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PUBLIC'S COPY

			EXTENDED TO MAY 15, 2019								
	0	00	Return of Organization Exempt From	Income Ta	X	OMB No. 1545-0047					
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foun	dations)	2017					
		of the Treasury	Do not enter social security numbers on this form as it may			Open to Public					
		enue Service	► Go to www.irs.gov/Form990 for instructions and the lat ar year, or tax year beginning JUL 1, 2017 and ending	ution <u>JUN</u> 30, 20	18	Inspection					
	heck if	-	f organization	D Employer ide		ion numbor					
a	pplicab	ole:	organization		mincau						
X	Addr	unbo	UNDED LEARNING, INC.								
	Name Chan	ge Doing bi	usiness as	47	-522	3320					
	Initial returr	Number		ite E Telephone nu							
	Final returr termi	n –	PARK AVE S 9083			5-2118					
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		12,053,289.					
	_lreturr ∃Appli		YORK, NY 10003-1502 nd address of principal officer:KATE GERSON	H(a) Is this a gro							
	⊥tiòn pend		AS C ABOVE	for subordin H(b) Are all subordin							
<u> </u>	- ax-ex					. (see instructions)					
JV	Vebsi		S://WWW.UNBOUNDED.ORG/	H(c) Group exer							
						ate of legal domicile: NY					
	art I	Summary									
ė	1	Briefly describ	e the organization's mission or most significant activities: THE MISS	ION OF UNBO	DUNDE	D					
Activities & Governance		LEARNIN	G, INC. ("UNBOUNDED") IS TO SUPPORT T	HE PRACTICE	AND	LEARNING					
ern	2										
Š	3	Number of vot	3	10							
<u>م</u>	4	Number of ind	4	10 43							
ties	5										
ti∨i	6				6	6 0.					
Ac			d business revenue from Part VIII, column (C), line 12		7a	0.					
	D	Net unrelated	business taxable income from Form 990-T, line 34	Prior Year	7b	Current Year					
	8	Contributions	and grants (Part VIII, line 1h)	7,967,41	2.	10,122,431.					
Revenue	9		ce revenue (Part VIII, line 2g)	3,295,50		1,915,158.					
evel	10		come (Part VIII, column (A), lines 3, 4, and 7d)		9.	150.					
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,46		15,550.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,268,16		12,053,289.					
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14		to or for members (Part IX, column (A), line 4)		0.	0.					
ŝ	15	Salaries, other		3,422,00	. 8	5,768,923.					
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 863,454.		0.	0.					
xpe	b	Total fundrais	ing expenses (Part IX, column (D), line 25)								
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	6,611,35		5,708,983.					
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,033,36		11,477,906.					
. (0	19	Revenue less	expenses. Subtract line 18 from line 12	1,234,80		575,383.					
s or				Beginning of Current		End of Year					
Sset Bala	20	Total assets (F		6,346,85		5,586,478.					
Net Assets or Fund Balances	21		(Part X, line 26)	5,112,03		3,776,272.					
	22 21		fund balances. Subtract line 21 from line 20	1,234,82	· .	1,810,206.					
	art II	-	BIOCK I declare that I have examined this return, including accompanying schedules and sta	amonte and to the best	of my kn	owledge and balief it is					
			. Declaration of preparer (other than officer) is based on all information of which prep		-	owieuge and beller, it is					
uue,	COLLE	st, and complete	. Declaration of preparet (other than onlicer) is based on an information of Which prep	ing has any knowledge							

Sign	Signature of officer		Date								
Here	📐 LAURA SMITH, TREASUREF	2									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN							
Paid	MICHELLE CAIN	MICHELLE CAIN	04/17/19 if self-employed	P00150750							
Preparer	Firm's name 🕨 MENGEL , METZGER ,		Firm's EIN 🛌 1	6-1092347							
Use Only	Firm's address 100 CHESTNUT STF	REET, SUITE 1200									
	ROCHESTER, NY 14	604	Phone no. 585 – 4	423-1860							
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No							
732001 11-2	32001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
	Briefly describe the organization's mission: THE MISSION OF UNBOUNDED LEARNING, INC. ("UNBOUNDED") THE PRACTICE AND LEARNING OF EDUCATORS SO THAT TEACHING) IS TO SUPPORT	
	STUDENTS LIVING IN POVERTY AND INEQUITY ARE USING ALT WELL. UNBOUNDED AIMS TO HARNESS THE POWER OF STRONG	IGNED CURRICULU	
	Did the organization undertake any significant program services during the year which were not listed on t prior Form 990 or 990-EZ?	he	X
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?Yes	X
1	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program servic Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t		
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 9,886,101. including grants of \$)	(Revenue \$	
	UNBOUNDED CONTINUES TO BELIEVE DEEPLY IN EMPOWERING '	EACHERS AND	
	TEACHER-COMMUNITIES TO USE THE BEST OER CURRICULUM AV		
	PURPOSE OF THE INVESTMENT WAS TO HELP CONTRIBUTE TO TEDUCATOR COMMUNITY BY POPULATING IT WITH HIGH-QUALITY		
	EDUCATOR COMMONITY BY POPULATING IT WITH HIGH-QUALITY UNBOUNDED HAS EVALUATED AND SEQUENCED, ALLOWING THE C GAIN INVALUABLE FEEDBACK AS THE RESOURCES ARE MADE AV TO EDUCATORS ACROSS THE COUNTRY.	DRGANIZATION TO	
	UNBOUNDED ENGAGED IN SEVERAL ROUNDS OF FORMATIVE RESI		
	QUALITATIVE AND QUANTITATIVE, TO UNDERSTAND EDUCATOR PRACTICES RELATED TO FINDING, CHOOSING, ADAPTING, ANI		
	CURRICULUM AND TO USING PROFESSIONAL LEARNING RESOURCE		
	(Code:) (Expenses \$including grants of \$) UNBOUNDED HOSTED STANDARDS INSTITUTE WINTER 2018; REA EDUCATORS AND PARTNERS FROM DISTRICTS AND CMOS.	(Revenue \$ 1,694, ACHING OVER 1,0	
	PARTICIPANTS IN ALMOST EVERY COURSE AND DISTRICT/ORGA AS ACROSS ALL ROLES, SHOWED GAINS IN KNOWLEDGE AFTER INSTITUTE. ALL STAFF MEMBERS WORKED THE EVENTS AND W CONTENT DEVELOPMENT AND OPERATIONS OF THE EVENTS.	ATTENDING THE	
	(Code:)(Expenses \$including grants of \$) COMMUNITIES OF PRACTICE - UNBOUNDED DESIGNS AND FACII FULL DAY SESSIONS FOR GROUPS OF SCHOOL LEADERS ALONG OF THEIR STAFF. THE SESSIONS FOCUS ON ENGLISH LANGUAG MATHEMATICS AND INCLUDE SEMINAR LEARNING, SITE VISITS FOLLOWED BY FACILITATED DEBRIEF.	WITH KEY MEMBE GE ARTS (ELA) A	IS RS ND
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
1e	Total program service expenses ► 9,886,101.	, 	
		Form 9	990 (

Form 990 (2017)

Part IV Checklist of Required Schedules

UNBOUNDED LEARNING, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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</i> "Yes," <i>complete Schedule C, Part I</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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or 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,			
	Part VI	11a		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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		- 23
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>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	- 23	
120	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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,			<u>-</u> -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		<u> </u>
	complete Schedule G. Part III	19		x

Form **990** (2017)

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Form	990	(2017)

UNBOUNDED LEARNING, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	~~~		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	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 Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		<u></u>
C		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
- •	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

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Form	990 (2017) UNBOUNDED LEARNING, INC. 47-5223	320	Р	age 5					
Pa	t 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 1a 118								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 43								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		L					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7a		x					
a									
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x					
ام	to file Form 8282?	7c							
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		- 23					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h							
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711							
0		8							
9	Sponsoring organization have excess business holdings at any time during the year?	•							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	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 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
С	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Ĺ					
		Form	990	(2017)					

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Form 990 (2017)	Form	990	(2017)
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UNBOUNDED LEARNING, INC.

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

X

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 in Schedule O. See instructions.

4			10		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	-						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		10							
	Enter the number of voting members included in line 1a, above, who are independent			-						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					v				
_	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under t					v				
	of officers, directors, or 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			4		X X				
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X				
6	Did the organization have members or stockholders?									
7a	5 , , , , , , , , , , , , , , , , , , ,									
	more members of the governing body?									
b										
_	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		37					
а	The governing body?			8a 8b	X X					
b	b Each committee with authority to act on behalf of the governing body?									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re									
				9		X				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Coo	de.)							
					Yes	No				
	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such o									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before fili	ng the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
l2a										
b										
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," descrik	be							
	in Schedule O how this was done			12c	Х					
3	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
5	Did the process for determining compensation of the following persons include a review and approv									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?								
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	Other officers or key employees of the organization			15b	Х					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement 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 evalu			104						
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	-	ipution							
				16b						
iec	exempt status with respect to such arrangements?									
7	List the states with which a copy of this Form 990 is required to be filed ►NY, MA, OK, WA, O	ΓA.								
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-		(1/c)(3) = con(y)	availah						
0	for public inspection. Indicate how you made these available. Check all that apply.			avallar	ne -					
	Own website Another's website X Upon request Other (explain	n in Schodul	(a, O)							
0			,	d finan	منما					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, constant available to the public during the tay year		alest policy, and	u iirian	udi					
	statements available to the public during the tax year.		n a unda s							
20	State the name, address, and telephone number of the person who possesses the organization's b LAURA SMITH $-646-415-2118$	ooks and red	cords: 🏲							
	228 PARK AVE S, NO. 90834, NEW YORK, NY 10003-15	02								
2004	3 11-28-17	. –		Form	990	(201				
	6					,				
50	417 781764 UNB3320 2017.05050 UNBOUNDED LEAR	NTNC	TNC	TINE	3332	201				

Part VII	Compensation of Officers, Dir	ectors, 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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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		Pos		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week					1		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(1033-10100)	organization
	organizations	truste	al trus		yee	mper		()		and related
	below	Individual trustee or director	In stitutional trustee	л.	Key employee	est co oyee	er			organizations
	line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former			
(1) LAURA SMITH	40.00								_	
OFFICER/SECRETARY/TREASURER - CHIEF		Х		Х				297,078.	0.	2,922.
(2) KATE GERSON	40.00								_	
OFFICER/PRESIDENT - CHIEF EXECUTIVE		Х		Х				298,522.	0.	1,478.
(3) JOHN MAYCOCK	40.00								_	
MANAGING PARTNER OF ENGAGEMENT THUR		Х		Х				295,438.	0.	4,562.
(4) JEFF LIVINGSTON	1.00								_	
BOARD OF DIRECTOR		Х						0.	0.	0.
(5) JOHN DEASEY	1.00								_	_
BOARD OF DIRECTOR THRU MAY 2018		Х						0.	0.	0.
(6) PETER CUNNINGHAM	1.00								_	_
BOARD OF DIRECTOR		Х						0.	0.	0.
(7) SHAUN NELMS	1.00								_	_
BOARD OF DIRECTOR		Х						0.	0.	0.
(8) SUE PIMENTEL	1.00								_	
BOARD OF DIRECTOR		Х						0.	0.	0.
(9) DOUG BORCHARD	1.00								_	_
BOARD OF DIRECTOR		Х						0.	0.	0.
(10) PETER KANNAM	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(11) JUDY WURTZEL	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(12) LACEY ROBINSON	40.00							1 6 0 0 0 1	0	2 1 6 2
CHIEF ENGAGEMENT OFFICER	40.00				Х			168,837.	0.	3,163.
(13) KRISTEN EHLMAN	40.00							165 000	0	0
SENIOR DIRECTOR OF LEADERSHIP	40.00				X			165,000.	0.	0.
(14) JASON SCHWEID	40.00							155 005	0	0 11 6
DIRECTOR OF ASSESSMENT	40.00				X			157,285.	0.	2,716.
(15) PETER COE	40.00							125 460		0 0 4 0
CHIEF ACADEMIC OFFICER, MATHEMATICS	10.00					х		137,469.	0.	2,948.
(16) ALICE WIGGINS	40.00							125 120		4 5 6 9
DIRECTOR OF EARLY LITERACY	40.00					X	<u> </u>	135,438.	0.	4,562.
(17) HAMY VU	40.00							125 000	^	2 4 5 0
DIRECTOR OF EVALUATION						X		135,282.	0.	3,472.
732007 11-28-17						_				Form 990 (2017)

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2017.05050 UNBOUNDED LEARNING, INC.

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Form **990** (2017)

Form 990 (2017) UNBOUNDE	D LEARNI	INC	3,	IN	IC	•			47-52	223	320	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Esti amo	(F) mated ount of ther	
	(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)	organization: (W-2/1099-MIS	s	compo froi orgar and	ensation m the nization related izations
(18) JOYCE MACEK DIRECTOR OF PARTNERSHIPS	40.00					x		136,212.		0.	3	,788.
(19) MARGO REYNOLDS	40.00							10072120				,,,,,,,
DIRECTOR OF PRODUCT, PD & VIRTUAL LE						x		140,000.		0.		0.
										0.	29	,611.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								2,066,561.		0.	29	,611.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove	e) wł	no re	eceived more than \$100	,000 of reportabl	le		11
											١	es No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	,		· ·	, ,	•			highest compensated e	1 5		3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•	le co	ompe	ensa	atior	n and	d oth	her compensation from	the organization		4	x
5 Did any person listed on line 1a receive or a									idual for services		-	
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ich p	oers	son .					5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	depe	ende	nt co	ontr	racto	ors t	hat received more than	\$100,000 of corr	pens	ation fro	m
the organization. Report compensation for	the calendar y	eare	endir	ng w	/ith	or w	ithir	the organization's tax	year.			
(A) Name and business	address							(B) Description of s		С	(C) ompens	
LEARNING TAPESTRY 340 S LEMON AVE #6452, WA	ALNUT, (CA	91	.78	39			FECH & ENGIN CONSULTING	EERING	1	.009	,856.
ODONATA VENTURES LLC, 13	14 LAS C)LZ				Э,	1	PRODUCT AND	STRATEGY			
STE 796, FT LAUDERDALE, BELLWETHER EDUCATION PAR			7 E	305	STC	ON		CONSULTING HR AND STRAT	EGY		2/1	,568.
POST ROAD #171, SUDBURY,	-							CONSULTING S	ERVICES		196	,425.
J&S AUDIO VISUAL PO BOX 671170, DALLAS, TX	x 75267-	-11	L70)				AUDIO VISUAL CONFERENCE S			178	,243.
HONIG BUSINESS SOLUTIONS 69 ELMORE AVE, CROTON ON	, LLC)53	2.0	1	FINANCE & OP CONSULTING				,832.
2 Total number of independent contractors (i	ncluding but n				tho	se li			nore than		- - 0	,052.
\$100,000 of compensation from the organi	zation 🕨					7						90 (2017)

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Form **990** (2017)

				NDED LEA	RNING, I	NC.		47-5223	320 Page 9
Pa	rt \	/	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any li				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S, C			Fundraising events						
Gifi Iar		d	Related organizations	1d					
ns, îmi		е	Government grants (contribut	ions) 1e					
itioi er S		f	All other contributions, gifts, grant	ts, and					
Dthe			similar amounts not included above	/e 1f	10,122,431.	-			
the D		-	Noncash contributions included in lines	-					
a C		h	Total. Add lines 1a-1f		>	10,122,431.			
					Business Code				
ice	2	а	CONTRACT SERVICES		611710	1,915,158.	1,915,158.		
erv ue		b							
m S ven		c							
gra Re		d							
Program Service Revenue		e 4							
_			All other program service rever Total. Add lines 2a-2f			1,915,158.			
	3		Investment income (including			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Ŭ		other similar amounts)			150.			150.
	4		Income from investment of tax						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	-			
			assets other than inventory			-			
		b	Less: cost or other basis						
		~	and sales expenses Gain or (loss)			-			
			Net gain or (loss)		└ ▶				
	8		Gross income from fundraising						
Other Revenue	•	-	including \$						
eve			contributions reported on line						
sr R			Part IV, line 18	a					
Othe		b	Less: direct expenses						
0		С	Net income or (loss) from func	Iraising events	>				
	9	а	Gross income from gaming ac						
			Part IV, line 19			-			
			Less: direct expenses						
	10		Net income or (loss) from gam		. <u></u>				
	10	а	Gross sales of inventory, less						
		h	and allowances			-			
			Less: cost of goods sold Net income or (loss) from sale						
		<u> </u>	Miscellaneous Revenu		Business Code				
	11	а	MISCELLANEOUS	-	900099	15,550.	15,550.		
	2	b				, ,			
		с							
			All other revenue						
			Total. Add lines 11a-11d		►	15,550.			
	12		Total revenue. See instructions.		►	12,053,289.	1,930,708.	0.	150.

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Form **990** (2017)

Part IX Statement of Functional Expenses

UNBOUNDED LEARNING, INC.

	Check if Schedule O contains a response	se or note to any line in (A)	this Part IX (B)	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	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	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 4 6 4 2 5 0	1 014 710	100 700	100 01
_	trustees, and key employees	1,464,358.	1,214,716.	122,728.	126,914
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,485,489.	2 1 / 1 2 1 7	172 006	172 004
7	Other salaries and wages	3,403,409.	3,141,317.	172,086.	172,086
8	Pension plan accruals and contributions (include	72,989.	51,092.	7,299.	14,598
~	section 401(k) and 403(b) employer contributions)	380,996.	262,574.	40,574.	77,848
9	Other employee benefits	365,091.	255,564.	36,509.	73,018
0 1	Payroll taxes	505,091.	400,004.		13,010
1	Fees for services (non-employees):				
a h	Management	43,997.	30,798.	4,400.	8,799
b		259,650.	181,755.	25,965.	51,930
	Accounting	235,030.	101,755.	23,503.	51,550
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A) amount, list line 11g expenses on Sch O.)	1,069,081.	1,069,081.		
2	Advertising and promotion	210,473.	_,,.	105,236.	105,237
3	Office expenses	365,832.	256,081.	36,584.	73,167
4	Information technology	1,095,501.	1,095,501.		
5	Royalties	, ,	, ,		
6	Occupancy	82,568.		82,568.	
7	Travel	659,236.	461,465.	65,924.	131,847
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	14,473.		14,473.	
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	STANDARD INSTITUTE & PR	1,009,636.	1,009,636.		
b	PILOT PROGRAM COSTS	758,485.	758,485.		
с	STAFF DEVELOPMENT	97,410.	68,187.	9,741.	19,482
d	EQUIPMENT	42,641.	29,849.	4,264.	8,528
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	11,477,906.	9,886,101.	728,351.	863,454
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

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10 2017.05050 UNBOUNDED LEARNING, INC. Form 990 (2017)

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		Dalaite Sileet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Regipping of year		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	4,475,156.	1	3,977,078.
	2	Savings and temporary cash investments	105,747.	2	100,207.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,760,575.	4	768,250.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţs		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
SSE	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,380.	9	740,943.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,346,858.	16	5,586,478.
	17	Accounts payable and accrued expenses	1,669,994.	17	702,978.
	18	Grants payable		18	
	19	Deferred revenue	3,442,041.	19	3,073,294.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
ili t		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		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		25	
	26	Total liabilities. Add lines 17 through 25	5,112,035.	26	3,776,272.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces		complete lines 27 through 29, and lines 33 and 34.	1 124 012		1 010 000
ano	27	Unrestricted net assets	1,234,823.	27	1,810,206.
Bal	28	Temporarily restricted net assets		28	
Fund Balances	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
s of		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	1 22/ 022	32	1 010 006
-	33	Total net assets or fund balances	1,234,823. 6,346,858.	33	1,810,206.
	34	Total liabilities and net assets/fund balances	0,340,030.	34	5,586,478. Form 990 (2017)

Form **990** (2017)

Form 990 (2017)
Part X Balance Sheet

Form	1990 (2017) UNBOUNDED LEARNING, INC.	47-5	223320	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,053		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,477		
3	Revenue less expenses. Subtract line 2 from line 1	3			83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,234	1,8 2	23.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,810),2	06.
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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b			2 b	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				
	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 in Sch				
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			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2017)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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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
	2017
	Open to Public Inspection
Employer	identification numbe

Name of the organization

	UNBOUNDED LEAF						7-5223320
Part I Reason	for Public Charity Status	(All organizations must co	omplete thi	is part.) Se	ee instructions		
The organization is not a	private foundation because it is:	(For lines 1 through 12, o	check only	one box.)			
1 A church, cor	vention of churches, or associati	ion of churches describe	d in sectio	n 170(b)(1)(A)(i).		
	cribed in section 170(b)(1)(A)(ii).						
	a cooperative hospital service or				ii).		
	earch organization operated in co					(iii). Enter	the hospital's name,
city, and state	•	, , , ,				. ,	, , , , , , , , , , , , , , , , , , ,
	on operated for the benefit of a co	ollege or university owne	d or operat	ted bv a d	overnmental u	nit describ	bed in
	b)(1)(A)(iv). (Complete Part II.)	5 ,		, ,			
	te, or local government or govern	mental unit described in	section 17	70(b)(1)(A)	(v).		
	on that normally receives a subst				.,	ne general	public described in
-	b)(1)(A)(vi). (Complete Part II.)					J	
	trust described in section 170(b)(1)(A)(vi), (Complete Par	t II.)				
	al research organization described			ed in conii	unction with a	and-grant	college
-	or a non-land-grant college of agri			-		-	-
university:		,		,,	,,		
	on that normally receives: (1) mor	e than 33 1/3% of its sur	poort from	contributi	ons, members	hip fees, a	nd gross receipts from
0	ed to its exempt functions - subje						
	nrelated business taxable income						
	509(a)(2). (Complete Part III.)						
	on organized and operated exclusion	sively to test for public sa	afetv. See s	section 50	09(a)(4).		
	on organized and operated exclus	<i>,</i> .				rrv out the	e purposes of one or
•	supported organizations describ	•	•			•	• •
	ugh 12d that describes the type						
	upporting organization operated,			-		-	giving
	ed organization(s) the power to re	-	•	-			
	n. You must complete Part IV, S	• • • •	, ,				
	upporting organization supervise		tion with it	s support	ed organizatio	n(s). bv ha	vina
	nanagement of the supporting or				-		-
	n(s). You must complete Part IV	-				3	
	ctionally integrated. A supportin		in connect	tion with,	and functional	ly integrate	ed with,
	ed organization(s) (see instruction	• •				, ,	,
	n-functionally integrated. A sup	-				ted organi	zation(s)
that is not f	unctionally integrated. The organ	ization generally must sa	tisfy a disti	ribution re	quirement and	an attent	iveness
requiremen	t (see instructions). You must co	mplete Part IV, Sections	s A and D,	and Part	V .		
e 🗌 Check this	box if the organization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
functionally	integrated, or Type III non-function	onally integrated support	ing organiz	zation.			
f Enter the number of	of supported organizations						
<u>v</u>	ng information about the support	<u> </u>					
(i) Name of suppo	.,	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total							
Total							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

2017.05050 UNBOUNDED LEARNING, INC.

Schedule A (Form 990 or 990 EZ) 2017 UNBOUNDED LEARNING, INC. Part II

47-5223320 Page 2

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.)

Calendar year (of fixed year beginning in)	Sec	ction A. Public Support						
membership fees received. (Do not include any "unsusal grants.")	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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or expended on its behalf	2							
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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 UNBOUNDED LEARNING, INC. 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.)

	ction A. Public Support ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) 2010					(i) rotai
•	membership fees received. (Do not						
	include any "unusual grants.")			1183881.	7967412.	10122431.	19273724
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			90,000.	3295500.	1915158.	5300658.
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						
6	Total. Add lines 1 through 5			1273881.	11262912.	12037589.	24574382.
	Amounts included on lines 1, 2, and						1
	3 received from disqualified persons			1273881.	7967412.	10405645.	19646938.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b			1273881.	7967412.	10405645.	
				12/30010	75074120	101050150	4927444
e e	Public support. (Subtract line 7c from line 6.)						1927111
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(a) 2010	(6) 2014	1273881.	11262912.	12037589.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			21.	789.	150.	
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b			21.	789.	150.	960.
2	Other income. Do not include gain or loss from the sale of capital				4,463.	15,550.	20,013.
3	assets (Explain in Part VI.)			1273902.	11268164.	12053289.	24595355.
	First five years. If the Form 990 is for	the organization'	s first, second, thi				zation,
							X
	ction C. Computation of Public					1 1	
	Public support percentage for 2017 (I					15	%
	Public support percentage from 2016					16	9
	ction D. Computation of Inves		-			1 1	
7	Investment income percentage for 20					17	9
8	Investment income percentage from 2					18	9
9a	33 1/3% support tests - 2017. If the						17 is not
b	more than 33 1/3%, check this box as 33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th			
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1

2

3a

3b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

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Schedule A (Form 990 or 990-EZ) 2017

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

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		
73202	5 10-06-17 Schedule A (Form 9	90 or 99	90-EZ)	2017 (
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Schedule A (Form 990 or 990-EZ) 2017 UNBOUNDED LEARNING, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 A	Add lines 1 through 3	4		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	ollection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	Aggregate fair market value of all non-exempt-use assets (see			
iı	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
dΙ	otal (add lines 1a, 1b, and 1c)	1d		
еĽ	Discount claimed for blockage or other			
f	actors (explain in detail in Part VI):			
2 A	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
s	ee instructions)	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Aultiply line 5 by .035	6		
7 F	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	Inter 85% of line 1	2		
3 N	Iinimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	Inter greater of line 2 or line 3	4		
5 li	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	mergency 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 or 990-EZ) 2017

732026 10-06-17

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

13250417 781764 UNB3320

Schedule A (Form 990 or 990-EZ) 2017 UNBO	UNDED LEARNIN	G, INC.		47-5223	
Part VI Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8; and Pa	;, 4b, 4c, 5a, 6, 9a, 9b, 9c, d 3; Part IV, Section E, line	11a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a, and	art IV, Section B, line 3b; Part V, line 1; Pa	es 1 and 2; Part IV art V, Section B, lin	', Section C, ne 1e; Part V,
(See instructions.)					
32028 10-06-17			Sche	dule A (Form 990	or 990-EZ)
		20			

SCHEDULE D

(Form 990)

Part I

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.



Employer identification number

47-5223320

Department of the Treasury Internal Revenue Service Name of the organization

o ganzation	
UNBOUNDED LEARNING, INC.	47-522332
Organizations Maintaining Donor Advised Funds or Other S	imilar Funds or Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.	

	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Do	nor advised funds	(b) Funds and ot	her accounts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	-					-
	are the organization's property, subject to the organization's					Yes	_ No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of		, , , , , , , , , , , , , , , , , , , ,		° –	¬	٦
Par	impermissible private benefit?					Yes	No
				, Part IV, I	line 7.		
•	Purpose(s) of conservation easements held by the organizat Preservation of land for public use (e.g., recreation or e	·	Preservation of a his	storically	important land	aroa	
	Protection of natural habitat	education	Preservation of a ce			alea	
	Preservation of open space			runeu ma			
2	Complete lines 2a through 2d if the organization held a quali	fied conservat	ion contribution in the form	n of a cor	servation ease	ment on the la	aet
-	day of the tax year.			Γ		e End of the Tax	
а	Total number of conservation easements			- E	2a		
	Total acreage restricted by conservation easements				2b		
	Number of conservation easements on a certified historic st				2c		
	Number of conservation easements included in (c) acquired			F			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, re				zation during th	ne tax	
	year ▶						
4	Number of states where property subject to conservation ea	sement is loca	ited 🕨				
5	Does the organization have a written policy regarding the pe	riodic monitori	ng, inspection, handling of	f			_
	violations, and enforcement of the conservation easements	it holds?			L	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of vi	olations, and enforcing co	nservatio	n easements d	uring the year	
	▶						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violatio	ns, and enforcing conserv	ation eas	sements during	the year	
	►\$				(1)		
8	Does each conservation easement reported on line 2(d) abo	-					٦
•	and section 170(h)(4)(B)(ii)?					∐Yes ∟	_ No
9	In Part XIII, describe how the organization reports conservat		-				
	include, if applicable, the text of the footnote to the organiza conservation easements.	llion s inancia	statements that describes	s the orga	anization's acc	ounting for	
Par	t III Organizations Maintaining Collections of	of Art. Histo	rical Treasures, or (Other S	Similar Asse	ets.	
	Complete if the organization answered "Yes" on Forn						
1a	If the organization elected, as permitted under SFAS 116 (As			ement an	d balance shee	t works of art.	
	historical treasures, or other similar assets held for public ex						
	the text of the footnote to its financial statements that descr						
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to rep	ort in its revenue stateme	nt and ba	alance sheet wo	orks of art, hist	orical
	treasures, or other similar assets held for public exhibition, e	ducation, or re	search in furtherance of p	ublic serv	vice, provide th	e following am	ounts
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1				► \$		
	(ii) Assets included in Form 990, Part X				► \$		
2	If the organization received or held works of art, historical tre	easures, or oth	er similar assets for financ	ial gain, p	provide		
	the following amounts required to be reported under SFAS 1	-	-				
	Revenue included on Form 990, Part VIII, line 1				▶ \$		
	Assets included in Form 990, Part X				▶ \$		
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 99	0.		Schedule	e D (Form 990)) 2017
732051	10-09-17		26				

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2017.05050	UNBOUNDED	LEARNING,	INC.

Sche		ED LEARNIN	-					47-52			age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	r Othe	er Simil	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, checl	k any of the	following that	are a si	gnificant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d			hange prograi						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ney further t	he organizatio	n's exer	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be m	aintained as part of t	the orga	nization's co	ollection?			🗆	Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	ns or other ass	sets not	included		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	:	
С	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
Pa	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	i		0.				
		(a) Current year	(b) P	rior year	(c) Two years	back ((d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%	_								
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	-	ation tha	at are held a	nd administer	ed for th	ne organiz	zation			
	by:	Ū.					U U		[Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IN	/, line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	< value	ə
	,	basis (investr			(other)	• •	preciation				
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
-	Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line 1	10c.)						0.
					,			Sobodulo		0001	0047

Schedule D (Form 990) 2017

732052 10-09-17

Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

732053 10-09-17

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 UNBOUNDED LEARNING, INC	•	47-	5223320 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	ue per Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ie 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	12,053,289.
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		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			12,053,289.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			12,053,289.
Do	rt VII Deconciliation of Expenses per Audited Einensial St	atawaawta With Evena	ncoc nor Dotu	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	•	lises per nelu	irm.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, lir	e 12a.		
1		e 12a.		11,477,906.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ie 12a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	ie 12a.		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ie 12a.		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	e 12a.		
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		11,477,906.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d		<u>11,477,906.</u> 0.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1	11,477,906.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1	<u>11,477,906.</u> 0.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1	<u>11,477,906.</u> 0.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	e 12a.	1	11,477,906. 0. 11,477,906.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	e 12a.	1	11,477,906. 0. 11,477,906. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	e 12a.	1	11,477,906. 0. 11,477,906.

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:

UNBOUNDED LEARNING, INC. IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND APPLICABLE STATE REGULATIONS AND, ACCORDINGLY,

IS EXEMPT FROM FEDERAL AND STATE TAXES ON INCOME.

THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE
VARIOUS JURISDICTIONS WHERE THEY ARE REQUIRED TO DO SO. THE ORGANIZATION
FILES FORM 990 TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN NEW
YORK STATE. THE TAX RETURNS FOR YEARS ENDED JUNE 30, 2016 THROUGH JUNE
30, 2018 ARE STILL SUBJECT TO POTENTIAL AUDIT BY THE IRS AND TAXING
AUTHORITIES IN NEW YORK STATE. MANAGEMENT OF THE ORGANIZATION BELIEVES
THEY HAVE NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, THEY HAVE
732054 10-09-17 Schedule D (Form 990) 2017
3250417 781764 UNB3320 2017.05050 UNBOUNDED LEARNING, INC. UNB33201

Part XIII Supplemental Information (continued)

NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

Schedule D (Form 990) 2017

732055 10-09-17

SCHEDULE J (Form 990)		Compensation Information	1	OMB No. 1545-0047						
		For certain Officers, Directors, Trustees, Key Employees, and Highest	Γ							
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.								
Depa	Department of the Treasury Attach to Form 990.				Open to Public					
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Inspe						
Nan	ne of the organizatio		Employer id			mber				
De		UNBOUNDED LEARNING, INC.	4/-5	22332	0					
Pa	rt I Question	s Regarding Compensation								
4-		inte la v(a) if the even institut availad any of the following to sufey a new collisted on Four			Yes	No				
а	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,									
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or charter travel									
	Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for companions Image: Payments for business use of personal residence Image: Travel for company for company for the payments Image: Payments for business use of personal residence Image: Travel for company for the payments Image: Payments for business use of personal residence Image: Travel for company for the payments Image: Payments for business use of personal residence Image: Travel for company for the payments Image: Payments for business use of personal residence Image: Travel for company for the payments Image: Payments for business use of personal residence Image: Travel for company for the payments Image: Payments for business use of personal residence Image: Travel for company for the payments Image: Payments for business use of personal residence Image: Travel for company for the payments<									
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)									
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or									
~	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b						
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
_	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2						
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.									
	Independent of	compensation consultant Compensation survey or study								
	Form 990 of o	ther organizations I Approval by the board or compensation of	ommittee							
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
	organization or a related organization:									
а	Receive a severance payment or change-of-control payment?					X				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					X				
С	c Participate in, or receive payment from, an equity-based compensation arrangement?					X				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.									
		:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on							
	contingent on the r					v				
a	The organization?			5a		X				
b		ation?		5b		X				
-		or 5b, describe in Part III.								
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o	on							
	contingent on the r	5				v				
a L	The organization?	ation		6a		X X				
a		ation?		6b						
7		or 6b, describe in Part III.	^							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		7		x				
Q		nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t		7						
o		perion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x				
9		id the organization also follow the rebuttable presumption procedure described in								
3		a 53.4958-6(c)?		9						
<u> </u>		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 900	0017				
			Scheu			, 2017				

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Schedule J (Form 990) 2017

47-5223320

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported as deferred on prior Form 990
(1) LAURA SMITH (i	i)	297,078.	0.	0.	0.	2,922.	300,000.	0.
OFFICER/SECRETARY/TREASURER - CHIEF		0.	0.	0.	0.	0.	0.	0.
(2) KATE GERSON (i	i)	298,522.	0.	0.	0.	1,478.	300,000.	0.
OFFICER/PRESIDENT - CHIEF EXECUTIVE (i) [0.	0.	0.	0.	0.	0.	0.
(3) JOHN MAYCOCK (i	i)	295,438.	0.	0.	0.	4,562.	300,000.	0.
MANAGING PARTNER OF ENGAGEMENT THUR (0.	0.	0.	0.	0.	0.	0.
(4) LACEY ROBINSON (i	i)	166,837.	2,000.	0.	0.	3,163.	172,000.	0.
CHIEF ENGAGEMENT OFFICER (i		0.	0.	0.	0.	0.	0.	0.
(5) KRISTEN EHLMAN (i	i)	165,000.	0.	0.	0.	0.	165,000.	0.
SENIOR DIRECTOR OF LEADERSHIP		0.	0.	0.	0.	0.	0.	0.
(6) JASON SCHWEID (i	i)	157,285.	0.	0.	0.	2,716.	160,001.	0.
DIRECTOR OF ASSESSMENT (i		0.	0.	0.	0.	0.	0.	0.
(i								
(ii								
(i	i)							
(ii								
(i	i)							
(ii								
(i	i)							
(ii								
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Part III Supplemental Information

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

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



47-5223320

UNBOUNDED LEARNING, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF EDUCATORS SO THAT TEACHERS SERVING STUDENTS LIVING IN POVERTY AND

INEQUITY ARE USING ALIGNED CURRICULUM WELL. UNBOUNDED AIMS TO HARNESS

THE POWER OF STRONG STANDARDS-ALIGNED INSTRUCTION TO ACCELERATE

STUDENTS NOT YET AT GRADE-LEVEL BY SUPPORTING EDUCATORS TO SELECT,

IMPLEMENT AND ADAPT HIGH-QUALITY CURRICULUM MATERIALS TO MEET THEIR

STUDENTS WHERE THEY ARE TODAY. UNBOUNDED WORKS TO ENSURE THAT ALL

CHILDREN ARE GROWING AGAINST HIGH GRADE-LEVEL STANDARDS EVERY DAY, EVEN

WHEN THEY ENTER THEIR GRADE WITH KNOWLEDGE, VOCABULARY, AND SKILL GAPS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INSTRUCTION TO ACCELERATE STUDENTS NOT YET AT GRADE-LEVEL BY SUPPORTING

EDUCATORS TO SELECT, IMPLEMENT AND ADAPT HIGH-QUALITY CURRICULUM

MATERIALS TO MEET THEIR STUDENTS WHERE THEY ARE TODAY. UNBOUNDED WORKS

TO ENSURE THAT ALL CHILDREN ARE GROWING AGAINST HIGH GRADE-LEVEL

STANDARDS EVERY DAY, EVEN WHEN THEY ENTER THEIR GRADE WITH KNOWLEDGE,

VOCABULARY, AND SKILL GAPS.

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

THE 990 WILL BE PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

IT IS THE PURPOSE OF THE FINANCIAL POLICY AND PROCEDURES DOCUMENT TO

ENCOURAGE TRUSTEES, OFFICERS OR EMPLOYEES TO REPORT INFORMATION THAT THEY

REASONABLY AND IN GOOD FAITH BELIEVE TO BE IN VIOLATION OF THE CODE OF

 ETHICS, THE POLICY ON CONFLICT OF INTERESTS, APPLICABLE LAW OR REGULATION,

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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Schedule O (Form 990 or 990-EZ) (2017) Page 2								
Name of the organization UNBOUNDED LEARNING, INC.	Employer identification number 47-5223320							
TO A MEMBER OF THE BOARD OF TRUSTEES, IN WRITING STATING I	IN DETAIL THE							
<u> </u>								

BASIS FOR BELIEF OF THE VIOLATION OR SUSPECTED VIOLATION.

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

THE COMPENSATION COMMITTEE REVIEWS AND APPROVES COMPENSATION OF THE

CORPORATION'S OFFICERS, AND KEY OR HIGHLY PAID EMPLOYEES AND INDEPENDENT

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS IS CONSISTENT WITH PRIOR YEAR.

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