COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

** Public Disclosure Copy **

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

А	roi tile	e 2022 calendar year, or tax year beginning and	enaing									
В	Check if applicabl	C Name of organization		D Employer identi	fication number							
	Addre											
	Name chang	Doing business as		82-4421187								
	Initial return		Room/suite	E Telephone numb	er							
F	Final return/			404-480-0449								
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1,787,065								
	Ameno			H(a) Is this a group								
F	Applic			for subordinate								
	pendir	same as C above		H(b) Are all subordinates included? Yes No								
$\overline{}$	Ταν.Αν	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 ' '	a list. See instructions							
	Websit		01 021	H(c) Group exempti								
		organization: X Corporation Trust Association Other	I Vear	' ' ' ' ' ' ' ' ' 	M State of legal domicile: CO							
	art I	Summary	L Toai	or formation, 2010	W State of legal dofficile, 55							
		Briefly describe the organization's mission or most significant activities: Uncage	d focuses	on rescuing and	1							
Governance				on rescuring unc	•							
nar	1	restoring the victims of human trafficking, and serves as a catalyst Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
Ver	1				I							
ဗ္ပ	1											
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)										
ţį	1	Total number of individuals employed in calendar year 2022 (Part V, line 2a)										
Activities &		Total number of volunteers (estimate if necessary)			<u> </u>							
Ą		Total unrelated business revenue from Part VIII, column (C), line 12										
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7t	Current Year							
		Ocatile tions and suggest (Det VIII line 41)										
Revenue	1	Contributions and grants (Part VIII, line 1h)		1,880,636	' ' '							
		Program service revenue (Part VIII, line 2g)		·	1							
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11	*							
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1 000 645								
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,880,647	' '							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,180,705	<u> </u>							
		Benefits paid to or for members (Part IX, column (A), line 4)		0	· - ·							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		252,007	 							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.							
×	b	Total fundraising expenses (Part IX, column (D), line 25)										
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		267,966								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,700,678								
- "	19	Revenue less expenses. Subtract line 18 from line 12		179,969	,							
Net Assets or Find Balances			Ве	ginning of Current Year	+							
sset	20	Total assets (Part X, line 16)		468,363	-							
TAS P	21	Total liabilities (Part X, line 26)		258,097								
챨	22	Net assets or fund balances. Subtract line 21 from line 20		210,266	. 608,401.							
	art II	Signature Block										
		lties of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is							
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	has any knowledge.								
		Observations of a William		D-t-								
Sig	ın	Signature of officer		Date								
He	re	Kim Westfall, President										
		Type or print name and title										
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN							
Pai	d	Luke Burnett	0	self-emple								
Pre	parer											
Use	Only	Firm's address 1255 Lakes Parkway, Suite 105										
		Lawrenceville, GA 30043		Phone no.50	5-502-2746							
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No							

Form	990 (2022) Uncaged	82-4421187	Page 2
Par	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:		
	Uncaged focuses on rescuing and restoring the victims of human		
	trafficking, and serves as a catalyst and information resource within		
	the anti-trafficking movement.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes 🗓 No
	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 🗓 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, a	s measured by expe	nses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	•	
	revenue, if any, for each program service reported.		,
4a	(Code:) (Expenses \$ 647,262. including grants of \$ 647,262.) (Rever	nue \$)
	Uncaged empowers the survivors of human trafficking directly through	nuc ψ	
	our Sanctuary model utilizing evidence based research, trauma-informed		
	therapies, and personal transformation through the sharing of best		
	practices in human trafficking aftercare. Our approach to healing is		
	holistic and evidenced by, (i) overcoming tauma, (ii) reducing		
	vulnerability to victimization, and (iii) reintegration. Our Sanctuary		
	spaces provide world-class, holistic care so that Survivors can live in		
	peace and safety while recovering from their trauma. We provide medical		
	support, education, and vocational training to Survivors in recovery,		
	and we are developing resource materials for Survivors. We have		
	partnered with World Teach to accomplish this mission.		
41-	707 127		
4b	(Code:) (Expenses \$ 307,127. including grants of \$) (Revertible Continuously and passionately raise awareness about the issues	nue \$)
	stemming from human trafficking through coordinated social media and		
	digital media campaigns.		
	digital media campaigns.		
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 954,389.	<u> </u>	

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Form 990 (2022) Uncaged 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		<u> </u>
4	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
47	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,	47	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	Λ	
18	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		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Pa	rt IV Checklist of Required Schedules (continued)			1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	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			x
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		_ ^
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> </u>		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			١.,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-	х	
29	"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	_ A	х
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		x
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	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O	38	Х	
ra	rt 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			
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12	2	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
J	Enter the flames of the first and the flames of the flames	4		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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

				Yes	NO	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a 2				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х		
			3a		Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			37		
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	Х		
р	If "Yes," enter the name of the foreign country Romania					
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		En		Х	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		21	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30			
ua	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 contribut		- Ou			
~	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		х	
			7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?		7с		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 of	ontract?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation (in the organization of the organization) and the organization of the	orm 8899 as required?	7g			
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	by the				
			8			
9	Sponsoring organizations maintaining donor advised funds.		9a			
 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 						
b			9b			
10	Section 501(c)(7) organizations. Enter:	ا مه ا				
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100				
'' a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	.	12a			
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
			14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		v	
	excess parachute payment(s) during the year?		15		Х	
16	If "Yes," see the instructions and file Form 4720, Schedule N.	ut incomo?	16		Х	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer If "Yes," complete Form 4720, Schedule O.	it income?	16		Α	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
•	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17			
	If "Yes," complete Form 6069.		.,			

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.					
	Check if Schedule O contains a response or note to any line in this Part VI			Х		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	5				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b	<u>l</u>				
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, trustees, or key employees to a management company or other person?	3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b		Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х		
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	х			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b	Describe on 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	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	on Schedule O how this was done	12c	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	Х			
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?	45-		Х		
	The organization's CEO, Executive Director, or top management official	15a		X		
b	Other officers or key employees of the organization	15b		Λ		
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
iva		16a		Х		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa				
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
		16b				
Sec	exempt status with respect to such arrangements?	100				
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, FL, GA, IL, KY, MD, NY, NC, ND					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only	availa	able		
	for public inspection. Indicate how you made these available. Check all that apply.	, 5 51 my,	aruile			
	X Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finar	ncial			
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
	Brianna Igou and Thy Heng - 404-480-0449					

P.O. Box 80163, Atlanta, GA 80163

Form 990 (2022) Uncaged 82-4421187 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) Position Name and title Reportable Reportable Estimated Average (do not check more than one hours per box, unless person is both an compensation compensation amount of officer and a director/trustee) week from from related other organizations (list any the compensation hours for organization (W-2/1099-MISC/ from the Institutional trustee related (W-2/1099-MISC/ 1099-NEC) organization organizations (ey employee 1099-NEC) and related below organizations Former Officer line) (1) Kim Westfall 40.00 CEO & Founder 10.00 0 0 Х Х 0. (2) Bob Westfall 7.00 Director (Part-Year) 3.00 X 0 0 0. (3) Amanda Hudson 2.00 0. 0 Director X 0 (4) Tori Cloud 2.00 Secretary & Treasurer X X 0 0 0. (5) Henry Cloud 2.00 Director X 0 0 0. (6) Beverly Mansfield 2.00 Director (Part-Year) Х 0 0 0. (7) Stephen Mansfield 4.00 Chairman & Director 1.00 Х Х 0 0 0.

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Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)																
	(A) Name and title	(B) Average	(B)			(C) Position						(D) Reportable	(E) Reportable		Ee	(F)	ad
	Name and the	hours per	box	not c	ss pe	rson	is bot	h an	compensation	compensation	1	amount of					
		week (list any	_	cer an	d a d	irecto	or/trus	tee)	from	from related			other				
		hours for	Individual trustee or director	directo		D.		the organization	organizations (W-2/1099-MISC	C/		pensa om th					
		related	stee or	rustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		org	anizat	tion			
		organizations below	ual tru	ional t		ployee	t comp /ee		1099-NEC)				d relat anizati				
		line)	Individ	Institutional trustee	Officer	Key employee	Highes employ	Former				orga	ıııızatı	10113			
1b	Subtotal								0.		0.			0.			
С	Total from continuation sheets to Part VI								0.		0.			0.			
<u>d</u>	Total (add lines 1b and 1c)								0.	000 of war artable	0.			0.			
	Total number of individuals (including but n compensation from the organization	ot iimited to tr	iose	liste	ed a	OOV	e) wi	10 r	eceived more than \$100	,000 of reportable	•			0			
•	Diel Mercentine lieben der German	-11:	1					. 1- ! -		davaa aa	ı		Yes	No			
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>								inest compensated emp			3		Х			
4	For any individual listed on line 1a, is the su																
	and related organizations greater than \$150											4		х			
5	Did any person listed on line 1a receive or a					-		elat	ed organization or indivi	dual for services							
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedul	e J f	or su	ıch	pers	son .					5		Х			
1	Complete this table for your five highest co	mpensated inc	dene	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ens	ation f	rom				
	the organization. Report compensation for	=	-							· · · · · · · · · · · · · · · · · · ·							
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	С	(C omper		n			
								1									
2	Total number of independent contractors (i	•	ot li	mite	d to		se li:	stec	d above) who received m	nore than							

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Form 990 (2022) Uncaged
Part VIII Statement of Revenue

		Check if Schedule O	contains a response	or note to any lir	ne in this Part VIII			
		CHOCK II COHOGGIO C		or moto to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
(0 (n)			1.1					30000013 312 314
걸걸		Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ŁŞ,	С	Fundraising events	1c	254,453.				
直	d	Related organizations	1d					
E, S	е	Government grants (contr	ributions) 1e					
Sign		All other contributions, gifts,						
돌		similar amounts not included		1,530,395.				
ΞÖ	g		· · · · 	· · ·				
등등	_	Total. Add lines 1a-1f			1,784,848.			
<u> </u>		Totall / lad in los fa ff		Business Code				
	0 -			Business Code				
<u>ğ</u>	2 a							
le Š	b							
en S	С							
Je S	d							
Program Service Revenue	е							
₫	f	All other program service	revenue					
	g	Total. Add lines 2a-2f						
	3	Investment income (include						
				3.			3.	
	4	Income from investment of						
	5	Royalties						
	Ū	Tioyunios	(i) Real	(ii) Personal				
	6 0	Gross rents	I. H.	(.,,				
			6a					
	D	Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
		Net rental income or (loss	<u> </u>	T (*) OII				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
_	b	Less: cost or other basis						
e		and sales expenses	7b					
ther Revenue	С	Gain or (loss)	7c					
Be	d	Net gain or (loss)						
ē		Gross income from fundraising						
₹			254,453. of					
		contributions reported on						
		Part IV, line 18	, , , , , , , , , , , , , , , , , , ,	0.				
	h	Less: direct expenses						
				102,007.	-152,607.			-152,607.
		Net income or (loss) from	· ·	1	132,007.			132,007.
	э а	Gross income from gamin	-					
	-	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from		 T				
	10 a	Gross sales of inventory, I	less returns					
		and allowances	10	1,043.				
	b	Less: cost of goods sold	10t	10,061.				
	С	Net income or (loss) from	sales of inventory		-9,018.	-9,018.		
s				Business Code				
Miscellaneous Revenue	11 a							
ang ju	b							
% ell	c							
<u>is</u> c		All other revenue		990001	1,171.			1,171.
Σ		Total. Add lines 11a-11d			1,171.			=,=:=•
	12	Total revenue. See instruction			1,624,397.	-9,018.	0.	-151,433.
	14	i otal rovollao. Oct illoti delle	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_, ~ , ~ , ~ , ~ , ~ , ~ , ~ , ~ , ~	, J, U±0.	٠.	101,400.

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in t	this Part IX	, , , , , , , , , , , , , , , , , , , ,	х
Do	not include amounts reported on lines 6b,	(A)	(B) I	(C) I	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1			ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	· ·				
	organizations, foreign governments, and foreign	647,262.	647,262.		
	individuals. See Part IV, lines 15 and 16	047,202.	047,202.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	440.000	105.015	10.000	0.50
7	Other salaries and wages	140,002.	126,816.	12,223.	963.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4	2 -25		
10	Payroll taxes	10,555.	9,509.	963.	83.
11	Fees for services (nonemployees):				
а	Management				
b	<u> </u>				
	Accounting	45,444.	8,522.	24,598.	12,324.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	280.		280.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	165,984.	8,750.	96,513.	60,721.
12	Advertising and promotion	13,601.	8,800.	56.	4,745.
13	Office expenses	7,351.	2,058.	973.	4,320.
14	Information technology	14,407.	4,489.	2,819.	7,099.
15	Royalties				
16	Occupancy				
17	Travel	116,164.	104,005.	573.	11,586.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,293.	1,605.	688.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	Program Supplies	32,573.	32,573.		
b	Donor Relations	25,204.			25,204.
С	Repairs and Maintenance	4,160.		4,160.	
d	Professional Developmen	982.		982.	
е					
25	Total functional expenses. Add lines 1 through 24e	1,226,262.	954,389.	144,828.	127,045.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000

Form 990 (2022)
Part X Balance Sheet 82-4421187 Uncaged Page **11**

Га	IL A	Balance Sneet				
		Check if Schedule O contains a response or note	to any line in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		78,163.	1	372,430.
	2	Savings and temporary cash investments		319,893.	2	29,089.
	3	Pledges and grants receivable, net		3	· ·	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or f				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these		5		
	6	Loans and other receivables from other disqualifie				
		under section 4958(f)(1)), and persons described			6	
Ø	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	164,506.
	l	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11	70,307.	12	70,307.	
	13	Investments - program-related. See Part IV, line 1	,	13	<u> </u>	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal	468,363.	16	636,332.	
	17	Accounts payable and accrued expenses		10,200.	17	27,931.
	18	Grants payable		19,375.	18	<u> </u>
	19	Deferred revenue	,	19	_	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Pa			21	
ဟွ	22	Loans and other payables to any current or former				
Liabilities		trustee, key employee, creator or founder, substa				
lige		controlled entity or family member of any of these			22	
Ë	23	Secured mortgages and notes payable to unrelate		228,522.	23	
	24	Unsecured notes and loans payable to unrelated		,	24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines				
		of Schedule D	<u>_</u> .,		25	
	26	Total liabilities. Add lines 17 through 25		258,097.	26	27,931.
		Organizations that follow FASB ASC 958, chec		,		,
Ses		and complete lines 27, 28, 32, and 33.				
auc	27	Net assets without donor restrictions		155,198.	27	439,947.
Bal	28	Net assets with donor restrictions		55,068.	28	168,454.
nd		Organizations that do not follow FASB ASC 95		·		·
Ē		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equ			30	
As	31	Retained earnings, endowment, accumulated incomment	The state of the s		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	F	210,266.	32	608,401.
_	33	Total liabilities and net assets/fund balances		468,363.	33	636,332.
				,		,

Form **990** (2022)

Uncaded 82-4421187 Page 12 Form 990 (2022) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,624,397. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 2 1,226,262. 398,135. 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 210,266. 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 0. 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 608,401. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Lash X Accrual __ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? Х 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 on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

SCHEDULE A

(Form 990)

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

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

		Uncage	:d					82-4421187			
Pa	art I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instructions.				
The	orgar	nization is not a private found	lation because it is: ((For lines 1 through 12, o	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). En	ter the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit des	cribed in			
		section 170(b)(1)(A)(iv). (C		•	•	, ,					
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		· · · · · · · · · · · · · · · · · · ·	-					eral public described in			
		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 describe		(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in coniu	unction with a land-gra	ant college			
Ū		or university or a non-land-									
		university:	gram comogo or agmo				,,				
10	Х	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons membership fees	and gross receipts from			
		activities related to its exen									
		income and unrelated busin									
		See section 509(a)(2). (Con		(1000 coolidit of than) in	om baome	oooo aoqo	mod by the organizat	ion and dance of, nord.			
11		An organization organized		ively to test for public sa	fety. See:	section 50	09(a)(4).				
12		An organization organized	· ·	•	•			the purposes of one or			
		more publicly supported or									
		lines 12a through 12d that						,			
á	. [Type I. A supporting orga						by aivina			
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-					
		organization. You must o			,,			9			
k		Type II. A supporting org	- ·		tion with it	ts support	ed organization(s), by	having			
		control or management of									
		organization(s). You mus					J	1.1			
(, [Type III functionally inte			in connec	tion with.	and functionally integ	rated with.			
		its supported organizatio						,			
(ı 🗆	Type III non-functionally		•				anization(s)			
		that is not functionally int									
		requirement (see instruct									
•		Check this box if the orga						:			
		functionally integrated, or					31				
1	Ent	er the number of supported o									
		vide the following information									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of moneta	y (vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruction	ns) support (see instructions)			
Tot	al										

Schedule A (Form 990) 2022 Uncaged 82-4421187 Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.						
_	tion B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check thi	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ie facts-and-circur	nstances test, ch	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. T	he organization qı	ualifies as a publicl	y supported orgar	nization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	sL

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	78,546.	618,570.	1,340,888.	1,880,636.	1,784,848.	5,703,488.
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					1,043.	1,043.
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						
J	furnished by a governmental unit to						
	the organization without charge						
6	Takal Adal Basa d Manayada F	78,546.	618,570.	1,340,888.	1,880,636.	1,785,891.	5,704,531.
	Amounts included on lines 1, 2, and	70,310.	010,570.	1,340,000.	1,000,030.	1,703,031.	3,704,331.
7 6	3 received from disqualified persons	54,093.	61,277.	62,819.	110,330.	79,102.	367,621.
ŀ	Amounts included on lines 2 and 3 received	34,033.	01,277.	02,013.	110,330.	75,102.	307,021.
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year	54,093.	61,277.	62,819.	110,330.	79,102.	367,621.
	Add lines 7a and 7b	54,093.	01,277.	02,819.	110,330.	79,102.	
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						5,336,910.
	•••	(-) 0040	(1-) 0040	(-) 0000	(-I) 0004	(-) 0000	(6) T-+-1
	endar year (or fiscal year beginning in)	(a) 2018 78,546.	(b) 2019 618,570.	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,	78,546.	010,570.	1,340,888.	1,880,636.	1,785,891.	5,704,531.
IUa	dividends, payments received on						
	securities loans, rents, royalties,		6.4	0.4	11	2	160
	and income from similar sources		64.	84.	11.	3.	162.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			0.4	4.4	2	160
	Add lines 10a and 10b		64.	84.	11.	3.	162.
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					1,171.	1,171.
	Total support. (Add lines 9, 10c, 11, and 12.)	78,546.	618,634.	1,340,972.	1,880,647.	1,787,065.	5,705,864.
14	First 5 years. If the Form 990 is for the	ie organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	601(c)(3) organization	
_							<u> </u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, c	olumn (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2022. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qualifi	es as a publicly su	upported organiza	tion	
k	b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	nization qualifies as	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	, or 19b, check th	is box and see ins	tructions	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
 - c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
01		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
ad		
9b		
9c		
90		
10a		
10b		

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Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c blook, if the governing body of a supported organization? b A family member of a person described on line 11 above? c A 35% controlled entity of a person described on line 11 a for 11b above? If 'Yes' to line 11a, 11b, or 11c, provide destination of the controlled entity of a person described on line 11 a for 11b above? If 'Yes' to line 11a, 11b, or 11c, provide destination of the provincing organizations Section B. Type I Supporting Organizations The Did the generating body, members of the governing body, officers acting in their official capacity, or membership of one or most supported organizations have the power to regulately support or elect at least a majority of the organizations of controlled described by the provincing organization and the conditions or restrictions, if any, applied to such powers during the tax even discated aroung the supported organization should wise the benefit of any supported organization? If 'Yes' is explain in Part V In or who supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 bid the organization operate for the benefit of any supported organization? If 'Yes', 'escribia in Part V In or work apported organizations of the third the supported organizations of the supported organizations in the part V In ow control or management of the supporting Organizations 1 Were a majority of the organization and deciding the supported organizations in the part V In own or management of the supported organizations an	Pa	rt IV Supporting Organizations _(continued)			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b alone, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above?! 11b Section B. Type I Supporting Organizations 11c Section B. Type I Supporting Organizations 11c Section B. Type I Supporting Organizations 11c Section B. Type I Supporting Organizations or over the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization sofficers, effectively operated, supervised, or controlled the organization's activities. If the organization have the over the organization operated organization, discribe him the power to regularly appoint or elect at least a majority of the organization of sections, discribe the organization operated organization's activities. If the organization discribes and the power to regularly appoint or elect at least a majority of the organization of power to the organization's activities. If the organization discribes and the organization appoints of the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization power to the benefit of any supported organization of the supported organization organization organization				Yes	No
11a below, the governing body of a supported organization? b A family member of a pesson described on line 11a on 20°2 c A 59% controlled entity of a person described on line 11a on 11b above?If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect a least a majority of the organization officers, directors, or trustees at all times during the tax year? If No. describe in Part VI line was supported organizations officers, directors, or trustees are all caused by the provision of the power to supported organization of the supported organization of the supported organization provided organization and continuous organization. Part VI how the supported organization of the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization show the power to appoint and/or remove officers, directors, or trustees was all caused among the supported organization of the third than the supported organization show the provision of the supported organization of the third than the supported organization show the purposes of the supported organization(s) that operated, supervised, or controlled the supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's 10°2 and 10°2	11	Has the organization accepted a gift or contribution from any of the following persons?			
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b A family member of a person described on line 11a above? A 93% controlled entity of a person described on line 11a above?! A 83% controlled entity of a person described on line 11a or 11b above?!! "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization have the power to egularly appoint or elect at least a majority of the cepanization of officers, directions, or trustees at all times during the tax year? If 'No', 'describe' in Part VI in the supported organization officers, directions, or fustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 bid the organization operated, supervised, or controlled the supported organization? If 'Yes,' explain in Part V In the provinging such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization's directors or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations, by the list day of the fifth month of the organization from tax year, (i) a written notice described in the year to provide organization provide			11a		
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Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting org	anization (see		

Schedule A (Form 990) 2022

instructions).

on D - Distributions Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemply organizations, in excess of income from activity			1	Current Year
Amounts paid to perform activity that directly furthers exemp			1	
	at numerous of supported		-	
organizations, in excess of income from activity	or purposes or supported			
,				
Administrative expenses paid to accomplish exempt purposes of supported organizations				
Amounts paid to acquire exempt-use assets			4	
Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
Other distributions (describe in Part VI). See instructions.			6	
Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to which t	he organization is responsive	е		
(provide details in Part VI). See instructions.			8	
Distributable amount for 2022 from Section C, line 6			9	
Line 8 amount divided by line 9 amount			10	
	(i)	(ii)		(iii)
on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
Distributable amount for 2022 from Section C, line 6				
Underdistributions, if any, for years prior to 2022 (reason-				
able cause required - explain in Part VI). See instructions.				
Excess distributions carryover, if any, to 2022				
From 2017				
From 2018				
From 2021				
Total of lines 3a through 3e				
Applied to underdistributions of prior years				
Applied to 2022 distributable amount				
Carryover from 2017 not applied (see instructions)				
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
Distributions for 2022 from Section D,				
line 7: \$				
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· ·				
•				
-				
•				
	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which ti (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount Tion E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Form 990, Schedule A, Part III
The organization is a public charity under section 509(a)(2) and
completes Schedule A (Form 990), Part III. The organization has
analyzed Schedule A (Form 990), Part II and established that it meets
the 33 1/3% public support requirements under sections 509(a)(1) and
170(b)(1)(A)(vi), thus it qualifies to use the first listed special
rule for Schedule B (Form 990) reporting.

Schedule B (Form 990)

Schedule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No. 1545-0047

Ur	82-4421187	
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	nd that received from any one
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one
literary, or educat	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, s ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (b) instead of the contributor name and address), II, and III.	
year, contribution is checked, enter	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from s exclusively for religious, charitable, etc., purposes, but no such contributions totaled not here the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it	nore than \$1,000. If this box s, charitable, etc.,
	ole, etc., contributions totaling \$5,000 or more during the year	
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ng requirements of Schedule B (Form 990).	**
HA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

Name of organization

Uncaged

82-4421187

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$645,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$304,648.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$152,643.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$	Person X Payroll		

Schedule B (Form 990) (2022) Name of organization **Employer identification number** 82-4421187 Uncaged Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution x Person **Payroll** 63,356. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 Person **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

82-4421187

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Name of or	rganization		Employer identification number			
Ilmanand			02 4421107			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	through (e) and the following line entry. haritable, etc., contributions of \$1,000 or les	82-4421187 etion 501(c)(7), (8), or (10) that total more than \$1,000 for the year. For organizations as for the year. (Enter this info. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
_	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift	Polotionship of two polonous to two polonous			
-	Transferee 3 frame, address, an		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
_	Transferee's name, address, a	IIU ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number 82-4421187 Uncaged

Pai	TI Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		is or Accounts. Complete if the
		(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 $\boldsymbol{\nu}$	_	
	are the organization's property, subject to the organization's $ \\$		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Pai			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forn	n of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
_	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure of the		2c
a	Number of conservation easements included in (c) acquired a		
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by ti	ne organization during the tax
4	year Number of states where property subject to conservation eas	coment is leasted	
5	Does the organization have a written policy regarding the per		- f
3	violations, and enforcement of the conservation easements it	·	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Cital and volunteer hours devoted to monitoring, inspecting,	rialiting of violations, and emorning co	nscreation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	vation easements during the year
•	,		anen eusemenie aannig ale year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	Ç	
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treatments		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
b	Assets included in Form 990, Part X		

	edule D (Form 990) 2022 Uncaged						82	2-44211	.87	Pa	age 2
Par	rt III Organizations Maintaining Co	ollections of A	rt, Hist	torical Tr	reasures, c	or Other	Simila	r Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessio	n, and other record	ds, check	k any of the	following tha	t make sig	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	· 🖳	Loan or exc	change progra	am					
b	Scholarly research	e	, [Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explai	n how th	ney further t	the organizati	on's exem _l	ot purpos	e in Par	XIII.		
5	During the year, did the organization solicit or				•				-		,
_	to be sold to raise funds rather than to be mai								Yes		No
Par	rt IV Escrow and Custodial Arrang		ete if the	organizatio	on answered '	'Yes" on F	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia								1		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	ollowing t	able:					A		
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
_	Distributions during the year						1e				
f	•						1f		1,,		Τ
	Did the organization include an amount on Fo					-			Yes		」 No □
_	If "Yes," explain the arrangement in Part XIII. (rt V Endowment Funds. Complete if										
ı uı	Endownient i dilds. Complete ii	(a) Current year		rior year	(c) Two year			ars hack	(e) Four	vears	hack
10	Beginning of year balance	(a) carrone your	(5)1	nor your	(6) 1110 your	O DUON (U	, 111100 you	aro buon	(0) 1 0 41	youro	- Duoit
	_										
	Contributions Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance				1						
2	Provide the estimated percentage of the curre	ent vear end haland	e (line 1	a column (a)) held as:						
	Board designated or quasi-endowment	•	%	g, column (a)) Hold ao.						
	Permanent endowment	%									
	Term endowment 9/										
•	The percentages on lines 2a, 2b, and 2c shou	lld equal 100%.									
За	Are there endowment funds not in the posses	•	ation tha	at are held a	and administe	red for the	,				
	organization by:	3							Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								``		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	red on S	chedule R?	?						
4	Describe in Part XIII the intended uses of the									•	
Par	rt VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 99	0, Part IV	/, line 11a. \$	See Form 990), Part X, lir	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Acc	umulated		(d) Bool	k value	
	<u> </u>	basis (investr	ment)	basis	(other)	depre	eciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										

Schedule D (Form 990) 2022

0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests	70,307.	Cost	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	70,307.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... <u>Schedule D (Form 990) 2022</u> <u>Uncaged</u> 82-4421187 Page **4**

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Reveni	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d	(
е			2e	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
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	
3	Subtract line 2e from line 1		3	
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		
b c	Add lines 4a and 4b		 	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 1			
с 5 Ра	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, liner XIII Supplemental Information.	ne 18.)	5	
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, liner XIII Supplemental Information.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	and 4; Part IV, lines 1b and 2b; F	5	t XI,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number Uncaged 82-4421187 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region émployees, expenditures (by type) (such as, fundraising, prooffices is a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors in the region recipients located in the region) of service(s) in the region in the region Europe (Including Iceland & Greenland) Grants to Recipients 647,262. 3 a Subtotal 13 647,262. **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 647,262. Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland &						
		Greenland)	Program Support	647,262.	Wire Transfer	0.		
2 Enter total number of	us similaret sur surirentia		recognized as charities by the	favoiere accueto.		<u> </u>		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

	exempt 30 1(c)(3) organization by the mo, or for which the grantee or counsel has provided a section 30 1(c)(3) equivalency letter	
3	Enter total number of other organizations or entities	

 Schedule F (Form 990) 2022
 Uncaged
 82-4421187
 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be duplicated if a	dditional space is neede		1		, ,		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							hula F (Farra 000) 0000

Schedule F (Form 990) 2022 Uncaged 82-4421187 Page **4**

Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		

Fund (see Instructions for Form 8621)

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713; don't file with Form 990)

qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

Schedule F (Form 990) 2022

5

6

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

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Name of the organization							ntification number
Uncaged						82-4421187	
Fundraising Activities required to complete this par	 Complete if the organization answert. 	ered "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-EZ	I filers are not
1 Indicate whether the organization rais	sed funds through any of the followir	ng acti	vities.	Check all that apply			
a Mail solicitations	e Solicitat	tion of	non-g	overnment grants			
b X Internet and email solicitations				nment grants			
c X Phone solicitations	g 🗓 Special	fundra	ising	events			
d X In-person solicitations							
2 a Did the organization have a written of						, or X Yes	No
	Part VII) or entity in connection with p						
b If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the		iani io	agree	ments under which	lile iu	iliuraiser is to t	De .
	7 Organization:			,			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
Westfall Gold - PO Box 81712,		Yes	No			(-)	
Atlanta, GA 30366	Major Donor Event		Х	0.		229,193.	-229,193.
Гоtal						229,193.	-229,193.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration
AL,AZ,CA,CO,FL,GA,IA,KY,MO,NY,N	C,ND,OH,OR,PA,RI,TN,VA,WA,W	Y,AR,	DE,I	N,IL,MD			
LA,SD,TX,VT,MT,NE							

Pa	irt i	of fundraising events. Complete if the of fundraising event contributions and gr	~		· · · · · · · · · · · · · · · · · · ·	
		or iditidialsing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	Tis greater than \$5,000.
			Selah Way Partner	(b) Event #2		(d) Total events
			Vision Summit		None	(add col. (a) through
				(ayont type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	254,453.			254,453.
Ж						
	2	Less: Contributions	254,453.			254,453.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	30,494.			30,494.
t Ex						
)irec	7	Food and beverages				
1	8	Entertainment				
	9	Other direct expenses				122,113.
	10	Direct expense summary. Add lines 4 throug				152,607.
	11	Net income summary. Subtract line 10 from l				-152,607.
Pa	rt I	II Gaming. Complete if the organization				•
		\$15,000 on Form 990-EZ, line 6a.				
е			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bings	bingo/progressive bingo	(e) carer garring	col. (a) through col. (c))
3ev						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
rect E	4	Rent/facility costs				
Ö						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	☐ No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	'	bliect expense summary. Add lines 2 tilloug	11 3 111 COIGITHT (G)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			1
		ter the state(s) in which the organization cond	-			
		the organization licensed to conduct gaming a				Yes No
b	lf "I	No," explain:				
10-	141-	are any of the organization!	avalend avaranted - · · ·	arminated during the term	Vaar ⁰	Vos N-
		ere any of the organization's gaming licenses r	· · · · · · · · · · · · · · · · · · ·		year?	Yes No
O	11	Yes," explain:				

Sch	edule G (Form 990) 2022 Uncaged 82-44	21187		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└─ No
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
			V	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<u> </u>	Yes	∟ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming manager compananties \$			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-7	Many distance of the Many Artists and			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—		
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, I	nes 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule (G (Form 990)	Uncaged	8	2-4421187	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continued)			

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

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name of the organization	Uncaged								1 '	4421	187	ilicati	on nu	IIIDEI
		ctions (section 50												
•		nswered "Yes" on				ne 25a or 25l	o, or	r Form 990-EZ, P	art V,	line 40	Ob.	14.5		
(a) Name of disqualified	person	(b) Relationship between disqualified person and organization				(0	c) De	escription of trar	nsaction				(d) Correcte	
		person and or	garnze	ation								Y	es	No
2 Enter the amount of tax	incurred by the	o organization man	agore	or disa	gualifio	d pareage du	rina	the year under						
	•	e organization mai	-		-	-	_	-		\$				
3 Enter the amount of tax														
	-													
Part II Loans to an	d/or From I	nterested Per	sons	.										
· · · · · · · · · · · · · · · · · · ·	-	nswered "Yes" on			Z, Part \	/, line 38a or I	Forn	n 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
reported an am (a) Name of	(b) Relationsh	990, Part X, line 5, 6		2. oan to or	10) Original	14	f) Balance due	100	\ In	(h) Ap	proved	l (i) W	ritten
interested person with organi			fron	n the ization?	(ipal amount	") balarice due) In ault?	bý bo comn	ard or	agraamar	
				From					Yes	No	Yes	No	Yes	No
			-	-										
Total Part III Grants or A	oniotanaa B	Senefiting Inter	rooto	d Do	roone	<u>\$</u>								
		nswered "Yes" on												
(a) Name of interested		(b) Relationship			1	Amount of		(d) Type	of		(e) Purp	ose of	:
(,		interested pers	son an		,	assistance		assistan			•	assist		
		the organiza	ation											
										_				
										_				
										-				
					-					_				

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

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 Uncaged			82-4421187		Page 2
Part IV Business Transactions Involv	ring Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
Westfall Gold	60% Owned by Bob We	246,662.	Professiona		Х
Part V Supplemental Information.					
Provide additional information for resp	onses to questions on Schedule L (see i	nstructions).			
Sch L, Part IV, Business Transactions	Involving Interested Persons:				
(a) Name of Person: Westfall Gold					
(b) Relationship Between Interested Pe	reon and Organization.				
(b) Relationship between interested re-	rson and Organization;				
60% Owned by Bob Westfall, Family Rela	tionship with Kim Westfall, CE	0			
	-				
(d) Description of Transaction: Profes	sional Fundraising and Design				
Contract Work					
					,

SCHEDULE O (Form 990)

Department of the Treasury

Uncaged

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public

Open to Public Inspection

Employer identification number

82-4421187

Form 990, Part I, Line 1, Description of Organization Mission: in the anti-trafficking movement Form 990, Part VI, Section A, line 2: Kim and Bob Westfall have a family relationship. Tori and Henry Cloud have a family relationship. Stephen and Beverly Mansfield have a family relationship. Form 990, Part VI, Section A, line 8b: The organization has no committees with authority to act on behalf of the governing body. Therefore, this line was answered no in accordance with the instructions. Form 990, Part VI, Section B, line 11b: Form 990 is prepared by an independent CPA firm and reviewed in detail by The reviewed Form 990 is then provided the organization's top management. to the board of directors prior to filing with the IRS. Form 990, Part VI, Section B, Line 12c: The organization requires all officers and board members to annually complete and sign a conflict of interest questionnaire. Manager is responsible for reviewing the signed statements and ensuring that interested persons are in compliance with the conflict of interest Should any potential conflicts of interest be disclosed, the board policy. member or officer would be asked to refrain from participation in any deliberation or decision with regard to matters affected by the

Schedule O (Form 990) 2022 Page **2**

Name of the organization Uncaged		Employer identification number 82-4421187
relationship.		
Form 990, Part VI, Section B, Line 15:		
The organization does not compensate any officers or key emp	loyees.	
Therefore, these lines were answered no in accordance with t	he	
instructions.		
Form 990, Part VI, Line 17, List of States receiving copy of	Form 990:	
AL, AR, CA, CO, FL, GA, IL, KY, MD, NY, NC, ND, OH, OR, PA, RI, TN, VA, WA		
Form 990, Part VI, Section C, Line 19:		
Uncaged makes its governing documents, conflict of interest	policy, and	
financial statements available to the public upon request.		
Form 990, Part IX, Line 11g, Other Fees:		
Contract Labor:		
Program service expenses	8,750.	
Management and general expenses	96,513.	
Fundraising expenses	60,721.	
Total expenses	165,984.	
Total Other Fees on Form 990, Part IX, line 11g, Col A	165,984.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization
Uncaged
Uncaged
Uncaged
Uncaged
Uncaged

Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Ye	es" on Form 990, Part IV, line 3	33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of	(d) or Total inco	(e) me End-of-yea	r assets Direct	(f) controlling	g
or disregarded entity		foreign country)			-	entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	on answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
World Teach	Public Charity Serving						
Str. George Cosbuc 4 Otelu-Rosu	Victims of Human						
, Caras-Severin, ROMANIA	Trafficking	Romania	501(c)(3)		Uncaged, Inc.	Х	
_							
	_						

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

of Dolated Ourses institute Touchle and Doubs weeking Consolete if the aurenication annuous all Made on Fours 000, Doubly line 04, because it had one or means related
of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
reated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	ti) ction b)(13) rolled tity?
		country)		,				Yes	No
								/	
								/	
								igsqcurl	
								/	
								/	
								igwdapprox	├ ──

Schedule R (Form 990) 2022 Uncaged 82-4421187 Page 3

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		Х					
b	b Gift, grant, or capital contribution to related organization(s)											
С	Gift, grant, or capital contribution from related organization(s)				1c		Х					
d	Loans or loan guarantees to or for related organization(s)				1d		Х					
е	Loans or loan guarantees by related organization(s)				1e		Х					
f	Dividends from related organization(s)				1f		Х					
g	Sale of assets to related organization(s)				1g		Х					
h	Purchase of assets from related organization(s)				1h		Х					
i	Exchange of assets with related organization(s)				1i		Х					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х					
- 1	Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		Х					
n	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		Х					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
o Sharing of paid employees with related organization(s)												
p Reimbursement paid to related organization(s) for expenses												
q	Reimbursement paid by related organization(s) for expenses				1q		Х					
	Other transfer of cash or property to related organization(s)				1r		Х					
s	Other transfer of cash or property from related organization(s)				1s		Х					
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	this line, including covered	relationships and transaction thresholds.								
	(a)	(b)	(c)	(d)								
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved							
		type (a-s)										
_		_										
1) \	World Teach	В	647,262.	Cash								
٥,												
2)												
٥١												
3)												
4)												
' /												
5)												
-1												
6)												
	3 09-14-22	•	•	Schedule I	۲ (Forı	n 990)	2022					

Yes No

Schedule R (Form 990) 2022 Uncaged 82-4421187 Page **4**

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

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

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

Schedule R	(Form 990) 2022 Undaged	82-4421187	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print Uncaged 82-4421187 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO Box 80163 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Atlanta, GA 30366 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) Brianna Igou and Thy Heng The books are in the care of ▶ P.O. Box 80163 - Atlanta, GA 80163 Telephone No. ► 404-480-0449 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. November 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning ___ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2022)

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