.
(4) TEXAS STATE COMPTROLLER PAYABLE	49.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,271.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Pai	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	0.1 (5					
			2e			
3	Subtract line 2e from line 1					
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				
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b		4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
_	rt XII Reconciliation of Expenses per Audited Financial Sta					
	Complete if the organization answered "Yes" on Form 990, Part IV, line	-	•			
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	2a				
b	Prior year adjustments					
c	Other losses					
d	011 (5 11 1 5 1)(11)					
	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1					
4	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	4a				
	Other (Describe in Part XIII.)					
		1 70 1				
		•	4c			
С	Add lines 4a and 4b					
с <u>5</u>	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18					
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.)	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5			

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization UNBOUND GLOBAL 84-4960264 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2020 UNBOUND GLOBAL 84-4960264 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events PRIVATE NONE (add col. (a) through 5K RUN DINNERS col. (c)) (event type) (event type) (total number) Revenue 1,801. 55,038. 1 Gross receipts 53,237. 48,622 1,801. 50,423. 2 Less: Contributions 4,615 4,615. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 650. 650. 6 Rent/facility costs 4,615. 1,690. 6,305. 7 Food and beverages 8 Entertainment 6,737. 9 Other direct expenses 6,132. 605. 13,692. 10 Direct expense summary. Add lines 4 through 9 in column (d) -9,077. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2020 UNBOUND GLOBAL 84	-496	0264	Page 3
	Does the organization conduct gaming activities with nonmembers?	_	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	,	
	to administer charitable gaming?	L	Yes	└── No
	Indicate the percentage of gaming activity conducted in:	۱	ı	0.4
	a The organization's facility		_	<u>%</u> %
	an outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	131	,	90
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	□ Director/officer □ Employee □ Independent contractor			
	Mandatory distributions:			
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	□ No
ı	retain the state gaming license? 5 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		⊥ res	□□ NO
•	organization's own exempt activities during the tax year > \$.6		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III,	lines 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule (G (Form 990 or 990-EZ)	UNBOUND GLOBAL		84-4960264	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization UNBOUND	GLOBAL						Employer identification number $84-4960264$
Part I General Information on Grants	s and Assistance						
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's 	ssistance?				•		
Part II Grants and Other Assistance	to Domestic Organ	nizations and Domest	ic Governments. C	Complete if the org	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more that		·			(f) Method of	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TRINITY HOME OF FAITH 1, INC. 2130 N 33RD ST WACO, TX 76708			161 000	0	COST		RENOVATION OF A GROUP HOME FOR GIRLS AT HIGH RISK FOR TRAFFICKING.
WACO, IX 70700			161,000.	0.	6051		ALSK FOR TRAFFICKING.
2 Enter total number of section 501(c)(3 3 Enter total number of other organization						<u> </u>	

Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

Name of the organization UNBOUND GLOBAL Employer identification number 84 - 4960264

Par	rt I Types of Proper	ty								
		(a) Check applica	ble C	(b) Number of contributions or ems contributed	(c) Noncash contr amounts repor Form 990, Part VI	ted on	(d) Method of de noncash contribu		_	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goo	ods								
6	Cars and other vehicles			1	11	,650.				
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stoo									
11	Securities - Partnership, LLC trust interests	C, or								
12	Securities - Miscellaneous									
13	Qualified conservation contr									
	Historic structures									
14	Qualified conservation contr									
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									
25	·	URE & E) X		3		,840.				
26	Other ▶ (SUPPLI	, ,		8		,791.				
27	·	ORY-TEE) X		1	3	,583.				
28	Other (MEALS) X		3		567.				
29	Number of Forms 8283 rece	ived by the organization d	uring t	the tax year for c	ontributions					
	for which the organization co	ompleted Form 8283, Part	V, Do	nee Acknowledge	ement	29				
									Yes	No
30a	During the year, did the orga	anization receive by contrib	oution	any property rep	orted in Part I, line	es 1 throu	gh 28, that it			
	must hold for at least three y				-					
	exempt purposes for the ent	tire holding period?						30a		_X_
b	If "Yes," describe the arrang									
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?									<u> </u>
32a	Does the organization hire o	r use third parties or relate	ed orga	anizations to solid	cit, process, or sel	I noncash				37
								32a		<u>X</u>
	If "Yes," describe in Part II.									
33	If the organization didn't rep	ort an amount in column (c) for a	a type of property	for which column	n (a) is che	cked,			
	describe in Part II.									

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) 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 ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UNBOUND GLOBAL

Employer identification number 84-4960264

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PRACTICAL EXERCISES AND RELATIONAL INVESTMENT. IN 2020, UNBOUND WACO PRESENTED KEEPING STUDENTS SAFE TO 941 STUDENTS THROUGH WEEKLY GROUPS, INVESTED IN 144 YOUTH IN JUVENILE DETENTION, AN EMERGENCY FOSTER SHELTER AND LOCAL MIDDLE SCHOOLS. WE ALSO PRESENTED TO 668 COMMUNITY MEMBERS AND MOBILIZED 60 VOLUNTEERS TO REACH 151 BUSINESSES WITH HUMAN TRAFFICKING AWARENESS AND POSTERS. UNBOUND PROVIDES TRAINING TO EQUIP ALL PROFESSIONALS TO USE THEIR SKILLS TO IDENTIFY AND SERVE VICTIMS OF HUMAN TRAFFICKING. UNBOUND IS APPROVED BY THE TEXAS EDUCATION AGENCY TO PROVIDE CONTINUING PROFESSIONAL EDUCATION REQUIRED FOR EDUCATORS TO RENEW THEIR CERTIFICATES IN THE STATE OF TEXAS. WE PROVIDED THIS TRAINING TO 272 SCHOOL PERSONNEL AND CREATED AN ONLINE PROGRAM TO ALLOW PEOPLE FROM AROUND THE COUNTRY TO BE TRAINED TO GIVE THIS PRESENTATION IN SCHOOLS. OUR MEDICAL TRAINING EQUIPS HEALTH CARE PROFESSIONALS TO IDENTIFY AND RESPOND TO HUMAN TRAFFICKING, SATISFYING THE HOUSE BILL 2059 MANDATE AND PROVIDING CONTINUING EDUCATION CREDITS FOR NURSES. IN 2020, WE PROVIDED 123 CNE TO NURSES AND TRAINED A TOTAL OF 177 HEALTHCARE PROFESSIONALS.

Name of the organization UNBOUND GLOBAL Employer identification number 84-4960264

UNBOUND GLOBAL HEADQUARTERS

UNBOUND GLOBAL SERVES AS THE HEADQUARTERS FOR THE NETWORK OF UNBOUND

OFFICES WORLDWIDE, PROVIDING STRATEGIC COACHING, COORDINATION OF

EFFORTS, AND RESOURCES FOR ALL OFFICES. IN 2020, UNBOUND HQ SUPPORTED

FOUR OFFICES IN THE U.S. AND FOUR OFFICES WORKING INTERNATIONALLY.

EXPENSES \$ 477. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

BOARD MEMBERS WILL REVIEW PRIOR TO FILING, ALONG WITH MEMBERS OF UNBOUND STAFF AND ADVISORY BOARD.

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

BOARD MEMBERS SIGN A STATEMENT ANNUALLY REGARDING CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR IS COMPENSATED BY RELATED ORGANIZATION ANTIOCH

COMMUNITY CHURCH BASED ON THE ORGANIZATION'S COMPENSATION CHART, WHICH

TAKES INTO ACCOUNT LEVEL OF POSITION, YEARS OF EXPERIENCE AND YEARS WITH

THE ORGANIZATION.

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

THE ORGANIZATION MAKES A COPY OF FORM 1023 AND 990 AVAILABLE TO THE PUBLIC ON THEIR WEBSITE AND ON THE ORGANIZATION'S GUIDESTAR PROFILE.

FORM 990, PART XI, LINE 2C: PROCESS FOR OVERSIGHT OF FINANCIAL AUDIT
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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.

2020
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection
Employer identification number 84-4960264

Part I Identification of Disregarded Entities. Comp	olete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.			-	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-year	assets Direct	(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ANTIOCH COMMUNITY CHURCH - 74-2918395 505 N 20TH ST	—						
WACO, TX 76707	CHURCH	TEXAS	501C3	EXEMPT			х
_							

UNBOUND GLOBAL

	Identification of Deleted Ownerizations Tayable on a Devinerable Complete if the expenientian appropriate on Form 000. Box IV line 24 hooses at had one or more related
Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
raitiii	organizations treated as a partnership during the tax year.
	9

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	omicile entity (related, unrelated, income end-of-year excluded from tax under) end-of-year assets 20 of S		I		amount in box	partne	or Percentage ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) 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	(h) Percentage ownership	ent	i) etion b)(13) rolled ity?
		country)		,				Yes	No
									<u> </u>
									<u> </u>
									<u> </u>

Page 3

Yes

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transaction	ns with one or more r	elated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	ty			. 1a		Х		
b	Gift, grant, or capital contribution to related organization(s)				1b		Х		
С	Gift, grant, or capital contribution from related organization(s)				. 1c	Х			
	Loans or loan guarantees to or for related organization(s)						Х		
е	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				. 1f		X		
g	Sale of assets to related organization(s)				. 1g		Х		
h	Purchase of assets from related organization(s)				_ 1h		X		
i	i Exchange of assets with related organization(s)								
j	j Lease of facilities, equipment, or other assets to related organization(s)								
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k		X		
	Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х			
	Sharing of paid employees with related organization(s)					Х			
p Reimbursement paid to related organization(s) for expenses									
q	Reimbursement paid by related organization(s) for expenses				. 1q	Х			
	Other transfer of cash or property to related organization(s)						X		
	Other transfer of cash or property from related organization(s)				. 1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	his line, including covered r	elationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount ir	nyolyed				
	Hame of folded organization	type (a-s)	Amount involved	Wethod of determining amount in	ivoived				
	NUMBER OF THE PARTY OF THE PART	C	207 467						
(1) 4	ANTIOCH COMMUNITY CHURCH	С	297,467.						
(2) Z	ANTIOCH COMMUNITY CHURCH	N	10,066.						
(2) -									
(3) Z	ANTIOCH COMMUNITY CHURCH	0	35,862.						
		_	44.000						
(4) Z	ANTIOCH COMMUNITY CHURCH	Q	14,863.						
(5)									
<u>,-,</u>									
(6)		1							

<u>Schedule R (Form 990) 2020</u> **UNBOUND GLOBAL** 84-4960264 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners see 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat	or- Code V-UBI amount in box 2 of Schedule K-1	General of managing partner? Yes NO	(k) Percentage ownership