PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 3634900

990 Form Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 colorder year, or tay year beginning

OMB No. 1545-0047 20 **Open to Public** Inspection

<u> </u>		and and	enaing						
В	Check applica	f C Name of organization		D Employer identif	ication number				
	cha								
	Nan	ge Doing business as		45-2646092					
	_ Initi	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Fina	V 208 LENOX AVE	189	908-481-4673					
	tern	in-	G Gross receipts \$	538,086.					
	iretu	Med WESTFIELD, NJ 07090	H(a) Is this a group r						
	App	F Name and address of principal officer: FRAIDY REISS		for subordinates					
	pen	SAME AS C ABOVE			ncluded? Yes No				
1.	Гах-е	xempt status: 🗶 501(c)(3) └── 501(c) () (insert no.) └── 4947(a)(1) c	or 527	1	list. (see instructions)				
JI	Webs	ite: WWW.UNCHAINEDATLAST.ORG		H(c) Group exemption					
		f organization; 🔀 Corporation 🔄 Trust 🔄 Association 📗 Other 🕨	L Year (M State of legal domicile: NJ				
Pa	art l	Summary	, - · · · · · ·		ente en logal definicité. El C				
đ	1	Briefly describe the organization's mission or most significant activities: UNCH2	AINED	PROVIDES FR	EE LEGAL				
ЦС.		AND SOCIAL SERVICES AND EMOTIONAL SUPPORT	г то н	ELP WOMEN A	ND GTRLS				
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos							
ove	3			3	5				
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5					
ŝ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	9					
Activities & Governance	6	Total number of volunteers (estimate if necessary)	6	150					
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
ø	8	Contributions and grants (Part VIII, line 1h)		298,285.	532,468.				
Revenue	9	Program service revenue (Part VIII, line 2g)		4,125.					
ev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		826.	1,223.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	185.				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		303,236.	538,086.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,720.	10,160.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)							
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		104,591.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ž	b	Total fundraising expenses (Part IX, column (D), line 25) > 13, 33	31.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		39,867.	44,845.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		152,178.	221,708.				
	19	Revenue less expenses. Subtract line 18 from line 12		151,058.	316,378.				
ssets or Balances				inning of Current Year	End of Year				
alar	20	Total assets (Part X, line 16)		310,712.	627,861.				
	21	Total liabilities (Part X, line 26)		0.	771.				
٣Ē	22	Net assets or fund balances. Subtract line 21 from line 20		310,712.	627,090.				
Pa	rt II	Signature Block							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date					
Here	FRAIDY REISS, EX. DIRE Type or print name and title	CTOR							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid									
Preparer	Firm's name SPIRE GROUP PC			1	45-5221053				
Use Only	Firm's address 100 WALNUT AVE,	SUITE 103							
	CLARK, NJ 07066			Phone no.732	2-381-8887				
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Yes No				
732001 11-2	8-17 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2017)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

-	m 990 (2017) UNCHAINED AT LAST, INC 45-2646092 art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	UNCHAINED PROVIDES FREE LEGAL AND SOCIAL SERVICES AND EMOTIONAL
	SUPPORT TO HELP WOMEN AND GIRLS AVOID OR LEAVE ARRANGED/FORCED
	MARRIAGES AND REBUILD THEIR LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 188,710. including grants of \$ 10,160.) (Revenue \$ 4,39
	UNCHAINED PROVIDES FREE LEGAL AND SOCIAL SERVICES AND EMOTIONAL SUPPO
	TO HELP WOMEN AND GIRLS AVOID OR LEAVE ARRANGED/FORCED MARRIAGES AND
	REBUILD THEIR LIVES. THE ORGANIZATION ADVOCATES FOR SOCIAL, POLICY A
	LEGAL CHANGE TO END FORCED AND CHILD MARRIAGE IN AMERICA.
	MARKE IN MAD INCLED AND CHILD MARKINGE IN AMERICA.
41.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
k	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

Form 990 (2017) UNCHAINED AT
Part IV Checklist of Required Schedules UNCHAINED AT LAST, INC

			Yes	No
1	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		A	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		-
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		Δ
	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		A
	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			
Ь	Part VI	11a		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			37
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		v
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	11c		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		Δ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
47	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,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
		19		43

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Form 990 (2017) UNCHAINED AT LAST, INC Part IV Checklist of Required Schedules (continued)

			Yes	No
	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 22, if "Yee," complete Schedule I, Darte Lond III			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	-
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24:	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			6
5	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	-	
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
20	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
33	Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-32 if "Yes " complete Schedulo P. Port I			**
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
•••				
35a	Part V, line 1	34	\rightarrow	X
h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-+	X
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	0.51		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	00		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>A</u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			44	

Form 990 (2017)

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_	990 (2017) UNCHAINED AT LAST, INC		45-264	6092	2	Pag
Par						
_	Check if Schedule O contains a response or note to any line in this Part V					Γ
					Yes	T
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1	3	1.00	+
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	repor	table gaming	-		Į.
	(gambling) winnings to prize winners?			1c	x	L
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					t
	filed for the calendar year ending with or within the year covered by this return	2a		9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax rei	urns?		2h	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>file</i> (see instructio	ns)				t
Ja	Did the organization have unrelated business gross income of \$1,000 or more during the year?			39		Ľ
b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedu	le O		3b		t
a,	At any time during the calendar year, did the organization have an interest in, or a signature or othe	r autho	nitv over a	0.5		t
1	inancial account in a foreign country (such as a bank account, securities account, or other financia	lacco	unt)?	4a		
b	f "Yes," enter the name of the foreign country:		ang:	Phot		\vdash
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nte (FRAD)			
ia \	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	/100004	nia (i DAiry.	En		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	 o	5a		\vdash
c I	f "Yes," to line 5a or 5b, did the organization file Form 8886-T?	action	ſ	5b		-
a [Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the ere		5c		-
a						
b i	f "Yes," did the organization include with every solicitation an express statement that such contribu-			<u>6a</u>		_
v	vere not tax deductible?	itions (orgiπs			
C	vere not tax deductible? Organizations that may receive deductible contributions under section 170(c).	••••••	••••••	6b		_
a D	id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s		ana da da u			
b li	"Voc " did the exception path the days of the tax and					
c D	bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7b		1
		00	1	7c		2
e D	id the organization receive only funder directly an indirectly to a second during the year	7d				
	id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		2
	id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont the organization required a certain the organization of such as the organization of the	ract?		7f		3
g lf n lf	the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		_
1 II 0	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	le a Form 1098-C?	7h		
3	ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
S	consoring organization have excess business holdings at any time during the year?			8		_
	ponsoring organizations maintaining donor advised funds.					
a D	id the sponsoring organization make any taxable distributions under section 4966?			9a		
b D So	id the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	ection 501(c)(7) organizations. Enter:	1 0				
a In	itiation fees and capital contributions included on Part VIII, line 12	10a				
G	ross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	ection 501(c)(12) organizations. Enter:					
G	ross income from members or shareholders	11a				
G	ross income from other sources (Do not net amounts due or paid to other sources against					
ar	nounts due or received from them.)	11b				
Se	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
lf	"Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1
Se	ection 501(c)(29) qualified nonprofit health insurance issuers.					
ls	the organization licensed to issue qualified health plans in more than one state?			13a		-
N	ote. See the instructions for additional information the organization must report on Schedule O.			1.50		-
Er	ter the amount of reserves the organization is required to maintain by the states in which the					
or	ganization is licensed to issue qualified health plans	13b				
En	ter the amount of reserves on hand	13c				
Die	d the organization receive any payments for indoor tanning services during the tax year?	100		14a		x
				Ind		Δ
lf '	Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	1	14b		

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5 17300430 138372 U0020.0 2017.03030 UNCHAINED AT LAST, INC U0020_01

Form 990 (2017)
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UNCHAINED AT LAST, INC

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A Governing Body and Management	

X

OC	ction A. Governing Body and Management									
-	Enter the sumber of vetice members of the second state of the seco	f . T	-	r——	Yes	No				
IC	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	1a	5							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
b			F							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		5			1				
_				•	-	v				
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under t	ho diroct ouronu		2		X				
•	of officers, directors, or trustees, or key employees to a management company or other person?	the unect superv	ISION	~		v				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		3 4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's a	990 was meu r		4		X				
6	Did the organization have members or stockholders?	336131		6		X				
7a		annoint one or		0		-				
	more members of the governing body?			7a		x				
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?									
8										
а				8a	x					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the		00						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)		-						
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		Γ	10a		X				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	• •		10b						
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f ")	/es," describe								
	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13		Х				
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approv	al by independer	nt							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged									
L	taxable entity during the year?			16a		X				
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		in							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's								
Sec	exempt status with respect to such arrangements?			16b						
17	List the states with which a copy of this Form 990 is required to be filed NJ , NY									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Deetles Cod(s))	(0) ()							
10	for public inspection. Indicate how you made these available. Check all that apply.	(Section 501(c))	3)s only) av	ailable	3					
		in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		alion and i	iner	ial					
	statements available to the public during the tax year.	nuior of interest p	Joincy, and f	manc	al					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and recorde								
	THE ORGANIZATION - 908-481-4673	ono and records.								
	208 LENOX AVE, NO. 189, WESTFIELD, NJ 07090									
732006	11-28-17			Form	990 (2	20171				
	6		I	- ville						

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Form 990 (2017)
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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 instructions for definition of "key employee."

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (4) (\mathbf{C})

(A) Name and Title	(B) Average hours per week	box off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NINA LAZAR	5.00									
PRESIDENT	_	X	-	X	-	-	-	0.	0.	0.
(2) SHEETAL PATEL	5.00	1							_	
CO-VICE PRESIDENT	5.00	X	-	X				0.	0.	0.
(3) THERESA BIVALETZ CO-VICE PRESIDENT	5.00	x		x						
(4) MARGARET VAZQUEZ	5.00	•	-	•		-		0.	0.	0.
TREASURER	5.00	x		x				0.	0.	0.
(5) PRATIMA PATEL	5.00								0.	<u> </u>
SECRETARY		x		x				0.	0.	0.
732007 11-28-17				-						Form 990 (2017)

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orm 990 (2017) UNCHAINE Part VII Section A. Officers, Directors, Tru	istees, Key Er	nploy	/ees	, and	d Hig	ghe	st C	ompensated Employe	<u>45-2</u> es (continued)			Pag
(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle	(C Posi theck r ss per id a di	nore from	than o s botl	han	(D) Reportable compensation from	(E) Reportable compensatio from related	n d	(F Estim amou oth	ateo nt o er
	hours for related organization below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		comper from organiz and re organiz	the zatic late
												-
b Sub-total								0.		0.		
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but n	II, Section A							0.	000 of reportable	0.		
compensation from the organization											Yes	N
 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su 	uch individual										3	2
and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If "Yes,</i> accrue comper	" <i>con</i> Isatio	nplet In fro	e Sc om ai	hed ny u	<i>ule</i> . inrela	<i>J for</i> ated	such individual	ual for services		4	2
rendered to the organization? If "Yes," com ection B. Independent Contractors Complete this table for your five highest contractors	mpensated inc	eper	iden	t cor	ntrac	tors	s tha	t received more than \$	100,000 of comp		5 on from	
the organization. Report compensation for (A) (A) Name and business		ear er NO		g witl	h or	with	nin th	ne organization's tax ye (B) Description of se		Con	(C) npensatio	on
			-		-	-	-					_

orm 990 Part V	0 (2017) UNCHAINED AT	LAST, IN	С		45-264	6092 Page
arty						
	Check if Schedule O contains a response	or note to any lin	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
월 1	a Federated campaigns 1a					
	b Membership dues 1b					
E I	c Fundraising events					1.5.5.5
<u>a</u>	d Related organizations					
Ē	e Government grants (contributions) 1e					
5	f All other contributions, gifts, grants, and					
Ĕ	similar amounts not included above 1f	532,468.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		532,468.			
		Business Code				
2 8	a PROGRAM REVENUE	900099	4,210.	4,210.		
2 a lenuna veveune	b					
	c					
	d					
- •	e					
f	f All other program service revenue					
	g Total. Add lines 2a-2f		4,210.			
3	Investment income (including dividends, intere	· ·				
	other similar amounts)	🕨	1,223.			1,223
4	Income from investment of tax-exempt bond p	roceeds 🕨 📘				
5	Royalties					
	(i) Real	(ii) Personal				
6 a						
b	b Less: rental expenses					
0	c Rental income or (loss)					
d	d Net rental income or (loss)	►				
7 a	a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory					
b	Less: cost or other basis					
	and sales expenses					
c	Gain or (loss)					
d	d Net gain or (loss)					
8 a	a Gross income from fundraising events (not					
	including \$ of					
	contributions reported on line 1c). See					
	Part IV, line 18a					
	b Less: direct expenses b					
	· · · · ·					
9 a	Gross income from garning activities. See					
	Part IV, line 19a					
	b Less: direct expenses b					
	Net income or (loss) from gaming activities	▶				
10 a	Gross sales of inventory, less returns					
	and allowances a					
	b Less: cost of goods sold b					
<u> </u>	Net income or (loss) from sales of inventory					
44	Miscellaneous Revenue E	Business Code	105	10-		
		900099	185.	185.		
b						
с м						
d			105			
10 e	Total. Add lines 11a-11d		185.	4 205		
12	Total revenue. See instructions.		538,086.	4,395.	0.	1,223 Form 990 (2017

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UNCHAINED AT LAST, INC Part IX Statement of Functional Expenses

_	Check if Schedule O contains a response	e or note to any line in	this Part IX		Γ
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2					
	individuals. See Part IV, line 22	10,160.	10,160.		12 Sec. 10
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	64,726.	54,976.	9,750.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	76,167.	76,167.		
7	Other salaries and wages	350.	175.	175.	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,179.	9,894.	1,285.	
10	Payroll taxes	14,281.	13,292.	989.	
11	Fees for services (non-employees):				
a					
b		1 100			
c		1,426.		1,426.	
d					
e					
f	Investment management fees				
g	(b	1 600			
	column (A) amount, list line 11g expenses on Sch 0.)	1,689.		1,689.	
12	Advertising and promotion	0.442			
13	Office expenses	2,443.	1,814.	629.	
4 5	Information technology	132.	125.	7.	
15	Royalties	12 000	11 000		
16		13,209.	11,236.	1,973.	
17	Travel	198.		198.	
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials	670	680		
9	Conferences, conventions, and meetings	679.	679.		
:U :1					
2	Payments to affiliates Depreciation, depletion, and amortization				
23		4,233.	2 / 5 5	770	
4	Other expenses. Itemize expenses not covered	4,433.	3,455.	778.	
-	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
2	amount, list line 24e expenses on Schedule O.)	13,331.			10 004
b	ADVOCACY	3,505.	3 505		13,331.
2	PUBLIC AWARENESS	1,740.	3,505.		
d	OTHER COSTS	1,618.	1,740.	760	
	All other expenses	642.	850.	768.	_
е 5	Total functional expenses. Add lines 1 through 24e	221,708.	642.	10 667	10 004
5 6	Joint costs. Complete this line only if the organization	221,/UO.	188,710.	19,667.	13,331.
9	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Carling in following SOP 98-2 (ASC 958-720)				

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Form 990		
Part X	Balance	Sheet

UNCHAINED AT LAST, INC

		Check if Schedule O contains a response or note to a		(A) Beginning of year		(B)
	1	Cash - non-interest-bearing				End of year
	2	Cash - non-interest-bearing Savings and temporary cash investments		206 226		17
	3	Pledges and grants receivable not		206,236		279,711
	4	Pledges and grants receivable, net		101 705	3	245 500
	5	Accounts receivable, net Loans and other receivables from current and former		101,725	4	345,523
	5					
		trustees, key employees, and highest compensated e Part II of Schedule L				
	6	***************************************			5	
	0	Loans and other receivables from other disqualified p				
		section 4958(f)(1)), persons described in section 4958				
		employers and sponsoring organizations of section 5				
Assets	-	employees' beneficiary organizations (see instr). Com	plete Part II of Sch L		6	
A AS	7	Notes and loans receivable, net			7	
.	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	ſ	2,750.	9	2,610
	iua	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
		Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
- II.	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
-	16	Total assets. Add lines 1 through 15 (must equal line	34)	310,712.	16	627,861
	17	Accounts payable and accrued expenses			17	771
	18	Grants payable			18	
11	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
8 2		Loans and other payables to current and former office				
		key employees, highest compensated employees, and				
		Complete Part II of Schedule L			22	
2	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
2		Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D			25	
2		Total liabilities. Add lines 17 through 25		0.	26	771
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🐰 and			
2 2 2 3 3 3		complete lines 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets		280,712.	27	627,090
2	:8	Temporarily restricted net assets		30,000.	28	0.
2			<u></u>		29	
		Organizations that do not follow SFAS 117 (ASC 958	3), check here 🕨 🔄			
		and complete lines 30 through 34.				
3	0	Capital stock or trust principal, or current funds			30	
3	1 1	Paid-in or capital surplus, or land, building, or equipme	nt fund		31	
3		Retained earnings, endowment, accumulated income,			32	
2	3	Total net assets or fund balances		310,712.	33	627,090.
0		Total liabilities and net assets/fund balances				

Form 990 (2017)

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Form 990 (2017) UNCHAINED AT LAST, INC	45-26	46092	Pa	age 12
Part XI Reconciliation of Net Assets				21
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)		E 2	0 0	000
2 Total expenses (must equal Part IX, column (A), line 25)	1)86.
Revenue less expenses. Subtract line 2 from line 1	2	24	<u> </u>	708. 378.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			
5 Net unrealized gains (losses) on investments	4	21	0,1	12.
6 Donated services and use of facilities				
7 Investment expenses			_	
8 Prior period adjustments	7			
9 Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				0.
column (B))	10	62	70	90.
Part XII Financial Statements and Reporting		04	,,,,,	50.
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Sche	dule O.		× 11	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or revi	ewed on a			
separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis			- 1	
b Were the organization's financial statements audited by an independent accountant?		2b		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a ser	arate basis,			
consolidated basis, or both:			2.01	
Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
If the organization changed either its oversight process or selection process during the tax year, explain in	Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th	e Single Audit			
Act and OMB Circular A-133?		. 3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2017)

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SCHI	EDU	LE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990	-EZ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number
Open to Public Inspection
2017
OMB No. 1545-0047

Name of the organization

J	INCHAINED AT	LAST, INC					45-2646092
Part I Reason for Pu	blic Charity Status	(All organizations must of	complete f	this part.)	See instruction	в.	
The organization is not a private							
		ation of churches describe			(1)(A)(i).		
). (Attach Schedule E (For					
		rganization described in s					
	organization operated in	conjunction with a hospita	al describe	ed in sect i	ion 170(b)(1)(A	(iii). Ente	r the hospital's name,
city, and state:							
		college or university owne	d or oper	ated by a	governmental ι	init descr	ibed in
	(iv). (Complete Part II.)						
		nmental unit described in					
		tantial part of its support	from a go	vernmenta	al unit or from t	ne genera	I public described in
	(vi). (Complete Part II.)						
		b)(1)(A)(vi). (Complete Par					
		ed in section 170(b)(1)(A)					
	land-grant college of ag	riculture (see instructions)	. Enter the	e name, ci	ty, and state of	the colle	ge or
university:							
10 An organization that	normally receives: (1) mo	re than 33 1/3% of its su	oport fron	n contribut	tions, members	hip fees,	and gross receipts from
		ject to certain exceptions					
		ne (less section 511 tax) fr	om busin	esses acq	uired by the org	ganization	n after June 30, 1975.
See section 509(a)(2							
		sively to test for public st					
		isively for the benefit of, to					
		bed in section 509(a)(1) of					Check the box in
		of supporting organizatio					
		supervised, or controlled					
		regularly appoint or elect a	a majority	of the dire	ectors or truste	es of the	supporting
	nust complete Part IV, S		فأعتم برطام			(-) h. h.	
		ed or controlled in connec ganization vested in the s					
	u must complete Part IV		ame pers	ons that c	ontroi or manag	je tne suj	oported
		ng organization operated	in connor	tion with	and functional	v into avoi	a d with
		ns). You must complete I				y integrat	ea with,
		porting organization oper				od organ	ization(a)
		ization generally must sat					
		mplete Part IV, Sections				anatten	IVENESS
		written determination fro				l Type III	
		onally integrated support			а турет, турет	і, туре п	
f Enter the number of suppo			ng organ	Lation			
g_Provide the following inform	•						
(i) Name of supported	(ii) EIN	(iii) Type of organization	(IV) is the organized	anization listed ing document?	(v) Amount of r	nonetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
Total							
LHA For Paperwork Reduction	Act Notice, see the Inst	ructions for Form 990 or 13		732021 10-	08-17 Schedu	le A (For	m 990 or 990-EZ) 2017

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 Schedule A (Form 990 or 990 EZ) 2017 UNCHAINED AT LAST, INC
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 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.)

Section A. Public Support

_	enerit a t anno emplorit						
	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")	46,216.	169,372.	122,101.	298,285.	532,468.	1,168,442.
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						
	Total. Add lines 1 through 3	46,216.	169,372.	122,101.	200 205	E20 400	
4 5		40,210.	109,372.	122,101.	298,285.	532,468.	1,168,442.
5	by each person (other than a						
	governmental unit or publicly		- 1 X 1 1 1 1 1 1				
	supported organization) included						
	on line 1 that exceeds 2% of the	2					
	amount shown on line 11,						
	column (f)						260,854.
6	Public support. Subtract line 5 from line 4.						907,588.
	ction B. Total Support						507,500.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	46,216.	169,372.	122,101.	298,285.	532,468.	1,168,442.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		71.	482.	826.	1,223.	2,602.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, e	ta (ana inatu utia					1,171,044.
13	First five years. If the Form 990 is for t					12	8,521.
	organization, check this box and stop I				=		
Sec	tion C. Computation of Public	Support Per	centage				
	Public support percentage for 2017 (lin			olumn (fl)		14	77.50 %
15	Public support percentage from 2016 S	Schedule A, Part I	I, line 14			15	%
16 a	33 1/3% support test - 2017. If the org	ganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies as	s a publicly suppo	orted organization				► X
b	33 1/3% support test - 2016. If the org	ganization did not	check a box on lir	ne 13 or 16a, and i	ine 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qualified	es as a publicly si	upported organizat	tion			
17a	10% -facts-and-circumstances test -	2017. If the orga	nization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "facts	-and-circumstanc	es" test, check thi	s box and stop he	re. Explain in Part	VI how the organi	zation
	meets the "facts-and-circumstances" te	est. The organizati	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances test -	2016. If the orga	nization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	"facts-and-circun	nstances" test, che	eck this box and s	t op here. Explain i	in Part VI how the	
	organization meets the "facts-and-circu	mstances" test. T	he organization qu	alifies as a public	y supported organ	nization	▶□
18	Private foundation. If the organization	did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,			
					Sohor	Iula A /Earm 000	000 EZ) 0047

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

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Schedule A (Form 990 or 990-EZ) 2017 UNCHAINED AT LAST, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

 $\overline{\mathbf{a}}$ (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.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Tota
	Gifts, grants, contributions, and						
	membership fees received. (Do not						1
	include any "unusual grants.")						
	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						
	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						
	The value of services or facilities				· · · · · · · · · · · · · · · · · · ·		
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
1	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	G					
alen	dar year (or fiscal year beginning in) 🍉	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9/	Amounts from line 6						
0	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
bl	Unrelated business taxable income						
	(less section 511 taxes) from businesses					/	
8	acquired after June 30, 1975						
	Add lines 10a and 10b						
11 N a v r	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
c	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14 F	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
sect	tion C. Computation of Publi	c Support Per	rcentage				
1 5 F	Public support percentage for 2017 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	
16 F	Public support percentage from 2016	Schedule A, Part	III, line 15			16	
ject	tion D. Computation of Inves	tment Incom					
17 h	nvestment income percentage for 20	17 (line 10c, colun	nn (f) divided by line	a 13, column (fi)		17	
18 li	nvestment income percentage from 2	016 Schedule A. I	Part III, line 17			18	
9a 3	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	n line 14. and line	15 is more than 9		7 is not
	nore than 33 1/3%, check this box an						
	33 1/3% support tests - 2016. If the o						
~~~	ine 18 is not more than 33 1/3%, chec						
li		did not obcold a l	hav an line 14, 10-	or 10h	• h • • • • • • • • • • • •	A	r
li 20 P	Private foundation. If the organization	did not check a l	box on line 14, 19a	or 19b, check thi		tructions	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

**5**c

6

7

8

9a

9b

9c

10a

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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11       Has the organization accepted a gift or contribution from any of the following persons?       a       A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?       11a       11a         b       A family member of a person described in (a) above?       11b       11a         c       A 35% controlled entity of a person described in (a) or (b) above?/If "Yes" to a, b, or c, provide detail in Part VI.       11c         Section B. Type I Supporting Organizations         Yes No         1         Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among 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         Section C. Type II Supporting Organizations </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
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Section 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).         a       The organization satisfied the Activities Test. Complete line 2 below.         b       The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).         2       Activities Test. Answer (a) and (b) below.         a       Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities.       2a         b       Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in these activities but for the organization's involvement.       2a         2       Parent of Supported Organizations. Answer (a) and (b) below.       2b         3       Parent of Supported Organizations? Provide details in Part VI.       3a         b       Did the organization have the power to regularity appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.       3a         b       Did the organization exercise a substantial de					
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
			3b		

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17 2017.03030 UNCHAINED AT LAST, INC

Schedule A (Form 990 or 990-EZ) 2017

#### Schedule A (Form 990 or 990-EZ) 2017 UNCHAINED AT LAST, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporti

1

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

Sec	tion A - Adjusted Net Income		(A) Prior Year (B) Current Ye (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
_	instructions for short tax year or assets held for part of year):			12
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
-	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	100.000	
2	Enter 85% of line 1	2	A THE R A	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
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	_	d Type III supporting org	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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#### Schedule A (Form 990 or 990-EZ) 2017 UNCHAINED AT LAST, INC

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

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1: Part IV, Section D, lines 2 au	<b>HAINED AT LAST, INC</b> Provide the explanations required by Part II, line 1 c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part I nd 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; art V, Section E, lines 2, 5, and 6. Also complete this	45-2646092 Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
028 10-06-17		20	Schedule A (Form 990 or 990-EZ) 2
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Schedule B (Form 990, 990-EZ, or 990-PF)

Departr	nent of	the T	Treasury
Internal	Reven	ue Se	ervice

Name of the organization

Organization type (check one):

### ** PUBLIC DISCLOSURE COPY **

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Employer identification number

UNCHAINED	AT	LAST	INC

45-2646092

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number

UNCHAINED AT LAST, INC

45-2646092

Part I	Contributors (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$17,745.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$55,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for
23452 11-01-1	17	Schedule B (Form	noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

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Employer identification number

45-2646092

#### UNCHAINED AT LAST, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	

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2017.03030 UNCHAINED AT LAST, INC

Employer identification number

ate copies of Part III if addition ) Purpose of gift ansferee's name, address, a Purpose of gift ansferee's name, address, a	(c) Use of gift (e) Transfer of gift (c) Use of gift	(d) Description of how gift is held
Purpose of gift	(c) Use of gift	Relationship of transferor to transferee         (d) Description of how gift is held
	(e) Transfer of gift	
insferee's name, address, a		Relationship of transferor to transferee
Purpose of gift	(c) Use of gift	(d) Description of how gift is held
insferee's name, address, ar	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
Purpose of gift	(c) Use of gift	(d) Description of how gift is held
nsferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee

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2017.03030 UNCHAINED AT LAST, INC

#### SCHEDULE C

Department of the Treasury Internal Revenue Service

(Form	990	or	990-	E7
U VIIII	220		300-	la dia 1

# 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

Employer identification number

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. Name of organization

_	UNCHAI	NED AT LAST, INC			45-264	5092
Pa	art I-A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.	
1 2 3	Provide a description of the organ Political campaign activity expend Volunteer hours for political campa			> \$		9,500. 100.
Pa	rt I-B Complete if the or	ganization is exempt unde	er section 501(c)(	3).		
1	Enter the amount of any excise tax	x incurred by the organization unde	er section 4955	▶\$		
2	Enter the amount of any excise tax	x incurred by organization manage	rs under section 4955	> \$		
	If the organization incurred a secti	on 4955 tax, did it file Form 4720 f	or this year?		Yes	No
4a	Was a correction made?				Yes	No
	If "Yes," describe in Part IV.		F04()			
_		ganization is exempt unde				
1	Enter the amount directly expende					
2	Enter the amount of the filing orga		-			
2	exempt function activities			▶\$		
3	Total exempt function expenditure		· · · ·	▶ \$		
4	line 17b Did the filing organization file Form	1120-POL for this year?		φ		No
5	Enter the names, addresses and e	mplover identification number (FIN	) of all section 527 pol	itical organizations to whic	L res	
	made payments. For each organize contributions received that were p political action committee (PAC). If	ation listed, enter the amount paid romptly and directly delivered to a	from the filing organiza separate political orga	ation's funds. Also enter th nization, such as a separa	e amount of pol	itical
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of contributions re promptly an delivered to a political orga If none, er	eceived and d directly a separate anization.

For Paperwork Reduction Act Notice	, see the Instructions for Form 99	0 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2017
x				

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Schedule C (Form 990 or 990-EZ) 2017	UNCHAINED	AT	LAST,	INC		
Part II-A Complete if the or	panization is ex	empt	t under	section	501(c)(3)	and filed F

section 501(h)).					
Check 🕨 🛄 if the filing organization	on belongs to an affi	liated group (and list in I	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	of excess lobbying	expenditures).			
3 Check 🕨 🛄 if the filing organization	on checked box A ar	nd "limited control" prov	isions apply.		
	on Lobbying Expe tures" means amou	nditures Ints paid or incurred.)	11111-32	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (	grass roots lobbying)		9,500.	
b Total lobbying expenditures to influe				0.	
c Total lobbying expenditures (add line				9,500.	
d Other exempt purpose expenditures				198,877.	
e Total exempt purpose expenditures	add lines 1c and 1d	) )		208,377.	
f Lobbying nontaxable amount. Enter			-	41,675.	
If the amount on line 1e, column (a) or (		bying nontaxable amou			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,0		0 plus 15% of the exces	s over \$500.000.		
Over \$1,000,000 but not over \$1,500		0 plus 10% of the exces		1.1.1.1.1.1	
Over \$1,500,000 but not over \$17,00		0 plus 5% of the excess		100 C	
Over \$17,000,000	\$1,000,0				
g Grassroots nontaxable amount (ente	r 25% of line 1ft			10,419.	
h Subtract line 1g from line 1a. If zero o				0.	
i Subtract line 1f from line 1c. If zero o				0.	
j If there is an amount other than zero					
reporting section 4911 tax for this ye				1	Yes N
repetang cooden for rate to ano yo		raging Period Under se			
(Some organizations that	t made a section 50		we to complete all of	the five columns be	elow.
	Lobbying Expen	ditures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	( <b>d)</b> 2017	<b>(e)</b> Total
2a Lobbying nontaxable amount	0.	0.	0.		
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures	0.	0.	0.		
d Grassroots nontaxable amount	0.	0.	0.		
e Grassroots ceiling amount (150% of line 2d, column (e))					

0.

Schedule C (Form 990 or 990-EZ) 2017

732042 11-09-17

0.

0.

f Grassroots lobbying expenditures

# Schedule C (Form 990 or 990-EZ) 2017 UNCHAINED AT LAST, INC 45-264609 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)).

		a)	(	b)
f the lobbying activity.	Yes	No	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or	-	100	-	
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			1	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	5), or se	ction	
501(c)(6).				
			Yes	No
		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
<ul> <li>2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying agree to c</li></ul>	ne prior vear	2 3		
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Schedule C (Form 990 or 990-EZ) 2017

732043 11-09-17

17300430 138372 U0020.0

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}	ler Assistan Id Individual answered "Yes"	ce to Organ Is in the Uni ' on Form 990, Pa	lizations, ited States rt IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury internal Revenue Service			Go to www.irs	Attach to Form 990. s.gov/Form990 for the Ia	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	nation.		Open to Public Inspection
Name of the organization	erganization UNCHAINED AT LAST General Information on Grants and Assistance	T LAST ,	INC					Employer identification number 45-2646092
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ubstantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the selectic	[
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use	lures for monito	pring the use of grant f	of grant funds in the United States.	d States.			Yes X No
Part II Grants an	Grants and Other Assistance to Domestic Organizations and D	nestic Organiz	ations and Domestic	Governments. C	omplete if the orga	anization answered "Y	omestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	/, line 21, for any
1 (a) Name and ac or gov	1 (a) Name and address of organization (b) EIN (c) IRC second or government (ff application (b) (c) IRC second (ff application (c) IRC second	(b) EIN		If additional space is needed. trion (d) Amount of (e ble) cash grant	led. (e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
						(Janua)		
<ol> <li>Enter total numbi</li> <li>Enter total numbi</li> </ol>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	overnment org	anizations listed in the	line 1 table				
	For Paperwork Reduction Act Notice, see the Instructions for Form	the Instructio	ns for Form 990.					Schedule I (Form 990) (2017)

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732401 11-01-17

Schedule I (Form 990) (2017)       UNCHAINED       AT       LAST       INC         Part III       Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.         Part III       Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.         Part III       Grants and Other Assistance is needed.         (a) Type of grant or assistance       (b) Number of       (c) Amount of       (d) Amount of non-	.ST INC . Complete if the (b) Number of	organization answe (c) Amount of	sred "Yes" on Form 9 (d) Amount of non-	90, Part IV, line 22. (e) Method of valuation	45-2646092 Page 2 (1) Description of noncash assistance
CLIENT ASSISTANCE	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	(1) Description of noncessi assistance
		* 5 5 4 -	5		
Part IV Supplemental Information. Provide the information required in	uired in Part I, line	e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	Iditional information.	
732102 11-01-17		29			Schedule 1 (Form 990) (2017)

SCHE	DULE	M
(Form	990)	

# **Noncash Contributions**

OMB No. 1545-0047 a

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.

**Open To Public** Inspection

Name of the organizatio	ſ
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Go to www.irs.gov/Form990 for the latest information.

<ol> <li>Art</li> <li>Art</li> <li>Boo</li> <li>Clor</li> <li>Car</li> <li>Boa</li> </ol>	UNCHAINED AT Types of Property  - Works of art - Historical treasures - Fractional interests oks and publications	Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	45-264 (d) Method of determ noncash contribution	nining	
1 Art 2 Art 3 Art 4 Boo 5 Clo 6 Car 7 Boa	- Works of art - Historical treasures - Fractional interests oks and publications	Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determ		nts
<ol> <li>Art</li> <li>Art</li> <li>Boo</li> <li>Clor</li> <li>Car</li> <li>Boa</li> </ol>	Historical treasures     Fractional interests     oks and publications	Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determ		nts
<ol> <li>Art</li> <li>Art</li> <li>Boo</li> <li>Clor</li> <li>Car</li> <li>Boa</li> </ol>	Historical treasures     Fractional interests     oks and publications						
<ul> <li>3 Art</li> <li>4 Boo</li> <li>5 Clor</li> <li>6 Car</li> <li>7 Boa</li> </ul>	- Fractional interests oks and publications						
<ul><li>4 Boo</li><li>5 Clor</li><li>6 Car</li><li>7 Boa</li></ul>	oks and publications						
<ul><li>4 Boo</li><li>5 Clor</li><li>6 Car</li><li>7 Boa</li></ul>	oks and publications						
5 Clor 6 Car 7 Boa							
7 Boa	thing and household goods						
7 Boa	rs and other vehicles						
	ats and planes						
8 Inte	ellectual property						
	curities - Publicly traded						
	curities - Closely held stock						
	curities - Partnership, LLC, or						
	at interests						
12 Sec	curities - Miscellaneous						
	alified conservation contribution -						
Hist	toric structures						
14 Qua	alified conservation contribution - Other						
	al estate - Residential						-
	al estate - Commercial						-
	Il estate - Other						_
	lectibles						
	d inventory						_
20 Drug	gs and medical supplies						
	idermy						
22 Histo	orical artifacts						
23 Scie	entific specimens						
24 Arch	neological artifacts						
25 Othe	er 🕨 (PROF SERVICES)	X	40	1,252,544.			
	er  (SUPPLIES)	X	55	14,821.			_
	er 🕨 ()			14,021.			
2 <b>8</b> Othe	er 🕨 ()						_

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2017

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Schedule M	(Form 990) 2017	UNCHAINED	AT LAST	<u>INC</u>		45-26460	<u>)92 р</u>
Part II	Supplementa is reporting in Par this part for any a	I <b>I Information.</b> P t I, column (b), the r additional information	Provide the inform number of contril n.	nation required by P outions, the number	art I, lines 30b, 32b, ar of items received, or a	and 33, and whether the combination of both. A	organization Iso complet
				_			
2142 09-07-17						Schedule M	Form 990)

SCHEDULE O

Internal Revenue Service

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

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

COPENT TO Public Inspection

OMB No. 1545-0047

UNCHAINED AT LAST, INC

NC

45-2646092

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

AVOID OR LEAVE ARRANGED/FORCED MARRIAGES AND REBUILD THEIR LIVES.

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

THE ORGANIZATION PROVIDES A COMPLETE COPY OF THE 990 TO ALL BOARD MEMBERS

PRIOR TO FILING.

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

THE EXECUTIVE DIRECTOR MONITORS AND ENFORCES COMPLIANCE WITH THE

ORGANIZATION'S CONFLICT OF INTEREST POLICY.

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

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE COMPENSATION OF ALL STAFF

OMPARED TO COMPARABLE AVAILABLE DATE OF OTHER NONPROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS UPON WRITTEN REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

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