

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

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable: X Address change UNBOUND NOW 1100 HEMPHILL STREET #23 FORT WORTH, TX 76104
D Employer identification number 84-4960264
E Telephone number (855) 450-2344
G Gross receipts \$ 10,924,387.
F Name and address of principal officer: SUSAN PETERS SAME AS C ABOVE
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: WWW.UNBOUNDNOW.ORG
K Form of organization: X Corporation Trust Association Other L Year of formation: 2020 M State of legal domicile: TX

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... UNBOUND NOW SUPPORTS SURVIVORS AND RESOURCES COMMUNITIES TO FIGHT HUMAN TRAFFICKING. 2-7a Activities & Governance. 8-19 Revenue and Expenses. 20-22 Net Assets or Fund Balances.

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: Susan Peters, Date: [blank], Type or print name and title: SUSAN PETERS CEO/DIRECTOR

Preparer's name: CARROLL ELIZABETH ARNOTT, Preparer's signature: [Signature], Date: 10/14/25, Check self-employed: [checked], PTIN: P01965628, Firm's name: SUTTON FROST CARY LLP, Firm's address: 200 E FRONT ST, SUITE 200 ARLINGTON, TX 76011, Firm's EIN: 752593210, Phone no.: 8176498083

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Part 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 NOW SUPPORTS SURVIVORS AND RESOURCES COMMUNITIES TO FIGHT HUMAN TRAFFICKING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,941,782. including grants of \$ 468,344.) (Revenue \$) SURVIVOR SERVICES: UNBOUND NOW'S SURVIVOR SERVICES CENTER AROUND OUR 24/7 SURVIVOR ADVOCACY PROGRAM, WHICH INCLUDES 24/7 CRISIS RESPONSE, CASE MANAGEMENT, AND SUPPORT FOR SURVIVORS IN ACCESSING RESOURCES ON THEIR JOURNEYS TOWARDS RESTORATION. WE MEET CLIENTS AT HOSPITALS IN THE MIDST OF CRISIS, WORK WITH PARTNER AGENCIES AND GUARDIANS TO SECURE SAFE PLACEMENT FOR YOUTH, VISIT YOUTH IN DETENTION CENTERS WHILE ASSISTING THEM THROUGH THE CRIMINAL JUSTICE PROCESS, AND MUCH MORE. CONTINUED ON SCHEDULE O.

4b (Code:) (Expenses \$ 616,153. including grants of \$) (Revenue \$) OUTREACH & TRAINING: THROUGH ITS OUTREACH & TRAINING PROGRAM, UNBOUND NOW FACILITATES LIVE AND ON-DEMAND TRAININGS OFFERING CEUS TO EQUIP PROFESSIONALS TO IDENTIFY AND RESPOND TO HUMAN TRAFFICKING. OUR MEDICAL TRAINING EQUIPS HEALTH CARE PROFESSIONALS TO IDENTIFY AND RESPOND TO HUMAN TRAFFICKING, SATISFYING THE H.B. 2059 MANDATE FOR HUMAN TRAFFICKING TRAINING TO MAINTAIN A LICENSE. OUR TRAINING FOR HOSPITALITY INDUSTRY STAFF IS APPROVED BY THE TEXAS ATTORNEY GENERAL'S OFFICE. IN 2024, WE TRAINED A TOTAL OF 18,698 PROFESSIONALS THROUGH OUR ONLINE COURSE AND IN-PERSON TRAININGS. CONTINUED ON SCHEDULE O.

4c (Code:) (Expenses \$ 541,210. including grants of \$) (Revenue \$) YOUTH PREVENTION: UNBOUND NOW EMPOWERS YOUTH TO STAY SAFE FROM TRAFFICKING AND EXPLOITATION THROUGH PREVENTION EDUCATION IN SCHOOLS, JUVENILE DETENTION CENTERS, AND YOUTH-SERVING ORGANIZATIONS. PREVENTION ACTIVITIES OFTEN LEAD TO DISCLOSURES OF ABUSE AND EXPLOITATION, ALLOWING YOUTH TO RECEIVE NEEDED SERVICES AND FACILITATING INVESTIGATIONS AND PROSECUTIONS. IN 2024, WE EDUCATED 12,643 YOUTH TO KEEP THEMSELVES AND PEERS SAFE FROM TRAFFICKING AND EXPLOITATION. CONTINUED ON SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,099,145.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c	Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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).		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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 "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b	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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Part 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (6), 1b (5), 2 (SEE SCHEDULE O), 3, 4 (SEE SCH O), 5, 6, 7a, 7b, 8a, 8b, 9.

Section B Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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) available 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 financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records. UNBOUND NOW 1100 HEMPHILL ST., #23 FORT WORTH TX 76104 (855) 450-2344

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN ANDERSON-THRU 1/25 CEO	50 0			X			184,434.	0.	21,554.	
(2) SUSAN PETERS CEO/DIRECTOR	50 0	X		X			77,914.	0.	16,459.	
(3) STEPHANIE BYRD COO	50 0			X			59,039.	0.	0.	
(4) TAMMY BOYLE CDO	50 0			X			33,058.	0.	5,486.	
(5) KRISHNA DURAIRAJ DIRECTOR	1 0	X					0.	0.	0.	
(6) BRIAN BYRD PRESIDENT	1 0	X		X			0.	0.	0.	
(7) RACHEL HOBBS TREASURER	1 0	X		X			0.	0.	0.	
(8) SUSAN PETERS DIRECTOR	1 0	X					0.	0.	0.	
(9) KATE AMAYA SECRETARY	1 0	X		X			0.	0.	0.	
(10) MAE FERGUSON DIRECTOR	1 0	X					0.	0.	0.	
(11) BRIAN HURD-FROM 4/25 CEO	50 0			X			0.	0.	0.	
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										

1b Subtotal	354,445.	0.	43,499.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	354,445.	0.	43,499.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FORVIS MAZARS, LLP 14221 DALLAS PKWY, #400 DALLAS, TX 75254	ACCOUNTING	778,611.
ONE SAFE PLACE 1100 HEMPHILL ST. FORT WORTH, TX 76104	SECURITY	142,000.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns					
	b Membership dues					
	c Fundraising events	277,499.				
	d Related organizations					
	e Government grants (contributions)	6,588,757.				
	f All other contributions, gifts, grants, and similar amounts not included above	3,881,574.				
	g Noncash contributions included in lines 1a-1f	68,175.				
	h Total. Add lines 1a-1f	10,747,830.				
			Business Code			
Program Service Revenue	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
		b Less: cost or other basis and sales expenses	7b	4,575.		
	c Gain or (loss)	7c	-4,575.			
	d Net gain or (loss)		-4,575.		-4,575.	
8a Gross income from fundraising events (not including \$ 277,499. of contributions reported on line 1c). See Part IV, line 18.	8a	157,048.				
	b Less: direct expenses	8b	153,328.			
	c Net income or (loss) from fundraising events		3,720.			
9a Gross income from gaming activities. See Part IV, line 19.	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a	1,095.				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory		1,095.	1,095.		
		Business Code				
Miscellaneous Revenue	11a OTHER INCOME	900099	18,414.	18,414.		
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d		18,414.			
12 Total revenue. See instructions		10,766,484.	19,509.	0.	-4,575.	

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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	2,500.	2,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	296,328.	296,328.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	169,516.	169,516.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	397,944.	274,581.	87,548.	35,815.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	5,549,912.	4,835,854.	436,107.	277,951.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,191.	53,512.	5,415.	3,264.
9 Other employee benefits	1,047,120.	908,412.	85,389.	53,319.
10 Payroll taxes	454,447.	391,031.	39,568.	23,848.
11 Fees for services (nonemployees):				
a Management				
b Legal	25.		25.	
c Accounting	797,849.		797,849.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	224,871.	171,398.	29,632.	23,841.
12 Advertising and promotion	5,500.	916.	1,308.	3,276.
13 Office expenses	58,536.	38,564.	19,615.	357.
14 Information technology				
15 Royalties				
16 Occupancy	224,168.	194,410.	29,579.	179.
17 Travel	403,708.	369,364.	17,140.	17,204.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,521.	46,242.	7,279.	
23 Insurance	42,677.	1,556.	41,121.	
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 O.)				
a DUES & SOFTWARE SUBSCRIPTIONS	225,284.	97,516.	88,863.	38,905.
b MISCELLANEOUS	117,618.	105,931.	3,510.	8,177.
c PROGRAM EXPENSES	62,166.	62,166.		
d FEES	55,184.	390.	18,000.	36,794.
e All other expenses	114,375.	78,958.	18,876.	16,541.
25 Total functional expenses. Add lines 1 through 24e	10,365,440.	8,099,145.	1,726,824.	539,471.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash — non-interest-bearing	1,028,950.	1	1,139,025.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,465,430.	3	1,590,423.
	4	Accounts receivable, net	218,222.	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,954.	8	
	9	Prepaid expenses and deferred charges	39,675.	9	68,664.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 702,554.		
	b	Less: accumulated depreciation	10b 126,969.	583,950.	10c 575,585.
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	13,660.	15	53,004.
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,352,841.	16	3,426,701.	
Liabilities	17	Accounts payable and accrued expenses	368,132.	17	152,159.
	18	Grants payable		18	
	19	Deferred revenue	24,172.	19	12,848.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	152,781.	25	52,887.
	26	Total liabilities. Add lines 17 through 25	545,085.	26	217,894.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>				
	27	Net assets without donor restrictions	2,285,547.	27	2,226,320.
	28	Net assets with donor restrictions	522,209.	28	982,487.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	2,807,756.	32	3,208,807.	
33	Total liabilities and net assets/fund balances	3,352,841.	33	3,426,701.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,766,484.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,365,440.
3	Revenue less expenses. Subtract line 2 from line 1	3	401,044.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,807,756.
5	Net unrealized gains (losses) on investments	5	7.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,208,807.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	X	

BAA