(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each	return.	

Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or	Name of exempt organization or other filer, see instructions. Tax			Taxpayer identification number (TIN)			
print	UNBOUND GLOBAL					0264	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s						
City, town or post office, state, and ZIP code. For a foreign address, see instructions. WACO, TX 76710							
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)				
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
Form 99	10-T (corporation) THE ORGANIZATIO	07					
 If the If this box 1 1 1 th 	1 I request an automatic 6-month extension of time until						
<u>ar</u> b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overg), enter an	y refundable credits and	3a 3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa				*		
	sing EFTPS (Electronic Federal Tax Payment System). See			Зc	\$	0.	
	: If you are going to make an electronic funds withdrawal			453-TE ar	nd Form 8879-1	E for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022

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

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

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



AF	or the	e 2021 calendar year, or tax year beginning and o	ending	_	
B	Check if applicabl	e: C Name of organization		D Employer identifie	cation number
	Addre:				
	Name Chang	e Doing business as		84-49602	64
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return/	4300 W WACO DR STE 2 BLDG B # 244		254-757-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,262,985.
	Ameno	WACO, IX 70710		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer. B o Brind T E TETER		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527	If "No," attach a	list. See instructions
		te: WWW.UNBOUNDNOW.ORG		H(c) Group exemption	
		organization: 🚺 Corporation 🔄 Trust 🤄 Association 🔄 Other 🕨	L Year	of formation: 2020 N	1 State of legal domicile: \mathbf{TX}
Pa	art I	Summary			_ ~
e	1	Briefly describe the organization's mission or most significant activities:	UND GL	OBAL SUPPOR	TS
Governance		SURVIVORS AND RESOURCES COMMUNITIES TO F			
ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispos			_
205					5
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b) $_{\rm .}$			2
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a) \ldots			12
Activities &		Total number of volunteers (estimate if necessary)			115
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			-
				Prior Year 845,991.	Current Year 1,249,138.
ne		Contributions and grants (Part VIII, line 1h)		045,991.	1,249,138.
Revenue		Program service revenue (Part VIII, line 2g)		131.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-8,818.	-73,358.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		837,304.	1,175,780.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		161,000.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		172,092.	491,128.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	491,120.
pen		Total fundraising expenses (Part IX, column (A), line 11e)	13.		
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		87,505.	205,455.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		420,597.	696,583.
		Revenue less expenses. Subtract line 18 from line 12		416,707.	479,197.
es				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		<u>447,750.</u>	1,006,784.
Ass I Ba	21	Total liabilities (Part X, line 26)		31,043.	61,997.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		416,707.	944,787.
		Signatura Block		,	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

		Signature	of officer						Date		
Sign Here		0	J PETERS,	EXECUTIV	E DIRE	CTOR/PR	ESIDENT	1	Date		
TICI C			int name and title								
	Print	t/Type prepa	ırer's name		Preparer's sig	gnature		Date	Check	PTIN	
Paid	NAI	NCY A.	LIVINGS	TON	NANCY 2	A. LIVI	NGSTON			P0004467	
Preparer	Firm	's name	JAYNES,	REITMEIE	R, BOYI	D & THE	RRELL,	P.C.	Firm's EIN 🕨 74	4-2533381	
Use Only	Firm	's address	5400 BO	SQUE BLVD	STE	600			-		
			WACO, T	X 76710-4	459				Phone no. (254	4)776-419	0
May the I	May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

	990 (2021) UNBOUND GLOBAL 84-4960264 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: UNBOUND GLOBAL SUPPORTS SURVIVORS AND RESOURCES COMMUNITIES TO FIGHT
	HUMAN TRAFFICKING.
	HUMAN IRAFFICTING.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ŭ	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 246,160 · _ including grants of \$) (Revenue \$1,924 ·
	SURVIVOR ADVOCACY:
	UNBOUND PROVIDES 24/7 CRISIS RESPONSE AND ONGOING CASE MANAGEMENT AND
	SUPPORT FOR SURVIVORS OF HUMAN TRAFFICKING. WE WORK WITH LAW
	ENFORCEMENT, CPS, SHELTERS, HOSPITALS, PREGNANCY CENTERS, REHAB
	FACILITIES, AND OTHER COMMUNITY SERVICE PROVIDERS TO ENSURE
	TRAUMA-RESPONSIVE, VICTIM-CENTERED, TRUST-BASED ADVOCACY FOR SURVIVORS.
	IN 2021, OUR THREE ADVOCATES SERVED 56 SURVIVORS OF SEX TRAFFICKING AND
	LABOR TRAFFICKING THROUGH THE UNBOUND WACO SURVIVOR ADVOCACY PROGRAM,
	WITH CLIENTS RANGING IN AGE FROM 12 TO 52.
4b	(Code:) (Expenses \$ 105,752. including grants of \$) (Revenue \$) (Revenue \$
	PREVENTION, AWARENESS & PROFESSIONAL TRAINING:
	UNBOUND WORKS TO EDUCATE AND EMPOWER YOUTH, SPREAD AWARENESS THROUGH
	CITY-WIDE OUTREACHES AND PROVIDE HUMAN TRAFFICKING PRESENTATIONS TO
	GROUPS AND ORGANIZATIONS.
	WE PARTNER WITH SCHOOLS AND OTHER YOUTH ORGANIZATIONS TO EMPOWER
	STUDENTS TO STAY SAFE FROM TRAFFICKING AND EXPLOITATION THROUGH
	ASSEMBLY AND CLASSROOM PRESENTATIONS. OUR KEEPING STUDENTS SAFE
	CURRICULUM SATISFIES THE HOUSE BILL 111 MANDATE FOR PUBLIC AND CHARTER
	SCHOOLS. MULTI-WEEK PREVENTION GROUPS ALSO PROVIDE OUR TRAINED
	FACILITATORS THE OPPORTUNITY TO GO DEEPER WITH VULNERABLE YOUTH THROUGH
4c	(Code:) (Expenses \$ 80 , 517 . including grants of \$) (Revenue \$)
	HEART OF TEXAS HUMAN TRAFFICKING COALITION
	UNBOUND WACO PROVIDES LEADERSHIP AND COORDINATION FOR THE REGIONAL
	MULTI-DISCIPLINARY HUMAN TRAFFICKING TASK FORCE CALLED THE HEART OF
	TEXAS HUMAN TRAFFICKING COALITION. IN 2021, WE FACILITATED QUARTERLY
	MEETINGS OF NEARLY 101 MEMBERS, INCLUDING LAW ENFORCEMENT, SERVICE
	PROVIDERS, ELECTED OFFICIALS, AND OTHER COMMUNITY AGENCIES. WE ALSO
	ORGANIZE AND LEAD FOUR SUBCOMMITTEES TO MEET COALITION GOALS AND
	PROVIDE REGULAR TRAINING ON TRAUMA-INFORMED CARE AND TYPES OF
	TRAFFICKING SO ALL MEMBERS CAN BETTER RESPOND TO HUMAN TRAFFICKING IN
	THEIR UNIQUE ROLES.
<u></u>	
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 432,429.
40	Total program service expenses A32,429.
	F0111 330 (202

Form	990	(2021)

Form 990 (2021) UNBOUND GLOBAL
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)?	1	x	
2	If "Yes," complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	•		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	· ·		
Ũ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
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		X
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,			
u	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	11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	arr		- 23
C	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	Х	
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		X
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,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~~	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form 990 (2021)	UNBOUND	GLOBAL
Part IV	Checklist o	f Required Sch	edules (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			x
o	Schedule J	23		
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	04-		x
Ŀ	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
	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		x
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	37	X
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			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	00		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		<u> </u>
~	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b		-		
с	(gambling) winnings to prize winners?	1c		
	(g			

Form 990	(2021)
Part V	Sta

 UNBOUND
 GLOBAL

 Statements
 Regarding
 Other
 IRS
 Filings
 and
 Tax
 Compliance (continued)

					Yes	No	
20	Enter the number of ampleyage reported on Earm W.2. Transmittal of Wage and Tay Statements	I I	1 1		res	No	
za	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	12				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	х		
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			20			
3a	Distance $f(\Phi)$ and $f(\Phi)$ and $f(\Phi)$ and $f(\Phi)$			3a		х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other						
	financial account in a foreign country (such as a bank account, securities account, or other financial			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	Accou	nts (FBAR).				
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?						
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?						
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 se	rvices	provided to the payor?	7a	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as re	quired				
	to file Form 8282?			7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h							
8							
•	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
a L				9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a					
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a					
11	Section 501(c)(12) organizations. Enter:						
 a	Gross income from members or shareholders	11a					
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	110					
	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	L	?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	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 Schedu	ıle O		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratio	n or				
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	ome?	16		X	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? \ldots			17			
If "Yes." complete Form 6069							

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5		5		X
-	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	0		- 23
78	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		x
	more members of the governing body?	7a		
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.		x
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a	X X	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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, and	id fina	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			

Form 990 (2021)

X

UNBOUND GLOBAL

Section A. Governing Body and Management

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

Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"N
	o line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	

Form 990	(2021)	ONROOND	GLOBAL				84	L – 4 :
Part VI	Compensation	of Officers,	Directors,	Trustees, I	Key Employees,	Highest	Compensa	ited
	^T Employees, an	d Independe	ent Contra	ctors				

0 T T T T T

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

AT AD 1

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 the instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	æ			ited		organization	(W-2/1099-MISC/	from the
	related	stee	ruste			cen se		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		loye	e com		1099-NEC)		and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TEEL DEWINE	line)	Ĕ	ŝ	£	Ke	e, <u>H</u>	ē			
(1) JEFF ABSHIRE	50.00	v		x				0.	72,000.	24 275
SECRETARY	40.00	^		^				0.	12,000.	24,275.
(2) SUSAN PETERS	10.00	v		v				0.	70 000	10 212
EXECUTIVE DIRECTOR/PRES	1.00	^		X				0.	70,000.	10,212.
(3) DREW STEADMAN	50.00	v						0.	64,500.	11,507.
DIRECTOR	1.00	<u> </u>						0.	64,500.	11,507.
(4) RACHEL HOBBS	1.00	x		x				0.	0.	0
TREASURER	1.00	^		^				0.	0.	0.
(5) DILLON MEEK	1.00	x						0.	0.	0.
DIRECTOR		^						0.	0.	0.
		1								
		1								
		-	-	-	_	_	_			

	990 (2021) UNBOUND (JLOBAL								84-49	602	264	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	ו ו	am	(F) timate iount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		comp fro orga anc	oensa om the anizati I relate nizatio	e ion ed
											\dashv			
		,												
											-			
	Subtotal Total from continuation sheets to Part VI								0.	206,50	0.	4	5,9	94.
	Total (add lines 1b and 1c)								0.	206,50	0.	4	5,9	94.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	ove	e) wł	io r	eceived more than \$100),000 of reportable	3			0
	· · · ·										г		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>				•	-			gnest compensated emp	•		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	atior	n and	d ot	her compensation from			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services				x
Sec	tion B. Independent Contractors	piele Schedule	e J I	UI SL	icn	Jers	<u>son</u> .					5		- 23
1	Complete this table for your five highest con the organization. Report compensation for t										pensa	ation fi	rom	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C omper		n
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	, e	ot li	mite	d to		se lis)	stec	d above) who received n	nore than				

Pa	rt VI					
		Check if Schedule O contains a response or note to any line	e in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	c c f	b Membership dues 1b c Fundraising events 1c 137,771. d Related organizations 1d 1e 256,528. All other contributions, gifts, grants, and similar amounts not included above 1f 854,839. 1g \$ 22,543. Noncash contributions included in lines 1a-1f Ig \$ 22,543. Ig \$ 22,543. Ig \$ 22,543. a	1,249,138.			
е БЩ	e					
4	f	All other program service revenue				
Other Revenue	0 7 a b 0 0	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties a Gross rents c Less: rental expenses c Rental income or (loss) d Net rental income or (loss) a Gross amount from sales of assets other than inventory c Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) c Gain or (loss) d Net gain or (loss) c Gross income from fundraising events (not				
0	9 a	including \$ 137,771. of contributions reported on line 1c). See Part IV, line 18	-75,282.			-75,282.
	0 10 a	b Less: direct expenses 9b c Net income or (loss) from gaming activities ▶ a Gross sales of inventory, less returns and allowances 10a 10,787. b Less: cost of goods sold 10b 8,863. c Net income or (loss) from sales of inventory ▶	1,924.	1,924.		
s		Business Code	-			
Miscellaneous Revenue	11 a k c					
2		e Total. Add lines 11a-11d				
	12		1,175,780.	1,924.	0.	-75,282.

Form 990 (2021)

84 - 4960264

Page **9**

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).

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include	422,110.	275,762.	121,071.	25,277
9 10	section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes	34,704. 34,314.	29,663. 20,929.	3,755. 11,944.	1,286
11 а	Fees for services (nonemployees): Management				
b C d	Accounting	8,955.		8,955.	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	1,814.		1,814.	
g 10	column (A), amount, list line 11g expenses on Sch 0.)	36,751. 14,200.	29,171. 10,113.	4,087.	7,580
12 13 14	Advertising and promotion Office expenses Information technology	11,2000	10,110		
15 16	Royalties Occupancy	804. 5,297.	3,308.	804. 1,989.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	5,297•	3,300.	1,909.	
19 20	Conferences, conventions, and meetings				
21 22 23	Payments to affiliates Depreciation, depletion, and amortization Insurance	7,663. 11,218.		7,663.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a b	MISCELLANEOUS EXPENSES VICTIM SERVICES	39,942. 23,635.	11,295. 23,635.	28,647.	4 220
c d e	SUPPLIES EDUCATION & SEMINARS All other expenses	19,758. 11,885. 23,533.	7,076. 10,047. 11,430.	8,353. 1,838. 12,103.	4,329
25 26	Total functional expenses. Add lines 1 through 24eJoint costs. Complete this line only if the organization	696,583.	432,429.	224,241.	39,913
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here b if following SOP 98-2 (ASC 958-720)				
					Eorm 990 (202

UNBOUND GLOBAL

Pa	πΧ	Balance Sneet					
		Check if Schedule O contains a response or	note to an	/ line in this Part X	(A)	<u></u>	
					Beginning of year		End of year
	1	Cash - non-interest-bearing			333,086.	1	611,758.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	30,366.
	4	Accounts receivable, net			36,022.	4	87,486.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial (ontributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sea	tion 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4,735.	8	7,421.
◄	9	Prepaid expenses and deferred charges				9	26,279.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		24,490. 15,327.			
	b	Less: accumulated depreciation			16,827.	10c	9,163.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	024 211
	15	Other assets. See Part IV, line 11			57,080.	15	234,311.
	16	Total assets. Add lines 1 through 15 (must e			447,750.	16	1,006,784.
	17	Accounts payable and accrued expenses			21,772.	17	786.
	18	Grants payable			0.	18	25 000
	19	Deferred revenue			0.	19	35,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Liabilities	22	Loans and other payables to any current or fo					
bili		trustee, key employee, creator or founder, su				00	
Lia		controlled entity or family member of any of t				22	
	23 24	Secured mortgages and notes payable to un Unsecured notes and loans payable to unrela		-		23 24	
	24 25	Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on lin					
		of Schedule D	163 17-24		9,271.	25	26,211.
	26				31,043.	26	61,997.
		Organizations that follow FASB ASC 958, o	heck her			20	
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			416,707.	27	861,714.
Bal	28	Net assets with donor restrictions			-	28	83,073.
pu		Organizations that do not follow FASB ASC					
Ľ.		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F		31	
Net	32	Total net assets or fund balances			416,707.	32	944,787.
	33	Total liabilities and net assets/fund balances			447,750.	33	1,006,784.

Form **990** (2021)

 Form 990 (2021)
 C

 Part X
 Balance Sheet

Form	1990 (2021) UNBOUND GLOBAL	84-49	60264	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,175		
2	Total expenses (must equal Part IX, column (A), line 25)	2			83.
3	Revenue less expenses. Subtract line 2 from line 1	3			97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	416	5,7	07.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	107	7,3	16.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-58	3,4	33.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	944	1,7	87.
Pa	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 🛛 🖾 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			- (0001

Form **990** (2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Nam	ie of t	the organization							Identification nur	nper
_			UND GLOBAL						4-4960264	
Ра	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete ti	nis part.) S	See instruction	ıs.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(*	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name	e,
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	ed in	
		section 170(b)(1)(A)(iv). (C		0 ,		, ,				
6		A federal, state, or local gov		nental unit described in a	section 17	70(b)(1)(A)	(v).			
-	X	An organization that norma	-					he general	nublic described in	n
•		section 170(b)(1)(A)(vi). (C		and part of no support	ionia gov	orninorita		ano gonora		
8		A community trust describe			+ II)					
9						nd in ooni	upotion with a	land grant	oollogo	
9		An agricultural research org								
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enterthe	name, city	y, and state o	i the colleg	eor	
40		university:		··· 00 4/00/ C'I						
10		An organization that norma								
		activities related to its exen		-					-	
		income and unrelated busir		(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 197	5.
		See section 509(a)(2). (Cor								
11		An organization organized a	-	•	•					
12		An organization organized a	•		•		-	•	• •	or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	upporting	
		_ organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving	
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,	
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)	
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type	e II, Type III		
		functionally integrated, or								
f	Ente	er the number of supported of								
g		vide the following informatior								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount o	f monetary	(vi) Amount of oth	her
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instruct	tions)
				above (see instructions)						
Tota										
1012										

Schedule A	(Form	990)) 2021

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")				835,439.	1,249,138.	2,084,577.	
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.	1,249,138.	2,084,577.	
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)						91,487.	
6	Public support. Subtract line 5 from line 4.						1,993,090.	
_	ction B. Total Support						1,555,656.	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	(d) 2017	(6) 2010	(0) 2013	835,439.	1,249,138.	2,084,577.	
8	Gross income from interest,					_,,	_,,	
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources				92.	0.	92.	
0	Net income from unrelated business				52.		52.	
9								
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						2 0 9 4 6 6 9	
	Total support. Add lines 7 through 10))			40	^{2,084,669.} 14,628.	
	Gross receipts from related activities,			· · · · · · · · · · · · · · · · · · ·			14,020.	
13	First 5 years. If the Form 990 is for th	•	irst, secona, thira	, tourth, or tifth tax	year as a section :	501(C)(3)		
50	organization, check this box and stop ction C. Computation of Publi							
	-		-	column (f))		44	95.61 %	
	Public support percentage for 2021 (li					14	, -	
	Public support percentage from 2020						%	
102	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization gualifies as a publicly supported organization							
Ľ	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
47.	and stop here. The organization qualifies as a publicly supported organization							
1/2	17a 10% - facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization							
-	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets th						. —	
	organization meets the facts-and-circu		•	•	,			
18	Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17	b, check this box a	and see instructions	; ▶∟_	

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ļ					
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	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 on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	·		<u> </u>			
14	First 5 years. If the Form 990 is for th	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	ation,
80	check this box and stop here		rooptogo				
	ction C. Computation of Publ						
	Public support percentage for 2021 (15	%
16	Public support percentage from 2020					16	%
	ction D. Computation of Inve						
17						17	%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the	-					17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organization	ation	▶∟
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	nization qualifies a	as a publicly supp	orted organizatior	n Þ
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	

Yes No

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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021 UN	BOUND GLOBA	۱L
-------------------------------	-------------	----

Part IV Supporting Organizations (continued)

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s)			

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported

Section C	. Type I	Supporting	Organizations	

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes

Schedule A	(Form 99	90) 202

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021			
	Schedule A (Form 990) 2021

UNBOUND	GLOBAL
ONDOOND	GTODYT

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		·····		Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	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 responsiv	e				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
c	From 2018						
d	From 2019						
e	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2017						
b	Excess from 2018						
c	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021
Correction (

UNBOUND	GLOBAL

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

Department of the Treasury Internal Revenue Service

(Form	990)
-------	------

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.



Name of the organization

U	N.	IB	0	UND	G	LOI	BAL	

Employer identification number 84-4960264

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
organization answered "Yes" on Form 990, Part IV, line 6.								
		(a) Donor advised fun	ids (I	(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			-1-				
5	Did the organization inform all donors and donor advisors in	-						
6	are the organization's property, subject to the organization's							
6	Did the organization inform all grantees, donors, and donor							
	for charitable purposes and not for the benefit of the donor impermissible private benefit?	· ·						
Pa		manization answered "Yes" on						
1	Purpose(s) of conservation easements held by the organiza	-	1 onn 000, 1 art 10,					
•	Preservation of land for public use (for example, recre	· · · · · · · · · · · · · · · · · · ·	servation of a histo	rically important land area				
	Protection of natural habitat			fied historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution	in the form of a co	preservation easement on the last				
_	day of the tax year.			Held at the End of the Tax Year				
а	Total number of conservation easements			2a				
b				2b				
c	Number of conservation easements on a certified historic st			2c				
d	Number of conservation easements included in (c) acquired							
	listed in the National Register			2d				
3	Number of conservation easements modified, transferred, re			ization during the tax				
	year 🕨			C C				
4	Number of states where property subject to conservation ea	asement is located >						
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, I	handling of					
	violations, and enforcement of the conservation easements	it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and en	forcing conservation	on easements during the year				
	▶							
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforci	ng conservation ea	sements during the year				
	►\$							
8	Does each conservation easement reported on line 2(d) abo							
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation		•					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's final	ncial statements th	at describes the				
De	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Traca	waa ar Othar (Similar Acceta				
Га	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Forr		lies, or other a	Similar Assets.				
10	-		atatamant and hal	anaa ahaat warka				
Id	If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for pu							
	service, provide in Part XIII the text of the footnote to its fina							
h				a abaat works of				
b	If the organization elected, as permitted under FASB ASC 9							
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or rese		e of public service,				
	provide the following amounts relating to these items:(i) Revenue included on Form 990, Part VIII, line 1			▶ \$				
				N A				
2	If the organization received or held works of art, historical tro	easures or other similar assets						
2	the following amounts required to be reported under FASB			Provide				
а	Revenue included on Form 990, Part VIII, line 1			▶ \$				
	Assets included in Form 990, Part X							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets[continued] a Using the organization acquisition, accession, and other records, check ary of the following that make significant use of its content use of	Sche	dule D (Form 990) 2021 UNBOUND	GLOBAL					8	84-49	6026	4 Pa	age 2
collection terms (check all that apply): a b b Scholarly research c Other	Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Oth	er Simila	ar Asse	ts (contir	nued)	
a Public exhibition d □ can or exchange program b Scholary research 0 □ Other	3	Using the organization's acquisition, accessi	on, and other record	ls, checł	any of the	following that	at make s	significant	use of its			
b Scholarly research e Other												
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 16 Is the organization and explain how they further the organization's exempt purpose in Part XUII. 17 Is the organization and explain how they further the organization's exempt purpose in Part XUII. 18 Is the organization and explain the intermediary for contributions or other assets not included on Form 990, Part X? 18 Is the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? 20 Dot the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? 21 Data organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Ves 21 Data organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Ves No 21 Data organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Ves No 22 Data organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? No 23 Dath	а	Public exhibition	d									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization is collection? Part W escrow and a sent. It uses, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21. Amount test ends during the year escretion of the organization answered "Yes" on Form 900, Part X, line 21. Beginning balance test ends during the year escretion of the organization answered "Yes" on Form 900, Part X, line 21. Beginning balance test ends during the year escretion of the organization answered "Yes" on Form 900, Part X, line 21. Beginning balance test ends during the year escretion of the year escretion of the organization answered "Yes" on Form 900, Part X, line 21. Distributions during the year escretion of the organization answered "Yes" on Form 900, Part X, line 21. Distributions during the year escretion of the organization answered "Yes" on Form 900, Part X, line 21. Distributions during the year escretion has been provided on Part XIII Part W Endowment Funds. Complete if the organization included on Part XIII Contributions Other expenditures for facilities escretions and explain how the assist on the secretion of the during and programs other expenditures for facilities endowment the secretion of the organization facilities and programs other explain the estimated preventage of the current year end balance (line 1g, column (a)) held as: Board designated organization in the presenses of the organization that are held and administered for the organization by: Other explain the intended uses of the organization's endowment the secretion of the organization's endowment the secretion's endowment thurds. Parvid the endowment the secretion of the organization's endowment funds. Part I Land, Buildings, and Equ	b		e		Other							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be cold to raise funds rather than to be maintained as part of the organization's collection? Part M Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part M, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angement. Insules, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization angement in Part XII and complete the following table:	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Fom 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21. 14 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete the following table: Amount c Beginning balance 1d Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the following table: Amount Image: Complete the following table: Amount Image: Complete the following table:	4											
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise of the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise of the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise of the organization and agent, trustee, custodian or other intermediary for contributions of other assets not included an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If 'Yes', explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Intermediate in the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Intere years back (d) Three years back (e) Four years back in the arrangement in Part XII. Check here if the explanation has been provided on Part XIII. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back in the organization answered 'Yes' on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year in (b) Prior year (c) Two years back in (d) Three years back in (e) Four years back in the prosen set of actilities and programs. (d) Current year in (b) Prior year in (c) Two years back in (c) Thre	5									7		1
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1e 1d 1d 1d 2D Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. (a) Current year (b) Prior year (c) Two years back (c) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back b Contributions (c) Two years back (c) Four years back (c) Four years back b Contributions (c) Two years back (c) Four years back (c) Four years back b Contributions (c) Two years back (c) Four years back (c) Four years back a <th>Der</th> <th></th> <th>No</th>	Der											No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Ic Amount Ic Amount d Additions during the year Id Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Fedowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X III. Pert V Information answered 'Yes' on Form 990, Part X III. Pert V Information and the explanation answered 'Yes' on Form 990, Part X III. Pert V Information and programs in a difficult on answered 'Yes' on Form 990, Part X III. Pert V Information and programs in a difficult on answered 'Yes' on Form 990, Part X III. Pert V Information and programs in a difficult on answered 'Yes' on Form 990, Part X III. Pert V III. Part V III. Parovide the estimated perc	Par			ete if the	organizatio	n answered	"Yes" or	Form 990), Part IV,	line 9, or	•	
on Form \$90, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Distributions during the year 1d d Additions during the year 1d a Distributions during the year 1d d Additions during the year 1d d Distributions during the year 1d d Distributions include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X Incerprovide the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Incerprovide part AV Incerprovide part AV a drams or scholarships							<u> </u>					
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a			•						1 X		1
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII Image: Check here if the organization answered 'Yes' on Form 990, Part XI, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10. a Beginning of year balance Image: Check here if the explanation answered 'Yes' on Form 990, Part X, line 10. b Contributions Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10. a Ded area balance Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10. c Port year balance Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10. c Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Image: Check here if the organizations g Ford year balance Image: Check here if th	b								L	l Yes] NO
c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "vest" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b Contributions (a) Current year (b) Prior year (c) Two years back (c) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (c) Four years back a Grants or scholarships (b) (c) Two years back (c) Four years back (c) Four years back a drinits rative expenses (b) Prior year (c) Two years back (c) Four years back (c) Four years back f Administrative expenses (b) Current year (c) Two years back (c) Four years (c) Two years back g End of year balance (b)	D	If "Yes," explain the arrangement in Part XIII	and complete the to	niowing t	able:					Δμοιμη	+	
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability? Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships [a] Current year [b] Prior year [c] Two years back (d) Three years back (e) Four years back 1a draints or scholarships [a] Current year [b] Prior year [c] Two years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, colutm (a)) held as: Board designated or quasi-endowment >		Designing belonce						10		Amoun		
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Contributions												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part K, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Control two sequences (b) Control two sequences (c) Administrative expenses (c) Administrative expenses (
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (a) Contributions (b) Prior year (c) Two years back (e) Four years back c Other expenditures for facilities (a)										Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Cher expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Cher expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Cher expenditures for facilities (a) Current year (c) Two years		-						• • • • • • • • •]
1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contritement in the possession of the organizati												
b Contributions		·	(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	' years	back
b Contributions	1a	Beginning of year balance										
c Net investment earnings, gains, and losses												
e Other expenditures for facilities and programs												
e Other expenditures for facilities and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations (ii) Unrelated organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations is sted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation depreciation 1a Land	f	Administrative expenses										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% (i) Unrelated organizations (i) Unrelated organizations (ii) Related organizations (iii) Related organization set the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land	g	End of year balance										
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the cur	rent year end baland	e (line 1)	g, column (a	a)) held as:						
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Equipment (d) Quodo 6, 730 · 3, 310 · 10, 040 · 6, 730 · 3, 31	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land b Buildings (a) Cost or other basis (investment) (b) Cost or other basis (other) (d) Book value b Buildings 10,040.6,730.3,310. 73.0.3,510. c Leasehold improvements 10,040.8,597.5,853. 5,853.	с	Term endowment	%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 0 Description of property (b) Cost or other 10,040. 6,730. 3,310. (c) Recurrent (c) Recure												
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land	3a	Are there endowment funds not in the posse	ession of the organization	ation tha	t are held a	nd administe	ered for t	he organiz	ation	г	<u> </u>	<u> </u>
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings ta Land b b Buildings c Leasehold improvements 10,040. 6,730. 3,310. e Other 110,040. 6,730. 5,853.		-									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Land Land Leasehold improvements Image: Complete improvements c Leasehold improvements Image: Complete improvements Image: Complete improvements Image: Complete improvements d Equipment Image: Complete improvements Image: Complete improvements Image: Complete improvements d Equipment Image: Complete improvements Image: Complete improvements Image: Complete improvements d Equipment Image: Complete improvements Image: Complete improvements Image: Complete improvements e Other Image: Complete improvements Image: Complete improvements Image: Complete improvements d Equipment Image: Complete improvements Image: Complete improvements Image: Complete improvements e Other Image: Complete improvements Image: Complete improvements <												
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										36		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	_			owment	unas.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	1 0) Part IV	line 11a S	See Form 99(ר Part X	line 10				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 10,040. 6,730. 3,310. e Other 14,450. 8,597. 5,853.									ы	(d) Boo	k valu	
1a Land		Description of property			. ,					(u) 000	n valut	
b Buildings	19	Land	`		540.0	(
c Leasehold improvements 10,040. 6,730. 3,310. d Equipment 14,450. 8,597. 5,853.												
d Equipment 10,040. 6,730. 3,310. e Other 14,450. 8,597. 5,853.												
e Other 14,450. 8,597. 5,853.					1	0,040.		6,7	30.		3,3	10.
											-	
				X, colun	nn (B), line 1	0c.)		-				

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives	1		
(2) Closely held equity interests			
(3) Other			
(A)	1		
(B)	1		
	1		
(C)	<u>+</u>		
(D)	<u> </u>		
(E)	1		
(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		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)	1		
(3)			
(4)	1		
	1		
(5)	<u> </u>		
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTEREST & ASS	ETS HELD AT N	ICF	184,357
(2) BENEFICIAL INTEREST & ASS	SETS HELD AT W	VACO FOUNDATION	49,797
(3) UNDEPOSITED FUNDS			157
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ie 15.)		234,311
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CREDIT CARDS PAYABLE			17,630
(3) INSURANCE PAYABLE			8,253
(4) TEXAS STATE COMPTROLLER F	AYABLE		328
(5)			
(6)			
(7)			
(7)			
(8)			
	- 25)		26,211

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 ... X

Sche	dule D (Form 990) 2021 UNBOUND GLOBAL			84-	4960264 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,368,487.
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	2b	107,316.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		87,205.		
е	Add lines 2a through 2d			2e	194,521.
3	Subtract line 2e from line 1			3	1,173,966.
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	1,814.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	1,814.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,175,780.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	889,290.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	107,316.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d	87,205.		
е	Add lines 2a through 2d			2e	194,521.
3	Subtract line 2e from line 1			3	694,769.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	1,814.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	1,814.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	696,583.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE WHOSE REVENUES ARE PRIMARILY DERIVED FROM
GRANTS, CONTRIBUTIONS AND OTHER FUNDRAISING ACTIVITIES, AND IS GENERALLY
NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, INCOME FROM CERTAIN
ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE
IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.
THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF
THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED
INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER
THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT
ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS. THE
132054 10-28-21 Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

ORGANIZATION RECORDS INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS AND

PENALTIES IN MANAGEMENT AND GENERAL EXPENSE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED AGAINST SALES

FUNDRAISING EXPENSES NETTED AGAINST INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED AGAINST SALES

FUNDRAISING EXPENSES NETTED AGAINST INCOME

SCHEDULE G	Suppleme	ntal Information Regar	rding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047	
(Form 990)	Complete if the	or if the	2021							
Department of the Treasury Internal Revenue Service		 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 								
Name of the organization		0 www.iis.gov/Form990 for	msuu	CIUI	is and	the latest informat	1011.	Employer i	dentification number	
	UNBOUND	GLOBAL						84-496	50264	
Part I Fundrais										
	required to complete this part.									
	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
	a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants									
c Phone solici			pecial f							
d 🗌 In-person so	licitations				Ũ					
2 a Did the organization	on have a written c	or oral agreement with any indi	ividual ((inclue	ding o	fficers, directors, tru	stees	, or		
		art VII) or entity in connection	•			e			′es 🔄 No	
		viduals or entities (fundraisers)) pursua	ant to	agree	ments under which	the fi	undraiser is t	o be	
compensated at le	ast \$5,000 by the	organization.				i				
(i) Name and addres	s of individual			(iii) fundr have c	Did	(iv) Gross receipts		Amount paid or retained b	A I (VI) Amount paid	
or entity (fund		(ii) Activity		or con	itrol of	from activity		fundraiser	organization	
				contrib			lis	ted in col. (i)		
			ŀ	Yes	No					
Total										
	ich the organizatio	on is registered or licensed to s	solicit c	ontrib	outions	s or has been notified	d it is	exempt from	n registration	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 and gross income on Form 000 E7 lines 1 and 6h. List events with a of fundraising avant contributions

	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 PRIVATE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through				
			DINNERS	5K RUN		col. (c))				
е			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	4,888.	135,943.		140,831.				
	2	Less: Contributions	3,088.	134,683.		137,771.				
	3	Gross income (line 1 minus line 2)	1,800.	1,260.		3,060.				
	4	Cash prizes								
S	5	Noncash prizes	19,209.			19,209.				
pense	6	Rent/facility costs		1,314.		1,314.				
Direct Expenses	7	Food and beverages	3,360.	678.		4,038.				
	8	Entertainment								
	9	Other direct expenses		52,364.		53,781.				
	-	Direct expense summary. Add lines 4 through		,	•	78,342.				
		Net income summary. Subtract line 10 from li	-75,282.							
Pa	rt I									
		\$15,000 on Form 990-EZ, line 6a.								
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev	1	Gross revenue								
	-									
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

6 Volunteer labor

5 Other direct expenses

a Is the organization licensed to conduct gaming activities in each of these states?	 Yes	No
b If "No," explain:		

%

Yes

No

%

Yes

No

%

►

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Yes

7 Direct expense summary. Add lines 2 through 5 in column (d)

No

132082 10-21-21

___ No

Sch	edule G (Form 990) 2021 UNBOUND GLOBAL 84	-4960	264	Page 3
11	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		Yes	No No
12	to administer charitable gaming?		162	
		13a	1	%
	The organization's facility An outside facility		-	%
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:			70
14	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
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			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	l No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Part IV	Supplemental Information (con	tinued)	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

L

Department of the Treasury	
Internal Revenue Service	

Name of the organization

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.

Open to Public . Inspection Employer identification number

84 - 4960264

20 ſ

UNBOUND GLOBAL ----

Par	Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	termini	na	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu		•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			10.000				
25	Other (DINNER RAFFLE)	X	8	,				
26	Other \blacktriangleright (<u>MEALS</u>)	X	4	1,957.				
27	Other (SUPPLIES)	Х	10	1,377.				
28	Other ()							
29	Number of Forms 8283 received by the organiz		• •					
	for which the organization completed Form 828	33, Part V, D	Donee Acknowledg	gement 29		<u> </u>		
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							v
	exempt purposes for the entire holding period?	,				30a		X
	If "Yes," describe the arrangement in Part II.	aliou that	auiroo tha raview	of any populard and the	tions?	24		Х
31	Does the organization have a gift acceptance p					31		
JZd	Does the organization hire or use third parties of contributions?		•	· · ·		32a		Х
h	contributions?					JEa		
~								

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 84 - 4960264

UNBOUND GLOBAL

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PRACTICAL EXERCISES AND RELATIONAL INVESTMENT.

IN 2021, UNBOUND WACO PRESENTED KEEPING STUDENTS SAFE TO 325 STUDENTS

AND, THROUGH WEEKLY GROUPS, INVESTED IN 53 YOUTH IN JUVENILE DETENTION,

AND 204 EMERGENCY FOSTER CARE.

WE ALSO PRESENTED TO 2392 COMMUNITY MEMBERS AND MOBILIZED 120

VOLUNTEERS TO REACH 337 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 643 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 HEALTHCARE PROFESSIONALS. IN 2021, WE TRAINED A TOTAL 1013 HEALTHCARE PROFESSIONALS THROUGH OUR ONLINE COURSE, AND IN PERSON TRAININGS. Name of the organization

Page 2 Employer identification number 84-4960264

UNBOUND GLOBAL

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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 2021, UNBOUND HQ SUPPORTED

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

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 9, CHANGES IN NET ASSETS:

PPA-PROPERLY RECOGNIZE REVENUE IN THE YEAR EARNED

-58,433.

Schedule O (Form 990) 2021	Page 2
Name of the organization UNBOUND GLOBAL	Employer identification number 84-4960264
FORM 990, PART XI, LINE 2C: PROCESS FOR OVERSIGHT OF FINA	NCIAL AUDIT
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR	

SCHEDULE	R
(= 000)	

(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. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

84-4960264

Name of the organization

Department of the Treasury Internal Revenue Service

UNBOUND GLOBAL

Part I

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

(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
of disregarded entity	Filling activity	foreign country)	Total income	Lind-or-year assets	entity

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

(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	conti	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ANTIOCH COMMUNITY CHURCH - 74-2918395							
505 N 20TH ST							
WACO, TX 76707	сниксн	TEXAS	501C3	EXEMPT			x
	-						
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 UNBOUND GLOBAL 84-4960264 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 Part III organizations treated as a partnership during the tax year. (i) (j) (a) (b) (d) (e) (f) (k) (c) (g) (h) Legal General or Percentage Name, address, and EIN Primary activity Direct controlling Predominant income Share of total Share of Code V-UBI Disproportionate domicile (related, unrelated, managing of related organization end-of-year amount in box ownership entity income (state or allocations? 20 of Schedule K-1 (Form 1065) Yes No partner? excluded from tax under assets foreian sections 512-514) country) Yes No 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 Part IV organizations treated as a corporation or trust during the tax year. (f) (i) Section (a) (b) (c) (d) (e) (g) (h) Percentage ownership Name, address, and EIN Primary activity Legal domicile Direct controlling Type of entity Share of total Share of 512(b)(13) (C corp, S corp, of related organization (state or entity income end-of-year controlled entity? foreign or trust) assets country) Yes

No

Schedule R (Form 990) 2021 UNBOUND GLOBAL

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ANTIOCH COMMUNITY CHURCH	с	122,449.	
(2) ANTIOCH COMMUNITY CHURCH	N	22,500.	
(3) ANTIOCH COMMUNITY CHURCH	0	69,500.	
(4) ANTIOCH COMMUNITY CHURCH	Q	16,693.	
(5)			
(6)			

Schedule R (Form 990) 2021 UNBOUND GLOBAL

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)	(b)	(c)	(d)	(e Are	e) all	(f) Share of	(g) Share of		h)	(i)	(j) Conorol o	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(€ Are partner 501(c org:	rs sec. c)(3) s.?	total income	end-of-year	alloca	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
		country)	sections 512-514)	Yes	No	Income	assets	Yes	No	(Form 1065)	Yes NO	
	-											
	-											
	-											
	-											
	†											
	-											
	-											
												ļ
	-											

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.