EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

and ending JUN 30, 2019 A For the 2018 calendar year, or tax year beginning JUL 1, 2018 D Employer identification number Check if applicable: C Name of organization Address change UNBOUNDED LEARNING, INC. Name change 47-5223320 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 646-415-2118 90834 228 PARK AVE S. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 11,864,206. Amended return NEW YORK, NY 10003-1502 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer: LACEY ROBINSON for subordinates? pendina SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► HTTPS://WWW.UNBOUNDED.ORG/ **H(c)** Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 2015 M State of legal domicile: NY Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF UNBOUNDED Activities & Governance LEARNING, INC. ("UNBOUNDED") IS TO SUPPORT THE PRACTICE AND LEARNING Check this box larger if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 10 8 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) 41 6 Total number of volunteers (estimate if necessary) 8 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 ... 0. Prior Year **Current Year** 10,122,431. 7,066,083. Contributions and grants (Part VIII, line 1h) Revenue 1,915,158. 4,797,973. Program service revenue (Part VIII, line 2g) 150. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 150. 15,550. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 12,053,289. 11,864,206. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,768,923. 6,187,468. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,708,983. 5,688,306. 11,875,774. 11,477,906. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -11,568. Revenue less expenses. Subtract line 18 from line 12 575,383. Assets or Balances Beginning of Current Year **End of Year** 5,586,478. 7,500,380. 20 Total assets (Part X, line 16) 776,272. 701,742. 21 Total liabilities (Part X, line 26) 1,810,206. 1,798,638. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign SECRETARY & TREASURER LAURA SMITH, Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid MICHELLE CAIN MICHELLE CAIN 03/19/20 self-employed P00150750 Preparer Firm's name MENGEL, METZGER, BARR & CO. LLP 16-1092347 Firm's EIN Firm's address 100 CHESTNUT STREET, SUITE 1200 Use Only Phone no. 585 - 423 - 1860ROCHESTER, NY 14604 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF UNBOUNDED LEARNING, INC. ("UNBOUNDED") IS TO SUPPORT
	THE PRACTICE AND LEARNING 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
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,037,908 • including grants of \$) (Revenue \$ 97,548 •)
	UNBOUNDED CONTINUES TO BELIEVE DEEPLY IN EMPOWERING TEACHERS AND
	TEACHER-COMMUNITIES TO USE THE BEST OER CURRICULUM AVAILABLE. THE
	PURPOSE OF THE INVESTMENT WAS TO HELP CONTRIBUTE TO THIS IMPORTANT
	EDUCATOR COMMUNITY BY POPULATING IT WITH HIGH-QUALITY OER THAT
	UNBOUNDED HAS EVALUATED AND SEQUENCED, ALLOWING THE ORGANIZATION TO
	GAIN INVALUABLE FEEDBACK AS THE RESOURCES ARE MADE AVAILABLE AND USEFUL
	TO EDUCATORS ACROSS THE COUNTRY.
	UNBOUNDED ENGAGED IN SEVERAL ROUNDS OF FORMATIVE RESEARCH, BOTH
	QUALITATIVE AND QUANTITATIVE, TO UNDERSTAND EDUCATOR BEHAVIORS AND
	PRACTICES RELATED TO FINDING, CHOOSING, ADAPTING, AND CREATING
	CURRICULUM AND TO USING PROFESSIONAL LEARNING RESOURCES.
4b	(Code:) (Expenses \$ 4,134,111. including grants of \$) (Revenue \$ 4,172,092.)
	UNBOUNDED HOSTED 2 STANDARDS INSTITUTE EVENTS IN JULY 2018, FEBRUARY
	2019; REACHING OVER 2,100 EDUCATORS AND PARTNERS FROM DISTRICTS AND
	CMOS.
	PARTICIPANTS IN ALMOST EVERY COURSE AND DISTRICT/ORGANIZATION, AS WELL
	AS ACROSS ALL ROLES, SHOWED GAINS IN KNOWLEDGE AFTER ATTENDING THE
	INSTITUTE. ALL STAFF MEMBERS WORKED THE EVENTS AND WERE PART OF THE
	CONTENT DEVELOPMENT AND OPERATIONS OF THE EVENTS.
4c	(Code:) (Expenses \$ 528,295 • including grants of \$) (Revenue \$ 528,333 •)
	EQUITY INFLUENCER RESIDENCY (EIR) FOR CHANGE AGENTS WHO CAN IMPACT THE
	QUALITY OF CURRICULUM AND INSTRUCTION ACROSS MULTIPLE CLASSROOMS AND/OR
	SCHOOLS, 13 MONTH PROGRAM.
	CHIEF ACADEMIC OFFICER (CAO) ACADEMY FOR SITTING, HIGHLY QUALIFIED
	INSTRUCTIONAL LEADERS WHO HAVE THE SUPPORT THEY NEED TO CAUSE
	SIGNIFICANT CHANGE IN SYSTEM-LEVEL POLICIES AND STRUCTURES, 13 MONTH
	PROGRAM.
	Other program services (Describe in Schedule O.)
-1 u	
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 9,700,314.
<u>4e</u>	Total program service expenses 9,700,314. Form 990 (2018)
	Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		- 21
6	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,	0		
'	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			
Ü	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			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	, ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			- V
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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

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Form 990 (2018) UNBOUNDED LEARNING Part IV | Checklist of Required Schedules (continued)

	one of the dame of contained						
20	Did the examination report more than \$5,000 of greate or other equiptores to or for demostic individuals on		Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	Х				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230					
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"						
	complete Schedule L, Part II	26		Х			
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						
	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):						
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х			
С	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,						
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29					
50	contributions? If "Yes," complete Schedule M	30		х			
31	Did the organization liquidate, terminate, or dissolve and cease operations?						
	If "Yes," complete Schedule N, Part I	31		Х			
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		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.			
2F -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	\vdash	X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		22			
D	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?	000					
-	If "Yes," complete Schedule R, Part V, line 2	36		Х			
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						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?						
Da	Note. All Form 990 filers are required to complete Schedule O	38	X				
Pai	tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V						
	Oneon it detredule o contains a response of note to any line in this Fart v			NI-			
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 115		Yes	No			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
•	(gambling) winnings to prize winners?	1c					
				_			

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

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 41						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
	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 C		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	·			77			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		Х			
р	b If "Yes," enter the name of the foreign country:							
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		Eo		Х			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5a 5b		X			
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30					
Va	any contributions that were not tax deductible as charitable contributions?	-	6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions.		ou					
~	were not tax deductible?	-	6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required						
	to file Form 8282?		7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		X			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	·	_					
_	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
a			9a					
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a						
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	100						
		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	1						
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c			37			
14a			14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		x			
	excess parachute payment(s) during the year?		15					
16	If "Yes," see instructions and file Form 4720, Schedule N.	t incomo?	46		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "Yos" complete Form 4720. Schodule O	Lincome?	16		A			
	If "Yes," complete Form 4720, Schedule O.			000				

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
6	Did the organization have members or stockholders?	5 6		X						
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	۰								
1 a		7a		х						
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a								
D		76		x						
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		21						
8		0.0	Х							
	The governing body?	8a	X	\vdash						
b	Each committee with authority to act on behalf of the governing body?	8b	Λ							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x						
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	•	•							
17	List the states with which a copy of this Form 990 is required to be filed NY, MA, OK, WA, CA, AR, CO, ID, LA	, MD	,MI	,TX						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3									
	for public inspection. Indicate how you made these available. Check all that apply.			-						
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial							
.5	statements available to the public during the tax year.	IUII	Jiui							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	LAURA SMITH - 646-415-2118									
	228 PARK AVE S., NO. 90834, NEW YORK, NY 10003-1502									
	SEE SCHEDILE O FOR FILL LIST OF STATES	Form	000	(2018)						

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	box	not c , unle	Pos heck ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LAURA SMITH	40.00	X		v				206 006	0.	15 100
SECRETARY/TREASURER/COO (2) KATE GERSON	40.00	^	_	Х	_	\vdash	_	286,886.	0.	15,180.
, - ,	40.00	Х		х				318,126.	0.	8,943.
PRESIDENT AND CEO (3) JOHN MAYCOCK	40.00	^		^				310,120.	0.	0,943.
MNG PARTNER OF ENGAGEMENT - THRU 9/6	40.00	Х		Х				235,239.	0.	21,420.
(4) JEFF LIVINGSTON	1.00							23372334		21,1200
BOARD OF DIRECTOR		x						0.	0.	0.
(5) PETER CUNNINGHAM	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(6) SHAUN NELMS	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(7) DOUG BORCHARD	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(8) PETER KANNAM	1.00									
BOARD OF DIRECTOR - THRU 9/10/2018		Х						0.	0.	0.
(9) JUDY WURTZEL	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(10) MAYA GOODALL	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(11) DR ARUN RAMANATHAN	1.00									
BOARD OF DIRECTOR		Х						0.	0.	0.
(12) JASON ZIMBA	1.00							_	_	_
BOARD OF DIRECTOR		Х						0.	0.	0.
(13) LACEY ROBINSON	40.00									
CHIEF PROGRAM OFFICER					Х			219,419.	0.	16,304.
(14) PETER COE	40.00							004 400		
CHIEF ACADEMIC OFFICER	40.00				Х			221,108.	0.	22,083.
(15) TAYA PAGE	40.00				,,			017 745	_	11 040
CHIEF ACADEMIC OFFICER	40.00	<u> </u>	_		Х	_	_	217,745.	0.	11,242.
(16) LAKISHA COVERT	40.00				37			1// 527	_	21 110
EXECUTIVE DIRECTOR, STANDARDS INSTIT	40 00	<u> </u>	_	\vdash	Х	_	<u> </u>	144,537.	0.	21,119.
(17) KRISTEN EHLMAN	40.00	-				х		174,934.	0.	2,680.
EXECUTIVE DIRECTOR, PROGRAM AND ENGA					L	Δ.		1/4,334.	0.	Form 990 (2018)

832007 12-31-18

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	a Hi	gne	st C	compensated Employe	es (continuea)				
(A)	(B)			-	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable			timate	
	hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation compensation		١		nount (of
	(list any	_	- I	1	T	J., u.o	100,	from the	from related organizations			other	tion
	hours for	Individual trustee or director				p		organization	(W-2/1099-MIS			pensa om the	
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC)	(** 2) 1000 11110	,		anizati	
	organizations	trust	ıal tru		yee	ompe					and	d relate	ed
	below	vidua	Institutional trustee	ser	Key employee	est c	ner				orga	anizatio	ons
	line)	ib	Insti	Officer	Key	High	Former						
(18) JASON SCHWEID	40.00												
EXECUTIVE DIRECTOR, RESEARCH, DESIGN						Х		171,668.		0.		8,9	40.
(19) ALICE WIGGINS	40.00												
DIRECTOR OF EARLY LITERACY						Х		137,566.		0.		3,9	<u>52.</u>
(20) TIAYANA MARKS	40.00										_		
EXECUTIVE DIRECTOR, MATHEMATICS						Х		191,253.		0.	1	4,7	<u>99.</u>
			_	_			<u> </u>			\rightarrow			
		_					_			\rightarrow			
		-											
		_					_			\rightarrow			
							_			$-\!\!\!+$			
		-											
dh. Out total							L	2,318,481.		0.	1//	6,6	62
1b Sub-total								0.		0.		0,0	02.
c Total from continuation sheets to Part V								2,318,481.			1/1	6,6	
d Total (add lines 1b and 1c)									000 of war artable			0,0	04.
2 Total number of individuals (including but r	iot iimited to tr	iose	IISTE	ea ai	DOV	e) wr	10 r	eceived more than \$100	,000 of reportable	3			26
compensation from the organization											$\overline{}$	Yes	No
3 Did the organization list any former officer,	director or tr	ıcto	o ko	w or	mnle		or	highest componented o	mployee en				110
line 1a? If "Yes," complete Schedule J for s	•		-	•	•	•		mignest compensated e			3		Х
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15			-					•	ine organization		4	х	
									dual for services		-		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							5		Х				
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	dene	ende	ent o	onti	racto	ors t	that received more than	\$100.000 of com	pensat	tion f	rom	
the organization. Report compensation for										₁ - 5. 1541			
(A)				·				(B)	,		(C	;)	
Name and business	address							Description of s	ervices	Co		nsatio	n
T TA DATABLE MADE CONDU							_	BECH & BUCTN					

(A) Name and business address	(B) Description of services	(C) Compensation
LEARNING TAPESTRY 340 S LEMON AVE #6452, WALNUT, CA 91789	TECH & ENGINEERING CONSULTING	650,755.
J&S AUDIO VISUAL PO BOX 671170, DALLAS, TX 75267-1170	AUDIO VISUAL CONFERENCE SERVICE	230,177.
HONIG BUSINESS SOLUTIONS, LLC 62 HAYS HILL RD, PLEASANTVILLE, NY 10570	FINANCE & OPERATIONS CONSULTING	172,500.
2 Total number of independent contractors (including but not limited to those list		

Form **990** (2018)

\$100,000 of compensation from the organization

			,	7110	1111110, 11			47 5225	7520 Tage 0
Pa	LV	/ III							
			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included above	1c 1d 1d ions) 1e ts, and	7,066,083.				
Contri and O		_	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f: \$		7,066,083.			
		<u> </u>	Totall / Ida III / Ida III / Ida		Business Code	, , ,			
Program Service Revenue	2	a b c d	CONTRACTED SERVICES MISCELLANEOUS		611710 900099	4,764,725.	4,764,725. 33,248.		
Progra		е	All other program service reve	enue					
			Total. Add lines 2a-2f		•	4,797,973.			
	3		Investment income (including other similar amounts) Income from investment of tax	dividends, intere	est, and	150.			150.
	5		Royalties						
	·		Tioyanioo	(i) Real	(ii) Personal				
	6	b c	Gross rents Less: rental expenses Rental income or (loss)						
			Net rental income or (loss)						
	7		Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
		С	and sales expenses Gain or (loss) Net gain or (loss)						
_	0		Gross income from fundraising						
Other Revenue	0		including \$ contributions reported on line Part IV, line 18	of 1c). Seea					
₹			Less: direct expenses						
	_		Net income or (loss) from fund	-					
	9		Gross income from gaming ac Part IV, line 19 Less: direct expenses	а					
		С	Net income or (loss) from gam	ning activities					
	10		Gross sales of inventory, less and allowances	а					
			Less: cost of goods sold						
-		С	Net income or (loss) from sale						
-	٠.		Miscellaneous Revenu	е	Business Code				
	11								-
		b							
		С							
			All other revenue						
		е	Total. Add lines 11a-11d						

Part IX | Statement of Functional Expenses

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

not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C)	_ (D)
	,	expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
_				
	4 680 588	050 500	F.F.F. 0.00	440 858
F	1,670,577.	952,798.	577,022.	140,757
· · · · · · · · · · · · · · · · · · ·				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	3,722,621.	3,017,970.	517,815.	186,836
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				5,650 24,320
Other employee benefits				
Payroll taxes	268,573.	199,371.	53,211.	15,991
Fees for services (non-employees):				
Management				
		43,234.		8,647
	228,952.	148,819.	22,895.	57,238
Investment management fees				
column (A) amount, list line 11g expenses on Sch O.)	301,041.	191,295.		109,746
· · · · · · · · · · · · · · · · · · ·	391,537.	198,718.	144,614.	48,205
	180,376.	143,496.	29,008.	7,872
	715,279.	715,279.	-	
	-	-		
	54,796.	40,480.	11,008.	3,308
		- 1		23,666
	,	,	,	·
· · · · · · · · · · · · · · · · · · ·				
	16.583		16.583	
	_0,000			
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	3,012,684.	3,012,684.		
		,	37.851.	
		2.573.		210
	-,	=, = , = ,	7 0 0 0	
	11.875.774.	9.700.314.	1.543.014.	632,446
	,-,-,,	-,:00,0220	_, , , ,	
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.) STANDARD INSTITUTE & PR PILOT PROGRAM COSTS STAFF DEVELOPMENT EQUIPMENT All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Pees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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 124e expenses on Schedule O.) STANDARD INSTITUTE & PR PILOT PROGRAM COSTS STAFF DEVELOPMENT 37, 851. EQUIPMENT All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 268, 573. 199, 371. Payroll taxes 268, 573. 199, 371. Fees for services (non-employees): Management Legal 86, 468. 43, 234. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 13 gamount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses (Information technology 715, 279. 715, 279. Royalties Occupancy 54, 796. 40, 480. Fees for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 16, 583. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) STANDARD INSTITUTE & PR PILOT PROGRAM COSTS STAFF DEVELOPMENT 37, 851. EQUIPMENT All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(8) Other salaries and wages Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 425,201. 3,217,970. 517,815. Person plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 425,201. 323,837. 77,044. Payroll taxes 100,496. 76,914. 17,932. 100,496. 76,914. 17,932. 268,573. 1999,371. 533,211. Pees for services (non-employees): Management Legal 86,468. 43,234. 34,587. 228,952. 148,819. 22,895. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 01fice expenses 180,776. 143,496. 29,008. Information technology Royalties 00cupancy 54,796. 40,480. 11,008. 715,279. 715,279. Royalties 00cupancy 54,796. 40,480. 11,008. 715,279. 715,279. Royalties 00cupancy 54,796. 40,480. 11,008. 715,279. 715,279. Royalties 00cupancy 16,583. 016,583.

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,977,078.	1	6,052,495.	
	2	Savings and temporary cash investments		100,207.	2	99,212.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	768,250.	4	1,041,402.	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		740,943.	9	307,271.
	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 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		5,586,478.	16	7,500,380.
	17	Accounts payable and accrued expenses		702,978.	17	582,390.
	18	Grants payable		18		
	19	Deferred revenue		3,073,294.	19	5,119,352.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
Ě		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, page	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
					25	
	26	Total liabilities. Add lines 17 through 25		3,776,272.	26	5,701,742.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ès		complete lines 27 through 29, and lines 33 an				
Fund Balances	27	Unrestricted net assets		1,810,206.	27	1,798,638.
Bal	28	Temporarily restricted net assets			28	
pu	29				29	
Fu		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 📖			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or eq			31	
Net Assets or	32	Retained earnings, endowment, accumulated in		4 44 4 4 4	32	
Z	33	Total net assets or fund balances		1,810,206.	33	1,798,638.
	34	Total liabilities and net assets/fund balances		5,586,478.	34	7,500,380.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization UNBOUNDED LEARNING. 47-5223320 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.)

<u> </u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for						
0-	organization, check this box and stor	here					>
	ction C. Computation of Publ		<u> </u>				
	Public support percentage for 2018 (14	%
	Public support percentage from 2017					15	. %
16a	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the d	-					nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	· ·					•
	and if the organization meets the "fac			-		-	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•				
46	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s

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

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

Se	ction A. Public Support	· · · · · ·	, , , , , , , , , , , , , , , , , , ,				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		1183881.	7967412.	10122431.	7066083.	26339807.
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.	4764725.	10065383.
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.	11830808.	36405190.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		1273881.	7967412.	10405645.	7115578.	26762516.
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0.
(Add lines 7a and 7b		1273881.	7967412.	10405645.	7115578.	26762516.
	Public support. (Subtract line 7c from line 6.)						9642674.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6		1273881.	11262912.	12037589.	11830808.	36405190.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,				4-0	4-4	
	and income from similar sources		21.	789.	150.	150.	1,110.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				4.50	4.50	4 4 4 4 4
	Add lines 10a and 10b		21.	789.	150.	150.	1,110.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			4 460	45 550	22 040	F2 064
	assets (Explain in Part VI.)		1052000	4,463.		33,248.	
	Total support. (Add lines 9, 10c, 11, and 12.)				12053289.		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi:	
0-	check this box and stop here						<u>▶</u> X
	ction C. Computation of Publ						
	Public support percentage for 2018 (I					15	<u>%</u>
	Public support percentage from 2017					16	%
	ction D. Computation of Inves			10 1 (0)		47	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
198	a 33 1/3% support tests - 2018. If the	-					I / IS NOT
	more than 33 1/3%, check this box at						PL
k	33 1/3% support tests - 2017. If the	•			•		
	line 18 is not more than 33 1/3%, che						

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	T IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b		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		
	tion B. Type I Supporting Organizations			
	71 11 0 0		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		
Sact	tion C. Type II Supporting Organizations			
000	non o. Type ii oupporting organizations	\neg	Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Saat	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	non b. All Type III Supporting Organizations	$\overline{}$	V	Na
	Did the constitution and in the control of the constitution of the fifth weath of the		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			
0 1	supported organizations played in this regard.	3		
	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 instru	uctions		
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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	^{ব ∨} Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	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 t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNBOUNDED LEARNING TNC. **Employer identification number** 47-5223320

Pai	t I Organizations Maintaining Donor Advise	•	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		23.1.
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certi	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	he organization's accounting for
Da	conservation easements.	Ant Historical Transcruss on Ot	hay Cincilay Assats
Pai			ner Similar Assets.
_	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	· · ·	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treating amounts required to be reported under SEAS 1.	,	gairi, provide
_	the following amounts required to be reported under SFAS 1:		• •
	Revenue included on Form 990, Part VIII, line 1		
IJ	Assets included in Form 990, Part X		P P

832051 10-29-18

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

Schedule D (Form 990) 2018

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures,	or Othe	r Simila	ır Asse	ts (continu	ued)		
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following th	at are a si	gnificant ι	use of its	collection	items		
	(check all that apply):											
а	Public exhibition	d	ı 🔲 1	Loan or exc	hange progr	ams						
b	Scholarly research	е		Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizat	ion's exer	npt purpo	se in Par	t XIII.			
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	ner similar	assets					
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes	☐ No		
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or			
	reported an amount on Form 990, Par	t X, line 21.										
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets not	included					
	on Form 990, Part X?							\square	Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII											
	c Beginning balance											
С	Beginning balance											
	Additions during the year											
	d Additions during the year 1d 1d 1e Distributions during the year 1e											
f	Ending balance											
2a	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	n provided or	Part XIII						
Pai	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.					
	·	(a) Current year	(b) P	rior year	(c) Two year	rs back ((d) Three ye	ears back	(e) Four	years back		
1a	Beginning of year balance			•								
	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
	End of year balance											
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a. column (a)) held as:	<u> </u>						
	Board designated or quasi-endowment	-	%	3,(,,							
	Permanent endowment	%										
	Temporarily restricted endowment											
•	The percentages on lines 2a, 2b, and 2c sho											
За	Are there endowment funds not in the posse		ation tha	at are held a	and administ	ered for th	ne organiz	ation				
	by:						3		[·	Yes No		
	(i) unrelated organizations											
	(ii) related organizations											
b	If "Yes" on line 3a(ii), are the related organiza											
4	Describe in Part XIII the intended uses of the											
_	t VI Land, Buildings, and Equipm											
	Complete if the organization answered		0. Part IV	/. line 11a. \$	See Form 99	0. Part X.	line 10.					
	Description of property	(a) Cost or o			t or other		cumulate	d	(d) Book	value		
	becompared property	basis (investr			(other)	` '	reciation	~	(u) Book	valuo		
	Land	<u> </u>			. ,							
	Buildings											
	Leasehold improvements											
	Equipment											
	Other											
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line	10c.)					0.		

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 UNBOUNDED I	EARNING, I	NC.	47	-5223320	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	-				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market v	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					
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market v	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 I	/, line 11d. See Form 990	, Part X, line 15.		
(a)	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)				
Part X Other Liabilities.					
Complete if the organization answered "Yes	on Form 990, Part I	/, line 11e or 11f. See For	m 990, Part X, line 25	i.	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					

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

Schedule D (Form 990) 2018

(6) (7) (8)

Pai	rt XI Reconciliation of Revenue per Audited Financial State	ments W	/ith Revenue per Re	turr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	•		
1	Total revenue, gains, and other support per audited financial statements			1	11,864,206
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			
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	11,864,206
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.)			5	11,864,206
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements V	With Expenses per F	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	11,875,774
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	11,875,774
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0
_5				5	11,875,774
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ${\tt F}$	Part IV, lines	s 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 ir	nformation.		
	0				
PAI	RT X, LINE 2:				
TT3-7-7		en aea	TTON F01/C\/3	. \	OB
UNI	BOUNDED LEARNING, INC. IS TAX-EXEMPT UND	EK SEC	TTON SOT(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, CALIFORNIA AND MASSACHUSETTS. THE TAX RETURNS FOR YEARS ENDED JUNE 30, 2016 THROUGH JUNE 30, 2019 ARE STILL SUBJECT TO POTENTIAL AUDIT BY THE IRS AND TAXING AUTHORITIES IN EACH STATE. MANAGEMENT OF THE ORGANIZATION BELIEVES THEY HAVE NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY,

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

UNBOUNDED LEARNING, INC. Employer identification number 47-5223320

			Yes	No
1a	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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization'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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
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?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
a	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-		Х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Λ
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		A
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) LAURA SMITH	Ξ	286,886.	0	0	2,250.	12,930.	302,066.	0
SECRETARY/TREASURER/COO	≘	0	0	0	0	0	0	0
(2) KATE GERSON	Ξ	318,12	0	0	2,250.	6,693.	327,069.	0
PRESIDENT AND CEO	≘	0	0	0	0	0	0	
(3) JOHN MAYCOCK	Ξ	235,23	0	•0	2,250.	19,170.	256,659.	
MNG PARTNER OF ENGAGEMENT - THRU 9/6		0	0	0	0	0	0	0
(4) LACEY ROBINSON	Ξ	219,41		0	2,250.	14,054.	235,723.	0
CHIEF PROGRAM OFFICER	€		0	0			0	0
(5) PETER COE	≘	221,108.	0	0	2,250.	19,833.	243,191.	
CHIEF ACADEMIC OFFICER	Ξ		0	0	0	0	0	
(6) TAYA PAGE	Ξ	217,74	0	0	28.	11,214.	228,987.	
CHIEF ACADEMIC OFFICER	Ξ	0	0	0	0	0	0	
(7) LAKISHA COVERT	≘	144,537.	0	0	725.	20,394.	165,656.	0
EXECUTIVE DIRECTOR, STANDARDS INSTIT	Ξ		0	0		0	0	0
(8) KRISTEN EHLMAN	Ξ	174,934.	0	0	2,250.	430.	177,614.	0
EXECUTIVE DIRECTOR, PROGRAM AND ENGA (ii)	(E)		• 0	• 0				
(9) JASON SCHWEID	<u>(</u>	171,66		0	2,250.	069'9	180,608.	
EXECUTIVE DIRECTOR, RESEARCH, DESIGN				• 0			0 •	
(10) TIAYANA MARKS	Ξ	191,253.	0	• 0	2,250.	12,549.	206,052.	• 0
EXECUTIVE DIRECTOR, MATHEMATICS	Ξ	0.	0 •	0.	0	• 0	0	• 0
	Ξ							
	≘							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
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Schedule J (Form 990) 2018

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. 47-5223320 Part III Supplemental Information Schedule J (Form 990) 2018

									Schedule J (Form 990) 2018

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

UNBOUNDED LEARNING, INC.

Employer identification number 47-5223320

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 YET AT GRADE-LEVEL BY SUPPORTING EDUCATORS TO SELECT, STUDENTS NOT IMPLEMENT AND ADAPT HIGH-OUALITY 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-OUALITY 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:

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 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) (2018)

832211 10-10-18

UNBOUNDED LEARNING, INC.	47-5223320
TO A MEMBER OF THE BOARD OF TRUSTEES, IN WRITING STATING	IN DETAIL THE
BASIS FOR BELIEF OF THE VIOLATION OR SUSPECTED VIOLATION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION COMMITTEE REVIEWS AND APPROVES COMPENSAT	TION OF THE
CORPORATION'S OFFICERS, AND KEY OR HIGHLY PAID EMPLOYEES	AND INDEPENDENT
CONTRACTORS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
NY, MA, OK, WA, CA, AR, CO, ID, LA, MD, MI, TX, TN	
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 REQ	QUEST.
FORM 990, PART XII, LINE 2C:	
THE PROCESS IS CONSISTENT WITH PRIOR YEAR.	