Extended to November 15, 2022

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	or th	e 2021 calendar year, or tax year beginning and	d ending		
В	Check if applicab	C Name of organization		D Employer identi	fication number
	Addre				
X		Doing business as		26-1412708	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	Final return	977 Grant Cove Place SE		678-595-299	9
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,468,774.
	Amen return	ded Atlanta, GA 30315		H(a) Is this a group	return
	Application	F Name and address of principal officer: dustin milier		for subordinate	es? Yes X No
	pendi	977 Grant Cove Place SE, Atlanta, GA 30312		H(b) Are all subordinates	included? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions
		te: www.untold.org		H(c) Group exempti	on number 🕨
K	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 2007	M State of legal domicile; GA
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: See See	chedule O		
Governance					
ern	2	Check this box if the organization discontinued its operations or disposition by the continued its operation by the continued its oper	osed of more	than 25% of its net a	assets.
Š	3			3	+
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) $\ \dots$			
Activities	6	Total number of volunteers (estimate if necessary)			
Act	1	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	·····		+
Revenue	1_			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,163,065	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	9	Program service revenue (Part VIII, line 2g)		12 600	•
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,688	'
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,134	+
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,179,887	 ' '
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,676,430	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	•
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		970,388	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	•
Ĕ	170	Total fundraising expenses (Part IX, column (D), line 25) 759		471,490	. 735,567.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,118,308	
	18	Revenue less expenses. Subtract line 18 from line 12		1,061,579	
JC BS	19	nevenue less expenses. Subtract line 10 from line 12		ginning of Current Year	
ets (20	Total assets (Part X, line 16)		2,855,984	
ASS	21	Total liabilities (Part X, line 16)		16,157	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		2,839,827	
	art II	Signature Block		, ,	, , ,
Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of r	ny knowledge and belief, it is
true	, corre	ct, and complete, Declaration of preparer (other than officer) is based on all information of v	hich preparer	has any knowledge.	
		1 V.+7M12_		11 / 15	/ 2022
Sig	n	Signature of officer		Date	.
Hei		Justin Miller, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	Lois S. Lazenby		if self-emplo	pyed P00295161
Pre	parer	Firm's name Mersereau, Lazenby & Rockas, LLC		Firm's EIN	•
Use	Only	Firm's address 3469 Lawrenceville-Suwanee Rd.			
		Suwanee, GA 30024		Phone no.77	0-614-6800
Ma	v the I	RS discuss this return with the preparer shown above? See instructions			X Ves No

	, , , , , , , , , , , , , , , , , , ,		Form 990 (2021)
4e	Total program service expenses ▶ 4,038,365.		
	(Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
4c	(Code:) (Expenses \$	nue \$)
	(Table 1)		,
4b	(Code:) (Expenses \$	nue \$	1
	seen 6,242 faith decisions and employ 233 national African staff.		
	dependent children who are no longer at risk of being orphaned. We have		
	clients who have graduated from the program, representing 82,175		
	longer at risk of being orphaned. Over 1,100 people made first-time decisions of faith. At year end 2021, Untold had a total of 25,896		
	5,680 clients who represented 16,991dependent children who are no		
	prevalence and transmission rate of HIV/AIDS. In 2021, we graduated		
	throughout East Africa. These communities were selected due to a high		
	In 2021, Untold operated 87 centers in urban slum communities		
	To 2004 The 13 course 3 07 course 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	2021 Program Service Accomplishments		
4a	(Code:) (Expenses \$4,038,365. including grants of \$3,710,360.) (Rever	nue \$)
	revenue, if any, for each program service reported.		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total ex	penses, and
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by	expenses.
	If "Yes," describe these changes on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?	Yes X No
	If "Yes," describe these new services on Schedule O.	ı	
	prior Form 990 or 990-EZ?	[Yes X No
2	Did the organization undertake any significant program services during the year which were not listed on the		
	to increase US engagement with the AIDS epidemic in Africa.		
	This is accomplished through grant making, advocacy and story telling		
	that exists to embrace and equip people to live a life beyond AIDS.		
•	Untold, Inc. (the "Organization") is a not-for-profit organization		
1	Briefly describe the organization's mission:		<u>L</u>
ra	Check if Schedule O contains a response or note to any line in this Part III		
	n 990 (2021) Untold, Inc. rt III Statement of Program Service Accomplishments	26-1412708	Page 2

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Form 990 (2021) Untold, Inc. 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	4	Х	
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	21	
5	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	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		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-"		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Checklist of Required Schedules	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
04 -	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	 		17
00	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			
	"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?If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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021) Untold, Inc. 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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	5			
3a	-		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 a		١.		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	occupte (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
-	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				
	were not tax deductible?	· ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		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		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		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				
•			8		
9	Sponsoring organizations maintaining donor advised funds.		00		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
10	Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:		-		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l 1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44		v
14a		/o O	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in regular		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.		13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		х
	If "Yes," complete Form 4720, Schedule O.		"		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990 (2021) Untold, Inc. 26-1412708 Page **6**

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 I	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	1a	1	3		
	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	1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	anv other			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
	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			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			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 a					
	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
b	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			75		
		-	=	8a	х	
_	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
b				90	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be recorganization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
800	tion B. Policies (This Section B requests information about policies not required by the Internal Fi			<u> </u>		Λ
000	tion B. Folicies (This Section B requests information about policies not required by the internal h	evenue	Code.)		Vaa	Na
100	Did the expenientian have lead chanters branches as affiliates?			10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			IUa		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization.			106		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ay beloi	e illing the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc			12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			40		
40	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	_	
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 approv		aepenaent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	v	
	The organization's CEO, Executive Director, or top management official			15a	Х	Х
b	Other officers or key employees of the organization			15b		Λ
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		***			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					77
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of					
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed GA		_, .			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	-T (section 501(c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict o	of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks an	d records			
	The Organization - 678-595-2999					
	977 Grant Cove Place SE, Atlanta, GA 30315					

Form **990** (2021)

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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, 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.

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

• 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.

(A)	(B)	l	41 1120		C)	про	ilout	(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated	
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other	
	(list any	ctor						the	organizations	compensation	
	hours for	or dire	au au			rted		organization	(W-2/1099-MISC/	from the	
	related	ustee	truste		9	bens		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations below	ual tri	tional		ploye	st com	_	1099-NEC)		and related organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) Justin Miller	40.00										
CEO		Х		Х				156,800.	0.	4,674.	
(2) Jessica Jetton	40.00										
Sr Dir of Donor Engagement						Х		127,879.	0.	3,716.	
(3) Molly Heacock	40.00										
C00				Х				121,800.	0.	3,624.	
(4) Wayne Hoover	2.00										
Vice-Chairman		Х						0.	0.	0.	
(5) Bobby Reagan	2.00										
Treasurer		Х						0.	0.	0.	
(6) Kylie White	2.00										
Secretary		Х						0.	0.	0.	
(7) Randy Gravitt	2.00										
Chairman		Х						0.	0.	0.	
(8) Stan Reiff	2.00										
Board Member		Х						0.	0.	0.	
(9) Shane Duffey	2.00										
Board Member		Х						0.	0.	0.	
(10) Cliff Robinson	2.00										
Board Member		Х						0.	0.	0.	
(11) Scott Dwyer	2.00										
Board Member		Х						0.	0.	0.	
(12) Chris Climo	2.00										
Board Member		Х						0.	0.	0.	
(13) Amy James	2.00										
Board Member		Х						0.	0.	0.	
(14) Sam Blossom	2.00										
Board Member		Х						0.	0.	0.	
(15) Shannon Miles	2.00										
Board Member		Х				_		0.	0.	0.	
		-									
				_			_				
		1									
	<u> </u>									- 000	

	990 (2021) Untold, Inc.									26-1412	708		Р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe nd a d	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa om th anizat d relat anizati	ie tion ted
	Subtotal								406,479.		0.		12	,014.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						>	0. 406,479.		0.	0.		
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportabl	е		Yes	3 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	•	,	,		,	,	_	ghest compensated emp	•		3	103	Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	le co " <i>co</i>	omp <i>mpl</i> e	ensa ete S	atior Sche	n and edule	d otl e <i>J f</i>	her compensation from for such individual	the organization		4	Х	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comption B. Independent Contractors	•				•			•			5		Х
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation 1	rom	
	(A) Name and business		NO:		iig v	VICIT	OI W		(B) Description of s		С	(Compe		n
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)	•	ot lii	mite	d to	tho	se li: 0	stec	d above) who received n	nore than		Form	990 /	(2021)

132008 12-09-21

Pa	rt VI	Ш	Statement of Revenue				
			Check if Schedule O contains a response or note to any	line in this Part VIII			<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded
ıts	1 a	a I	Federated campaigns 1a				
iran Sun			Membership dues 1b				
S, G			Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d				
s, (imil			Government grants (contributions) 1e				
rigi			All other contributions, gifts, grants, and				
ibul		;	similar amounts not included above 1f 5,462,137				
d O	ç	g i	Noncash contributions included in lines 1a-1f 1g \$ 65,318				
<u>ටු ළ</u>	ŀ	h '	Total. Add lines 1a-1f	5,462,137.			
			Business Code	е			
e	2 8	a _					
ervi Je	ŀ	b _					
Program Service Revenue	(С.					
ran 3ev	(d .					
rog		Θ.					
Δ.			All other program service revenue				
			Total. Add lines 2a-2f				
	3		Investment income (including dividends, interest, and	5.006			5 006
	_		other similar amounts)	5,906.			5,906.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties (i) Real (ii) Personal				
	6 .			-			
			Gross rents 6a Less: rental expenses 6b				
			Rental income or (loss) 6c	-			
			Net rental income or (loss) Gross amount from sales of (i) Securities (ii) Other				
			assets other than inventory 7a				
	ŀ		Less: cost or other basis				
ne			and sales expenses 7b				
Revenue			Gain or (loss) 7c				
Be			Net gain or (loss)				
her			Gross income from fundraising events (not				
g		i	including \$ of				
		(contributions reported on line 1c). See				
		-	Part IV, line 18 8a				
	ŀ	b I	Less: direct expenses 8b				
			Net income or (loss) from fundraising events				
	9 a		Gross income from gaming activities. See				
			Part IV, line 19 9a	_			
			Less: direct expenses 9b				
			Net income or (loss) from gaming activities				
	10 a		Gross sales of inventory, less returns				
			and allowances 10a 731				
			Less: cost of goods sold 1,458		-727.		
		C	Net income or (loss) from sales of inventory	-727.	-121.		
Snc	44 -	_	Business Code				
Miscellaneous Revenue	11 a	a b				1	
ella ver		C		1		 	
<u>iš</u> č		-	All other revenue	 			
Σ			Total. Add lines 11a-11d				
	12		Total revenue. See instructions	5,467,316.	-727.	0.	5,906.

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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).

Do n	Check if Schedule O contains a responsot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
	Grants and other assistance to domestic individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	3,710,360.	3,710,360.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	286,898.	174,805.		112,093
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	523,684.	49,646.	157,458.	316,580.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10,388.	1,109.	2,952.	6,327.
	Other employee benefits				
	Payroll taxes	47,909.	13,163.	9,361.	25,385.
	Fees for services (nonemployees):				
	Management				
	Legal	3,349.		3,349.	
	Accounting	14,495.		14,495.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	202 669		115 051	177 617
	column (A), amount, list line 11g expenses on Sch 0.)	292,668. 18,501.		115,051.	177,617. 18,501.
	Advertising and promotion	2,124.		2,124.	10,501.
	Office expenses	16,698.	11,000.	5,698.	
	Information technology	10,030.	11,000.	3,050.	
	Royalties	65,539.		65,539.	
	Occupancy	61,551.	53,945.	03,337.	7,606.
	Travel Payments of travel or entertainment expenses	01,331.	33,313.		7,000.
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	49,017.		49,017.	
	Insurance	10,792.		10,792.	
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.)				
	Donor Events	76,845.		0.	76,845.
_	Professional Developmen	59,313.	24,337.	34,976.	, , , , , , , ,
-	Processing fees and ban	40,129.	, ,	40,129.	
	Printing, reproduction,	12,815.		210.	12,605.
	All other expenses	11,731.		5,389.	6,342.
	Total functional expenses. Add lines 1 through 24e	5,314,806.	4,038,365.	516,540.	759,901.
	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)				

rm 990 (2021) Untold, Inc. 26-1412708 Page **11**

Form 990 (2021) Part X Balance Sheet

	LA	Check if Schedule O contains a response or no	te to ar	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,833,942.	1	1,717,235.
	2	Savings and temporary cash investments			704,881.	2	1,188,729.
	3	Pledges and grants receivable, net			100,000.	3	0.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial	entributor, or 35%			
		controlled entity or family member of any of the	se pers	ns		5	
	6	Loans and other receivables from other disqual	lified pe	ons (as defined			
		under section 4958(f)(1)), and persons describe	ed in se	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		4,111.	8	2,653.	
Ϋ́	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	183,078.			
	b	Less: accumulated depreciation		109,432.	122,663.	10c	73,646.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		90,387.	15	30,701.	
	16	Total assets. Add lines 1 through 15 (must equ			2,855,984.	16	3,012,964.
	17	Accounts payable and accrued expenses			16,157.	17	20,627.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		Г		21	
ý	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
abi		controlled entity or family member of any of the				22	
Ĩ	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	-				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		F	16,157.	26	20,627.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27				1,761,923.	27	1,740,806.
Ва	28	Net assets with donor restrictions			1,077,904.	28	1,251,531.
п		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
S OI	29	Capital stock or trust principal, or current funds	ſ		29		
set	30	Paid-in or capital surplus, or land, building, or e		F		30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,839,827.	32	2,992,337.
_	33	Total liabilities and net assets/fund balances			2,855,984.	33	3,012,964.

Form 990 (2021) Untold, Inc. 26-1412708 Page 12

Part XI Reconciliation of Net Assets

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

	Check if Schedule O contains a response or note to any line in this Part XI					
	· · · · · · · · · · · · · · · · · · ·					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,467	,316.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,314	,806.	
3	Revenue less expenses. Subtract line 2 from line 1	3		152	,510.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,839	,827.	
5	The second of tank salarious at 25gmm g of year (mast equal tank), mis 52, 55 and (47, 50 and 18, 5					
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2	,992	,337.	
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII				Х	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		За		Х	
l.	If IIVes II did the appropriation and one the appropriate and the appropriation did not appropriate and approp	المنام المحداث				

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

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

26-1412708 Untold Inc Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990) 2021 Untold, Inc. 26-1412708 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.)

Se	ction A. Public Support	71		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	()	,	()	()	
	membership fees received. (Do not						
	include any "unusual grants.")	3,358,701.	4,257,748.	4,549,458.	5,163,065.	5,462,137.	22,791,109.
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	3,358,701.	4,257,748.	4,549,458.	5,163,065.	5,462,137.	22,791,109.
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)						1,039,632.
	Public support. Subtract line 5 from line 4.						21,751,477.
	ction B. Total Support					<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	3,358,701.	4,257,748.	4,549,458.	5,163,065.	5,462,137.	22,791,109.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		0.050	45 506		5 006	00.100
_	and income from similar sources	442.	9,952.	45,526.	20,277.	5,906.	82,103.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						22,873,212.
	Total support. Add lines 7 through 10	-t- (in-tureti				12	37,426.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the			outh or fifth toy v			37,420.
13	organization, check this box and stor						
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2021 (olumn (f))		14	95.10 %
	Public support percentage from 2020					15	94.32 %
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies	•		•		•	
r	33 1/3% support test - 2020. If the o						··········· -
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to			=			
h	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circ				-		▶□
18	Private foundation. If the organization		-		· · · · · ·		s •

Untold, Inc. 26-1412708

Schedule A (Form 990) 2021 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	3					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1				
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	3					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b,	3					
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	the organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
check this box and stop here						<u></u>
Section C. Computation of Pub					1 1	
15 Public support percentage for 2021					15	<u>%</u>
16 Public support percentage from 202					16	<u>%</u>
Section D. Computation of Inve					1 1	
17 Investment income percentage for 2					17	<u>%</u>
18 Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box						
b 33 1/3 % support tests - 2020. If th						
line 18 is not more than 33 1/3%, ch	neck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>

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Schedule A (Form 990) 2021

Page 3

Schedule A (Form 990) 2021 Untold, Inc. 26-1412708 Page **4**

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Эa		
5b		
5c		
6		
7		
8		
9a		
9b		
ฮม		
9с		
10a		
401		
10b		

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
	r		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	Section A - Adjusted Net Income (A) Prior 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	tion 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	1 b					
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	tion 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-functional	ally integra	ated Type III supporting org	anization (see			

Schedule A (Form 990) 2021

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (contin	ued)	
Secti	ion D	- Distributions				Current Year
1	Amou	unts paid to supported organizations to accomplish exe		1		
2	Amou	unts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organ	nizations, in excess of income from activity			2	
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amou	unts paid to acquire exempt-use assets			4	
5	Quali	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		r distributions (describe in Part VI). See instructions.	·		6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distril	butions to attentive supported organizations to which the	ne organization is responsiv	e		
	(provi	ide details in Part VI). See instructions.			8	
9	Distril	butable amount for 2021 from Section C, line 6			9	
10	Line 8	8 amount divided by line 9 amount			10	
		•	(i)	(ii)		(iii)
Secti	ion E -	- Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2021	ns	Distributable Amount for 2021
1	Distril	butable amount for 2021 from Section C, line 6				
2	Unde	erdistributions, if any, for years prior to 2021 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2021				
а	From	2016				
b	From	2017				
С	From 2018					
d	From 2019					
е	From	2020				
f	Total	of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
h	Appli	ed to 2021 distributable amount				
i	Carry	over from 2016 not applied (see instructions)				
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distril	butions for 2021 from Section D,				
	line 7	\$				
а	Appli	ed to underdistributions of prior years				
b	Appli	ed to 2021 distributable amount				
С	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5	Rema	aining underdistributions for years prior to 2021, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than :	zero, explain in Part VI. See instructions.				
6	Rema	aining underdistributions for 2021. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part \	VI. See instructions.				
7	Exce	ss distributions carryover to 2022. Add lines 3j				
	and 4	-				
8	Break	kdown of line 7:				
a		ss from 2017				
		ss from 2018				
		ss from 2019				
		ss from 2020				
		ss from 2021				

132028 01-04-22 Schedule A (Form 990) 2021

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (See separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization			E	Employer	identificatio	n number
	Untold, Inc.					-1412708	
Pa	rt I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 52	27 orgar	nization.	
2	Provide a description of the organize Political campaign activity expenditive Volunteer hours for political campa	tures					
Pa	rt I-B Complete if the org	ganization is exempt und	ler section 501(c)	(3).			
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955		▶\$		
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5	▶\$		
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?			Yes	No No
4a	Was a correction made?					Yes	☐ No
b	If "Yes," describe in Part IV.						
	rt I-C Complete if the org	·		•	. , , ,		
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt fund	ction activities	> \$		
2	Enter the amount of the filing organ		J				
	exempt function activities				▶ \$		
3	Total exempt function expenditures			,			
	line 17b						
4	Did the filing organization file Form					Yes	└── No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	ation listed, enter the amount pair comptly and directly delivered to	d from the filing organ a separate political org	ization's funds. Also ent ganization, such as a se	ter the am	ount of polit	ical
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	r-0 con	e) Amount of tributions re promptly and elivered to a political organ If none, en	ceived and directly separate nization.
Ecr	Panarwork Paduation Act Natica	soo the Instructions for Form	990 or 990 E7		Sahar	lulo C (Eorn	2000) 2024

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Schedule C (Form 990) 2021	Untold, Inc.			26-14:		Page 2
Part II-A Complete if the organic section 501(h)).	ganization is	exempt under section	on 501(c)(3) and fil	ed Form 5768 (e	lection un	der
	ation bolongs to	an affiliated group (and list	in Part IV each affiliated	group mombor's pan	no addross	EINI
		bying expenditures).	III Fait IV each ainmateu	group member s nam	ile, address, i	EIIN,
		ox A and "limited control" pr	rovisions apply			
Lim	its on Lobbying	·	,	(a) Filing organization's totals	(b) Affiliate tota	
1a Total lobbying expenditures to inf	luence public op	inion (grassroots lobbying)				
b Total lobbying expenditures to inf	luence a legislati	ve body (direct lobbying)				
c Total lobbying expenditures (add	lines 1a and 1b)					
d Other exempt purpose expenditu						
e Total exempt purpose expenditure		and 1d)				
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a)	or (b) is: T	ne lobbying nontaxable an	nount is:			
Not over \$500,000	20	0% of the amount on line 16) .			
Over \$500,000 but not over \$1,00	00,000 \$	100,000 plus 15% of the ex	cess over \$500,000.			
Over \$1,000,000 but not over \$1,	500,000 \$ ⁻	175,000 plus 10% of the ex	cess over \$1,000,000.			
Over \$1,500,000 but not over \$17	7,000,000 \$2	225,000 plus 5% of the exc	ess over \$1,500,000.			
Over \$17,000,000	\$	1,000,000.				
g Grassroots nontaxable amount (e	nter 25% of line	1f)				
h Subtract line 1g from line 1a. If ze	ro or less, enter	.0-				
i Subtract line 1f from line 1c. If zer						
j If there is an amount other than ze	ero on either line	1h or line 1i, did the organiz	zation file Form 4720			
reporting section 4911 tax for this	year?				Yes	└─ No
(Some organizations	that made a sec See the	ar Averaging Period Unde tion 501(h) election do no separate instructions for I	t have to complete all (ines 2a through 2f.)	of the five columns I	pelow.	
	Lobbying	Expenditures During 4-Ye	ear Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) To	otal
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
	1	ı	1		1	

Schedule C (Form 990) 2021

d Grassroots nontaxable amounte Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below	(8	a)	(k	o)	
of the lobbying activity.		Yes	No	Amo	ount
1 During the year, did the filing organization atte local legislation, including any attempt to influe or referendum, through the use of:					
			Х		
h Paid staff or management (include compensat	ion in expenses reported on lines 1c through 1i)?	Х			
			Х		
d Mailings to members legislators or the public	?	Х			
	nents?		Х		
	poses?		Х		
	ernment officials, or a legislative body?		Х		
	s, speeches, lectures, or any similar means?		Х		
	s, specialists, lectares, or any similar means.		Х		
***************************************					0.
	on to be not described in section 501(c)(3)?		х		- •
	under section 4912				
	by organization managers under section 4912				
	2 tax, did it file Form 4720 for this year?				
	is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
501(c)(6).		(-,	(-), -: -:		
				Yes	No
1 Were substantially all (90% or more) dues rece	eived nondeductible by members?		1		
	ing expenditures of \$2,000 or less?				
	ng and political campaign activity expenditures from t				
Part III-B Complete if the organization	n is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
501(c)(6) and if either (a) BO answered "Yes."	TH Part III-A, lines 1 and 2, are answered	"No" OF	k (b) Part	III-A, lin	e 3, is
1 Dues, assessments and similar amounts from	members		1		
	litical expenditures (do not include amounts of politi				
expenses for which the section 527(f) tax wa					
•			2a		
	(1)(A) notices of nondeductible section 162(e) dues				
	exceeds the amount on line 3, what portion of the exc				
	e reasonable estimate of nondeductible lobbying and				
			4		
5 Taxable amount of lobbying and political expe	nditures. See instructions		5		
Part IV Supplemental Information	makaroo. God mokradalone		0		
	Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	n list\: Part I	I-Δ lines 1 :	and 2 (See	
instructions); and Part II-B, line 1. Also, complete this		o noty, i ait i	171, 111100 11	2110 2 (000	
Part II-B, Line 1, Lobbying Activities:					
Alongside other members of The Accord N	etwork, Justin Miller, as CEO,				
gave consent for his signature to be in	cluded on a letter in support of				
the New Partnerships Initiative Authori	zation Act (S. 2509) which would				
codify the NPI as a permanent piece of	USAID's mission. This letter was				
hand-delivered to the staff of both Sen	ator Tim Kaine and Senator Marco				000) 2024

Schedule C (Form 990) 2021

Page 3

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

Inspection

Name of the organization

Employer identification number Untold, Inc. 26 - 1412708

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(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	_	
	are the organization's property, subject to the organization's $ \\$		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Da			
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea	· —	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	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			
С.	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
4	Number of states where property subject to conservation as	coment is located	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
U	Starr and volunteer rours devoted to monitoring, inspecting,	Trail uning of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
•	S	aming of violations, and emorning conserva	tion deserments defining the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	3	
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	nerance 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 tre	asures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

Sche	edule D (Form 990) 2021 Untold, Inc	· .					26	-14127	08	Р	age 2
	rt III Organizations Maintaining C		rt, His	torical Tr	easures,	or Other					ugo =
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at make sign	ificant us	se of its	·		
	collection items (check all that apply):				_	_					
а	Public exhibition	C		Loan or exc	hange progr	am					
b	Scholarly research	6									
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain	in how th	nev further t	he organizat	on's exemp	t nurnos	e in Parl	XIII		
5	During the year, did the organization solicit of							o iii i aii	. /		
Ū	to be sold to raise funds rather than to be m				•				Yes		No
Pai	rt IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa		CIC II IIIC	organizatio	ni answered	103 01110	1111 000,	i aitiv,			
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not inc	luded				
ıu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								103		_ 140
b	ii res, explaintile analigement ii r art XIII	and complete the ic	Jilowing	table.					Amoun		
_	Paginning halanga						10		7 11110 0111		
	Beginning balance						1c 1d				
a	Additions during the year										
e	Distributions during the year						1e				
Τ	Ending balance						1f		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	$\neg \neg$	T
	Did the organization include an amount on F					•	·		Yes		∐ No
	rt V Endowment Funds. Complete										
Fai	rt V Endowment Funds. Complete					rs back (d)	Thron you	re back	(e) Four	rvoare	hack
		(a) Current year	(0) -	Prior year	(C) TWO yea	is back (u)	Tillee yea	II S DACK	(e) i oui	years	Dack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3а	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for the	organiza	tion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's ende	owment	funds.							
Pa	rt VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	V, line 11a. S	See Form 990	D, Part X, Iine	e 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Accu	mulated		(d) Boo	k valu	e
		basis (investi	ment)	basis	(other)	depre	ciation				
1a	Land										
	Buildings										
	Leasehold improvements										

Schedule D (Form 990) 2021

109,432.

e Other

183,078.

d Equipment

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

73,646.

73,646.

26-1412708 Page 3 Schedule D (Form 990) 2021 Untold, Inc.

Part VII Investments - Other Securities.			r age e
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)		+	
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Col. (b) must equal Form 000. Part V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	·		.,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	/b) D11
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(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			at reports the
organization's liability for uncertain tax positions under		_	

	edule D (Form 990) 2021 Untold, Inc.		26-14127	08 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I		- I . I	F 46F 316
1	Total revenue, gains, and other support per audited financial statements		1	5,467,316
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	5			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d		' <u>-</u>	20	0
_	Add lines 2a through 2d			5,467,316
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3,407,310
-		40		
	Other (Describe in Part XIII.)			
			4c	0
_	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5,467,316
	rt XII Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" on Form 990, Part IV, I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Total expenses and losses per audited financial statements		1	5,314,806
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			
С	Other losses			
d				
е	Add lines 2a through 2d		2e	0
	Subtract line 2e from line 1			5,314,806
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	5,314,806
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part X, li	ne 2; Part XI,
Part	X, Line 2:			
The	Organization has not recognized any liability for unrecognized	nized tax		
bene	efits, as it has no known uncertain tax positions that wou	ıld subject		
ther	n to any material income tax exposure.			

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.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** Untold, Inc. 26-1412708

Pa	rt I General Info	ormation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "Y	es" on
	Form 990, Part	IV, line 14b.			-	
1	For grantmakers. Doe	es the organizatior	n maintain recor	ds to substantiate the amount of its gra		
	the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?X	Yes No
2	For grantmakers. Des	scribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the
	United States.			·		
3	Activities per Region. (The following Part	I, line 3 table ca	an be duplicated if additional space is i	needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to		investments
			in the region	recipients located in the region)	of service(s) in the region	in the region
Sub-	-Saharan Africa -					
Ango	ola, Benin,					
Bots	swana, Burkina					
Fasc),	0	0	PROGRAM SERVICES	AIDS CARE CENTERS	3,710,360.
	0.1-1-1-1					2 710 260
	Subtotal		0			3,710,360.
b	Total from continuation		0			_
_	sheets to Part I	<u> </u>	<u> </u>			0.
С	Totals (add lines 3a and 3b)	0				3 710 360.

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

Schedule F (Form 990) 2021 Untold, Inc. 26-1412708 Page 2

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)	(c) Region	(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)
		Sub-Saharan						
		Africa - Angola,						
		Benin, Botswana,						
			Aids Care Centers	2,391,633.	wire transfers	133,360.	Food Assistance	FMV
		Sub-Saharan				•		
		Africa - Angola,						
		Benin, Botswana,						
			Aids Care Centers	928,916.	wire transfers	0.		
		Sub-Saharan		,				
		Africa - Angola,						
		Benin, Botswana,						
			Aids Care Centers	256,451.	wire transfers	0.		

2	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
3	Enter total number of other organizations or entities

\blacktriangleright	3	

Untold, Inc. 26-1412708 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	ed.					
(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)
							hda F (Farra 000) 0004

Part 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 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 Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	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 Instructions for Form 5713; don't file with Form 990)	Yes	X No

Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
Part I, Line 2:	
Foreign organizations submit monthly detailed financial statements as	
well as an annual audit by an independent accounting firm. US staff make	
several trips to the area each year to assist and observe the	
accomplishment of the organization's mission.	

30145__1

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Untold, Inc.

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

Inspection **Employer identification number**

26-1412708

OMB No. 1545-0047

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

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

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

Untold, Inc.

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

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

	(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Justin Miller (i)	156,800.	0.	0.	4,674.	0.	,	0.
CEO (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(0)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(ii)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							

Schedule J (Form 990) 2021 Untold, Inc.	26-1412708	Page 3
Part III Supplemental Information		_
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for	Part II. Also complete this part for any additional inform	nation.
	·	

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

2021

Open To Public Inspection

Name of the organization							Em	oloyer	rident	ificati	on nu	mber
τ	Untold, Inc.						26-	1412	708			
Part I Excess Ben	efit Transacti	ons (section 5	01(c)(3	3), sect	ion 501(c)(4), and se	ction 501(c)(29) orga	nizati	ons o	nly).			
					art IV, line 25a or 25b							
1	(b) F	Relationship bet			lified					(d)	Corre	cted?
(a) Name of disqualified	person ' '	person and o			(c	c) Description of trans	sactio	n		· · ·	es	No
											+	
										-		
										+	\dashv	
										+	-	
										-		
2 Enter the amount of tax	incurred by the o	rganization mar	nagers	or disc	qualified persons dui	ring the year under						
								> \$				
3 Enter the amount of tax	, if any, on line 2,	above, reimburs	sed by	the or	ganization			> \$				
	.,											
Part II Loans to an	d/or From Int	erested Per	sons	S.								
Complete if the	organization answ	vered "Yes" on	Form	990-EZ	', Part V, line 38a or F	Form 990, Part IV, lin	e 26;	or if th	ne orga	anizati	on	
reported an amo	ount on Form 990	, Part X, line 5,	6, or 2	2.								
(a) Name of	(b) Relationship	(c) Purpose		oan to or m the	(c) Original	(f) Balance due	(g)	ln	(h) Ap	proved ard or		/ritten
interested person	with organization	of loan		ization?	principal amount		default?		committee?		agree	ment?
			То	From			Yes	No	Yes	No	Yes	No
									<u> </u>			
			-									
			-									
			1	1					<u> </u>			<u> </u>
									<u> </u>			<u> </u>
Total					> \$							
Part III Grants or As	ssistance Ber	nefiting Inte	reste	ed Pe	rsons.							
Complete if the	organization answ	vered "Yes" on	Form	990, Pa	art IV, line 27.							
(a) Name of interested	person	(b) Relationship	betwe	een	(c) Amount of	(d) Type	of		(e) Purp	ose o	f
		interested pers	son ar		assistance	assistan	ce			assist	ance	
		the organiza	ation									
								\dashv				
								-+				
								-+				
								\dashv				
								\dashv				

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

Schedule L (Form 990) 2021 Untold,	Inc.		26-1412708		Page 2
Part IV Business Transactions Involv	ring Interested Persons.				
Complete if the organization answered	I "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	(e) Sha organiz rever	aring of zation's nues?
				Yes No	
Lindsay Miller	Wife of CEO	16,500.	Contract wo		Х
		·			
Part V Supplemental Information.	1				<u> </u>
	onses to questions on Schedule L (see i	nstructions)			
Trovide additional imormation for resp	orises to questions on ochedule E (see)	nstructions).			
Sch L, Part IV, Business Transactions	Involving Interested Persons.				
Sch L, Part IV, Business Hansactions	involving interested refsons:				
/a) Name of Danger, Lindson Millon					
(a) Name of Person: Lindsay Miller					
(a) Description of Managerian Control					
(d) Description of Transaction: Contra	ct work as a designer				
				-	
			Schedule L	Form 99	90) 2021

2021.05000 Untold, Inc.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number Name of the organization Untold, Inc. 26-1412708

Par	τι	Types	s of Property								
				(a)	(b)	(c)		(d)			
				Check if applicable	Number of contributions or	Noncash contributi amounts reported of		Method of donumental moncash contrib		•	
				арріісаріє		Form 990, Part VIII, lir		Horicasii contrib	ution a	mount	
1	Art -	Works of	art								
			treasures								
			interests								
4			olications								
5	Clot	hing and h	ousehold goods								
6	Cars	s and other	r vehicles								
7			nes								
8			perty								
9			blicly traded								
			osely held stock								
			rtnership, LLC, or								
	trust	t interests									
12			scellaneous								
13			ervation contribution -								
	Histo	oric structi	ures								
14			ervation contribution - Other								
15	Real	l estate - R	esidential								
16											
17											
18											
19			/								
20			dical supplies								
21											
			acts								
			imens						,		
			artifacts						,		
25			Meal Donation)	X	272,160	65,	318.FM	V	,		
26	Othe	er 🕨 (·)						,		
27		er 🕨 (, , , , , , , , , , , , , , , , , , ,								
28	Othe	er 🕨 (· · · · · · · · · · · · · · · · · · ·						,		
29	Num	nber of For	ms 8283 received by the organ	nization durin	g the tax year for c	ontributions			,		
			organization completed Form 8		•		.				
				, ,						Yes	No
30a	Duri	ng the yea	r, did the organization receive	by contribution	on any property rep	oorted in Part I, lines 1	through	28, that it			
			at least three years from the da								
			ses for the entire holding period						30a		х
b			ibe the arrangement in Part II.								
		•	nization have a gift acceptance	policy that re	equires the review	of any nonstandard co	ontributio	ons?	31		х
		-	nization hire or use third parties	•	•	•					
		tributions?	•		•				32a		х
b			ibe in Part II.								
			tion didn't report an amount in	column (c) fo	r a type of propert	y for which column (a)	is check	ed,			
		cribe in Pa		(-, 1-	71 [[]	,		•			
НΔ			ork Reduction Act Notice se	e the Instruc	tions for Form 99	Λ		Schedule I	M (For	n 990)	2021

132142 11-17-21

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Untold, Inc. Employer identification number 26-1412708

Form 990, Part I, Line 1, Description of Organization Mission: UNTOLD, INC. IS A NOT-FOR-PROFIT ORGANIZATION THAT EXISTS TO EMBRACE AND EQUIP PEOPLE TO LIVE A LIFE BEYOND AIDS. THIS IS ACCOMPLISHED BY OPERATING LIFE-TRANSFORMING CENTERS IN LOCAL CHURCHES THAT MEET THE PHYSICAL, SPIRITUAL, EMOTIONAL, SOCIAL AND ECONOMIC NEEDS OF HIV-POSITIVE MEN AND WOMEN, Form 990, Part VI, Section B, line 11b: ORGANIZATON'S PROCESS TO REVIEW FORM 990 - FORM 990 IS REVIEWED BY CEO AND BOARD OF DIRECTORS PRIOR TO FILING. Form 990, Part VI, Section B, Line 12c: UNTOLD REQUIRES ALL OFFICERS AND BOARD MEMBERS TO ANNUALLY COMPLETE AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE. THE BOARD CHAIR IS RESPONSIBLE FOR REVIEWING THE SIGNED STATEMENTS AND ENSURING THAT INTERESTED PERSONS ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IF A MATTER RELATED TO A POTENTIAL CONFLICT WERE TO ARISE AT A BOARD MEETING, THE INTERESTED PERSON WOULD ABSTAIN FROM VOTING ON MATTERS RELATED TO THE NOTED CONFLICT Form 990, Part VI, Section B, Line 15a: EXPLANATION FOR COMPENSATION PROCESS FOR TOP OFFICIAL -BOARD OF DIRECTORS REVIEW AND APPROVE BASED ON COMPARABLE COMPENSATION. Form 990, Part VI, Section C, Line 18:

ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION

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

Schedule O (Form 990) 2021	Page 2
Name of the organization Untold, Inc.	Employer identification number 26-1412708
UPON REQUEST.	
Form 990, Part VI, Section C, Line 19:	
ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION	
UPON REQUEST.	
Form 990, Part XII, Line 2c:	
The Organization did not change either its oversight process or	
selection process during the tax year.	

Form 990 Page 10

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	1802 Office Furniture Set	07/01/18	SL	5.00	16	7,925.				7,925.	3,963.		1,585.	5,548.
	1803 Leasehold Improvements 7/1/18	07/01/18	SL	5.00	16	9,800.				9,800.	4,900.		1,960.	6,860.
3	1700 Intangible Book Costs	05/01/19	200DB	5.00	НҮ1	90,970.				90,970.	50,943.		16,011.	66,954.
4	1355 Mobile App	12/31/20	200DB	5.00	НҮ1	70,000.				70,000.			28,000.	28,000.
5	1803 LH Improvement - A/C 7/24/20	07/24/20	SL	3.00	16	4,383.				4,383.	609.		1,461.	2,070.
	* Total 990 Page 10 Depr					183,078.				183,078.	60,415.		49,017.	109,432.
					Т									

990

128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone