				E C	OPY			
	0	00	Return of Organization Exempt Fr	rom Ir	ncome Tax	OMB No. 1545-0047		
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	· 2021				
Depa	tment	of the Treasury	Do not enter social security numbers on this form as	-		Open to Public		
Intern	al Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and the second seco			Inspection		
				naing U	UN 30, 2022			
B C a	heck if oplicab	le:	forganization		D Employer identifica	ation number		
	Addre Chang		ING VOICES					
X	Name] Chan	ge Doing b	usiness as		51-014041	9		
	Initial	n Number		oom/suite	E Telephone number			
	Final		AST WASHINGTON STREET		312-849-8			
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,570,649.		
	Amer returr		AGO, IL 60602		H(a) Is this a group ret			
	Appli tion pend		nd address of principal officer: JOSEPHINE LEE		for subordinates?			
		SAME	AS C ABOVE	<u> </u>	H(b) Are all subordinates incl			
			X 501(c)(3) \Box 501(c) () ◀ (insert no.) \Box 4947(a)(1) or	527	1	st. See instructions		
			UNITINGVOICESCHICAGO.ORG		H(c) Group exemption			
	orm o I rt I	Summary	X Corporation	L Year		State of legal domicile: IL		
	1		e the organization's mission or most significant activities: UNITI		ICES' (FORME	RT.V		
e	•	CHTCAGO	CHILDREN'S CHOIR) MISSION IS TO IN	ISPTRE	AND CHANGE			
Jan	2	Check this bo						
Governance	3	Number of vot	40					
Go	4		40					
	5		umber of independent voting members of the governing body (Part VI, line 1b) 4 otal number of individuals employed in calendar year 2021 (Part V, line 2a) 5					
itie	6		6	325				
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.		
A			business taxable income from Form 990-T, Part I, line 11			0.		
					Prior Year	Current Year		
e	8	Contributions	and grants (Part VIII, line 1h)		3,438,474.	3,792,797.		
Revenue	9	•	ce revenue (Part VIII, line 2g)		791,110.	1,384,611.		
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		72,367.	156,187.		
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,844.	189,820.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,296,107.	5,523,415.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	<u>71,750.</u> 0.		
	14		to or for members (Part IX, column (A), line 4)		2,485,721.	2,837,555.		
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		4,980.	2,057,555.		
Expenses			ing expenses (Part IX, column (A), line 25) \blacktriangleright 970, 107	7.	4,500.	0•		
ĔX			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,004,304.	2,147,264.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,495,005.	5,056,569.		
	19		expenses. Subtract line 18 from line 12		801,102.	466,846.		
or					ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		6,268,529.	5,644,708.		
Ass 1 Ba	21		(Part X, line 26)		1,047,628.	510,491.		
Fund	22		fund balances. Subtract line 21 from line 20		5,220,901. 5,134,2			
Pa	rt II	Signature						
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules a	ind stateme	ents, and to the best of my k	nowledge and belief, it is		
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.			
		I N			1			

Sign	Signature of officer	Date
Here	KELLY FEKETY, VICE PRESIDENT OF FINANCE	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	KENNETH L. TORNHEIM KENNETH L. TORNHEIM	02/15/23 self-employed P00079651
Preparer	Firm's name SOSTROW REISIN BERK & ABRAMS, LTD.	Firm's EIN ▶ 36-2938874
Use Only	Firm's address 455 N CITYFRONT PLAZA DR, SUITE 1500	
	CHICAGO, IL 60611	Phone no. 312-670-7444
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
132001 12-0	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2021) UNITING VOICES	51-0140419 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	L_
1	Briefly describe the organization's mission: TO INSPIRE AND CHANGE LIVES THROUGH MUSIC.	
2	Did the organization undertake any significant program services during the year which were not listed on t	he Yes X No
	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 serv	ices? Yes X No
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	o others, the total expenses, and
4a	(Code:) (Expenses \$1,045,306. including grants of \$55,150.)	(Revenue \$ 526,274.
	VOICE OF CHICAGO IS UNITING VOICES' PREMIER ENSEMBLE,	COMPRISED OF
	SINGERS AGES 14-18 WHO REFLECT THE CITY'S RICH CULTUR	
	VOICE OF CHICAGO SINGERS RECEIVE 5-12 HOURS OF INSTRU	
	HAVE OPPORTUNITIES TO CONNECT WITH PEERS THEY MAY NOT COLLABORATE WITH WORLD-CLASS ARTISTS, PARTICIPATE IN	· · · · ·
	PERFORMANCES, TOUR NATIONALLY AND INTERNATIONALLY AND	
	SKILLS FOR THE FUTURE.	
4b	(Code:) (Expenses \$1,552,473. including grants of \$16,600.)	(Revenue \$ 533,706.
	THE NEIGHBORHOOD CHOIR PROGRAM PROVIDES AFTER-SCHOOL,	
	RESPONSIVE MUSIC EDUCATION TO STUDENTS AGES 8-18 IN 1	
	THESE SINGERS MEANINGFULLY CONNECT WITH PEERS ACROSS BEYOND, LEARN MUSIC AND MOVEMENT FROM MANY GENRES AND	
	IN DIALOGUE ABOUT THE HISTORICAL AND SOCIAL CONTEXT O	•
	PARTICIPATE IN PROFESSIONAL-LEVEL PERFORMANCE OPPORTU	
4c	(Code:) (Expenses \$907,388. including grants of \$)	(Revenue \$ 327,200.
	THE SCHOOL PROGRAM PROVIDES CULTURALLY RESPONSIVE MUS	
	STUDENTS AGES 8-14 WITHIN THEIR OWN SCHOOL. THESE SIN	
	MUSIC AND MOVEMENT FROM MANY GENRES AND CULTURES, BAS AND PERFORMANCE SKILLS AND HAVE THE OPPORTUNITY TO PA	
	CITY-WIDE, PROFESSIONAL-LEVEL PERFORMANCE OPPORTUNITI	
	CITI WIDE, TROPEDDIORAE ERVER TERIOREARCE OFFORTONITI	
	Other program services (Describe on Schedule O.)	
40	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,505,167.	
		Form 990 (2021
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902	2 215 311101 20374.000 2021.05050 UNTTING VOT	CES 20374

12090215 311101 20374.000

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Form 990 (2021) UNITING VOICES
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		<u> </u>
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	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	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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? // "Yes, "			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	3 12-09-21	⊢orm	330	(2021)

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Form	990	(2021)
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Form 990 (2021) UNITING VOICES
Part IV Checklist of Required Schedules (continued)

	continued)									
~~			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х							
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	^							
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? <i>If</i> "Yes," <i>complete</i>									
		23	х							
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_25								
214	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								
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
	any tax-exempt bonds?									
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?									
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit									
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x						
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		~						
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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x						
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21								
20	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>									
	"Yes," complete Schedule L, Part IV	28a		х						
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV									
	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		X						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v						
22	Schedule N, Part II	32		X						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х						
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33								
•1	Part V, line 1	34		x						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х						
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity									
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?									
	If "Yes," complete Schedule R, Part V, line 2	36		X						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77							
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х							
1 ai	Check if Schedule O contains a response or note to any line in this Part V									
	האסטול זו סטרובענוב ט נטרוגמוזה מ ובסטטרופב טו דוטנב נט מוזץ וווים זו נוזה רמוג ע		Yes	No						
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 74		169							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b									
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c								
132004	4 12-09-21	Form	990	(2021)						

Form	990 (2021) UNITING VOICES 51-0140	419	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 54		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instructions.	2-		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" <i>to line 3b, provide an explanation on Schedule O</i>	30		<u> </u>
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		<u> </u>
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		<u> </u>
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
<u>د</u>	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	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.			
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2021.05050 UNITING VOICES

20374.01

Form	990 (2021) UNITING VOICES			1-014			age
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	hrough	7b belov	v, and for	a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4()		
	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		40	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other				
	officer, director, trustee, or key employee?				2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	ockho	lders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
0a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates	З,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing th	e form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	/es," d	escribe				
	on Schedule O how this was done				12c	Х	
3	Did the organization have a written whistleblower policy?				13	Х	
4	Did the organization have a written document retention and destruction policy?				14		X
5	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure				•		
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright IL$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	-T (sectio	n 501(c)(3)s onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		()		, ,,		
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O))			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co				nd finan	cial	
	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 boo	oks and	d records	►			
	KELLY FEKETY - 312-849-8300						
	78 EAST WASHINGTON STREET, CHICAGO, IL 60602						
3200	5 12-09-21				Form	ז 990	(202
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Form 990 (2021				Page 7								
Part VII Co	mpensation of Officers, Di	irectors, Trustees, Key Employe	es, Highest Compensated									
En	Employees, and Independent Contractors											
Che	eck if Schedule O contains a respor	nse or note to any line in this Part VII										
Section A. Of	ficers, Directors, Trustees, Key E	mployees, 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.

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

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of		
	week		officer and a dir					from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		ee	nens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	lual tr	tional		nploy	st con yee	L	1033-1120)		organizations		
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) JOSEPHINE LEE	40.00		_				-					
PRESIDENT		1		х				254,377.	Ο.	11,114.		
(2) RACHEL LEFEVRE-SNEE	40.00											
EXECUTIVE VICE PRESIDENT				Х				128,740.	0.	7,555.		
(3) AMY TINUCCI	40.00											
VICE PRESIDENT, DEVELOPMENT				Х				116,500.	0.	2,696.		
(4) JUDITH HANSON	40.00											
SENIOR DIRECTOR						X		102,707.	0.	7,200.		
(5) KELLY FEKETY	40.00											
VICE PRESIDENT, FINANCE				Х				106,000.	0.	3,243.		
(6) JOCELYN SMITH	40.00											
HEAD OF PROGRAMS				Х				94,441.	0.	7,320.		
(7) DAVID KOO	5.00											
CHAIR		Х		Х				0.	0.	0.		
(8) PATRICK BOEHMER	2.00											
TREASURER		Х		Х				0.	0.	0.		
(9) ELLEN-BLAIR CHUBE	2.00											
SECRETARY		Х		Х				0.	0.	0.		
(10) HIMAL AGARWAL	1.00											
DIRECTOR		Х						0.	0.	0.		
(11) ERIC ASHWORTH	1.00											
DIRECTOR		Х						0.	0.	0.		
(12) TRACEY BENFORD	1.00									_		
DIRECTOR		Х						0.	0.	0.		
(13) MONICA CARNEY	1.00									-		
DIRECTOR		Х						0.	0.	0.		
(14) CAROLINE DETTMAN	1.00									-		
DIRECTOR		Х						0.	0.	0.		
(15) BRIAN EGWELE	1.00											
DIRECTOR		Х						0.	0.	0.		
(16) SUZANNE EL-MOURSI	1.00									-		
DIRECTOR		Х						0.	0.	0.		
(17) THEO EPSTEIN	1.00							_				
DIRECTOR		Х						0.	0.	0.		
132007 12-09-21										Form 990 (2021)		

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	G VOICES								51-01	404	119	Pa	age 8
Part VII Section A. Officers, Directors,	Trustees, Key Em	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck n			ne	Reportable	Reportable		Est	imate	d
	hours per	box	, unle	ss per	son is	s both	an	compensation	compensation		am	ount c	of
	week		cer ar	nd a dir	recto	r/trust	iee)	from	from related		C	other	
	(list any	ector						the	organizations		•	pensat	
	hours for related	or dir	e			ated		organization	(W-2/1099-MISC	×		om the	
	organizations	ustee	trust		æ	bens		(W-2/1099-MISC/	1099-NEC)		•	nizatio relate	
	below	ual tr	tional		ploye	t con /ee	-	1099-NEC)				nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orgai	IIZatio	113
(18) ROBERT FEALY	1.00	-	<u> </u>	0	ž	Ξ	Œ			\rightarrow			
DIRECTOR	1.00	x						0.		0.			0.
(19) JACQUELINE GRIESDORN	1.00	- 23											<u> </u>
DIRECTOR	1.00	x						0.		٥.			0.
(20) CHRISTINA HATHERLY	1.00	Δ						0.		<u>•</u> +			0.
	1.00	v						0		<u> </u>			0
DIRECTOR	1 00	Х						0.		0.			0.
(21) RICHARD HAWWA	1.00									<u> </u>			~
DIRECTOR		Х						0.		0.			0.
(22) CARRIE HEDGES	1.00												
DIRECTOR		Х						0.		0.			0.
(23) ELLEE PAI HONG	1.00												
DIRECTOR		Х						0.		0.			0.
(24) YUSEF JACKSON	1.00												
DIRECTOR		X						0.		0.			0.
(25) ROB KATZ	1.00												
DIRECTOR		х						0.		0.			Ο.
(26) MELISSA KIBLER	1.00												
DIRECTOR		x						0.		0.			0.
dh. Outstatel				1 1				802,765.		0.	30	,12	
								0.		0.		,	0.
c Total from continuation sheets to Pa								802,765.		0.	30	,12	-
d Total (add lines 1b and 1c)										••		,	10.
2 Total number of individuals (including		use	iiste	u ab	ove) 1011	ore	ceived more than \$100,	000 of reportable				5
compensation from the organization												Yes	No
• Did the even institut list on former							la : a			Г		163	
3 Did the organization list any former or				•			Ŭ	• •	•				х
line 1a? If "Yes," complete Schedule J										··	3	_	<u> </u>
4 For any individual listed on line 1a, is t												37	
and related organizations greater than											4	X	
5 Did any person listed on line 1a receiv	•							•					
rendered to the organization? If "Yes.	<u>" complete Schedule</u>	e J fo	or si	<u>ich p</u>	berse	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highe	st compensated inc	lepe	ndei	nt co	ontra	actor	's th	nat received more than \$	100,000 of compe	ensat	ion fror	n	
the organization. Report compensatio	n for the calendar ye	ear e	ndir	ng wi	ith c	or wit	thin	the organization's tax y	ear.				
A)								(B)			(C)		
Name and bus	iness address	NC	ONE	3				Description of s	ervices	C	ompen	sation	1
2 Total number of independent contract	ors (including but p	nt lin	nitor	t to t	hoc		tod	above) who received m	ore than				
\$100,000 of compensation from the o		J. 11		01	.nos 0								
SEE PART VII, SECT		TN	TTΔ	<u></u> πτ/	-		ਸਸ	ETS			Form 9	90 /	2021
		- × 4	24	· ·	→ 1 1	51					, onn O	(2	.021)

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	VOICES							_	51-014	0419
Part VII Section A. Officers, Directors,		nplo	yee			lighe	est (, ,	[
(A)	(B)			(0	-			(D)	(E)	(F)
Name and title	Average	1-		Pos			1.3	Reportable	Reportable	Estimated
	hours	(Cl	neck I	all t	that	app	ly)	compensation from	compensation from related	amount of other
	per week					ee		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted en		(W-2/1099-MISC)	. , ,	organization
	related	stee o	rustee			oen sa				and related
	organizations	al tru:	onal t		ployee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	,	Ē	Ë	Of	ξe	王	Б			
(27) ERIN LANE	1.00							0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(28) DENEESE WALIA LEVIN	1.00	v						0	0	
DIRECTOR (29) ANN MARIE LIPINSKI	1 00	Х						0.	0.	0.
(29) ANN MARIE LIPINSKI DIRECTOR	1.00	х						0.	0.	0.
(30) DONIELLE MCCUTCHEON	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(31) JAMES MEYER	1.00							0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(32) KALA MOYNIHAN	1.00								0.	0
DIRECTOR	1.00	x						0.	0.	0.
(33) MICHAEL NEMEROFF	1.00									
DIRECTOR		x						0.	0.	0.
(34) JOSEPH NOLAN	1.00									
DIRECTOR		x						0.	Ο.	0.
(35) MATTHEW PARR	1.00									
DIRECTOR		х						0.	Ο.	0.
(36) DIANE PEARSE	1.00									
DIRECTOR		Х						0.	0.	0.
(37) MATT ROAN	1.00									
DIRECTOR		Х						0.	0.	0.
(38) RENEE SALOMON	1.00									
DIRECTOR		Х						0.	0.	0.
(39) JOE SHANAHAN	1.00									
DIRECTOR		Х						0.	0.	0.
(40) KANWAR SINGH	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0.
(41) JEFF STEELE	1.00								0	
DIRECTOR	1 00	Х						0.	0.	0.
(42) MICHAEL TEPLITSKY	1.00								0	
DIRECTOR	1 00	Х						0.	0.	0.
(43) EDUARDO VALDES	1.00	x						0.	0.	
DIRECTOR (44) BRIAN VANDENBERG	1.00	<u>^</u>						U•	0.	0.
(44) BRIAN VANDENBERG DIRECTOR	L.00	x						0.	0.	0.
(45) RON WEISS	1.00							U•	υ.	
DIRECTOR	1.00	х						0.	0.	0.
(46) STEVEN WON	1.00							U•	0.	
DIRECTOR	1.00	x						0.	0.	0.
, VI	I	17						0.	0.	0

		Check if Schedule O o		•			(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue exclue
1	а	Federated campaigns		1a						
		Membership dues								
	с	Fundraising events		1c		1,438,063.				
		Related organizations								
		Government grants (contr				908,996.				
1	f	All other contributions, gifts,	grant	s, and						
		similar amounts not included	abov	e 1f		1,445,738.				
	g	Noncash contributions included in	lines 1	a-1f 1g \$		593,681.				
	h	Total. Add lines 1a-1f					3,792,797.			
						Business Code				
2	а	TUITION & OTHER FEES	5			711130	812,908.	812,908.		
	b	TOUR FEES				711130	464,137.	464,137.		
	с	CONCERT & PROGRAM FI	EES			711130	107,566.	107,566.		
	d									
2	е									
1	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					1,384,611.			
3		Investment income (includ	ding o	dividends, ir	tere	st, and				
		other similar amounts)				►	70,594.			70,5
4		Income from investment of	of tax	-exempt bo	nd p	roceeds 🕨 🕨				
5		Royalties	. <u></u>			>				
				(i) Real		(ii) Personal				
6	а	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)) <u></u>			►				
7	а	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a	1,707,1	92.					
	b	Less: cost or other basis								
		and sales expenses	7b	1,621,5	99.					
	с	Gain or (loss)	7c	85,5	93.					
	d	Net gain or (loss)			<u></u>		85,593.			85,5
8	а	Gross income from fundraisin	ng ev	ents (not						
		including \$ 1,	438,	063. of						
		contributions reported on	line	1c). See						
		Part IV, line 18			8a	582,439.				
	b	Less: direct expenses			8b	425,635.				
	с	Net income or (loss) from	fund	raising even	ts	<u></u>	156,804.			156,8
9	а	Gross income from gamin	g act	tivities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from				>				
		Gross sales of inventory, I								
		and allowances			10a	2,569.				
	b	Less: cost of goods sold			10b	0.				
	с	Net income or (loss) from	sales	of inventor	y	> [2,569.	2,569.		
	-		_		_	Business Code				
11	а	MISCELLANEOUS REVENU	JE			900099	30,447.			30,4
	b									
	с									
1	d	All other revenue								
		Total. Add lines 11a-11d				>	30,447.			
12		Total revenue. See instruction					5,523,415.	1,387,180.	0.	343,4

Form 990 (2021) UNITING
Part VIII Statement of Revenue UNITING VOICES UNITING VOICES

Do	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	71,750.	71,750.		
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	793,150.	356,660.	235,662.	200,828
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	1 929 060	1 240 107	CE 700	202 112
7	Other salaries and wages	1,737,968.	1,349,127.	65,728.	323,113
8	Pension plan accruals and contributions (include		04 01F	221	A A A A
_	section 401(k) and 403(b) employer contributions)	29,692.	24,915.	331.	<u>4,446</u> 17,971
9	Other employee benefits	90,220.	66,759.	5,490.	<u> </u>
0	Payroll taxes	186,525.	126,105.	21,872.	38,548
1	Fees for services (nonemployees):				
a	F	14,162.		14,162.	
b	F	25,665.		25,665.	
с	9 F	25,005.		25,005.	
d	, o E				
e		18,068.		18,068.	
f	Investment management fees	10,000.		10,000.	
g	column (A), amount, list line 11g expenses on Sch 0.)	305,028.	117,150.	58,631.	129,247
2	Advertising and promotion	17,469.	117,150.	17,469.	10,04,
3	Office expenses	192,674.	107,368.	19,755.	65,551
4	Information technology	73,550.	34,795.	18,941.	19,814
5	Royalties	, 5 , 5 5 5 5 5	517755		
6	Occupancy	73,747.	64,946.	4,407.	4,394
7	Traval	38,932.	20,002.	1,666.	17,264
8	Payments of travel or entertainment expenses	00,0020	20,0020		
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	80,536.	3,150.	38,153.	39,233
0	Interest	1,031.	.,	1,031.	,
1	Payments to affiliates	, •		, , , , , , , , , , , , , , , , , , , ,	
2	Depreciation, depletion, and amortization	36,296.	24,545.	4,241.	7,510
3	Insurance	30,593.	19,529.	5,977.	5,087
.4	Other expenses. Itemize expenses not covered		·		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TOUR EXPENSE	467,197.	467,197.		
b	PRODUCTIONS & EVENTS	466,427.	466,427.		
с	UNIFORMS & CHORAL SUPPL	150,939.	150,939.		
d	OTHER FUNDRAISING EXP	91,449.			91,449
е	All other expenses	63,501.	33,803.	24,046.	5,652
5	Total functional expenses. Add lines 1 through 24e	5,056,569.	3,505,167.	581,295.	970,107
6	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fillowing SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

UNITING VOICES

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

-							
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			673,325.	1	353,869.
	2	Savings and temporary cash investments			3,508.	2	603,691.
	3	Pledges and grants receivable, net			1,291,775.	3	1,410,952.
	4	Accounts receivable, net			30,023.	4	50,203.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ins		5	
	6	Loans and other receivables from other disqualit	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
:	9	Prepaid expenses and deferred charges			104,030.	9	70,472.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	468,453.			
	b	Less: accumulated depreciation	10b	210,416.	157,967.	10c	258,037.
	11	Investments - publicly traded securities			3,956,268.	11	2,850,296.
	12	Investments - other securities. See Part IV, line 1	1	L		12	
	13	Investments - program-related. See Part IV, line		L		13	
	14	Intangible assets			51,633.	14	47,188.
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			6,268,529.	16	5,644,708.
	17	Accounts payable and accrued expenses			167,509.	17	118,181.
	18	Grants payable			280.000	18	200 210
	19	Deferred revenue			378,269.	19	392,310.
	20					20	
	21	Escrow or custodial account liability. Complete I				21	
3	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		Γ		22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	501,850.	23	0
	24	Unsecured notes and loans payable to unrelated		Г	501,050.	24	0.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-			05	
	00	of Schedule D			1,047,628.	25	510,491.
-	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			1,047,020.	26	510,491.
2		and complete lines 27, 28, 32, and 33.	ck nere				
	27				2,710,334.	27	2,822,647.
	27 28	Net assets with donor restrictions			2,510,567.	27	2,311,570.
5	20	Organizations that do not follow FASB ASC 9			2,510,507.	20	2,511,570.
5		and complete lines 29 through 33.	Jo, che				
5	29	Capital stock or trust principal, or current funds				29	
3	29 30	Paid-in or capital surplus, or land, building, or ec		t fund		<u>29</u> 30	
8	30					30	

5,134,217. 5,644,708. Form **990** (2021)

31

32

33

5,220,901.

6,268,529.

12090215 311101 20374.000

Form 990 (2021) Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

31

32

33

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 Total expenses (must equal Part VIII, column (A), line 22) 2 5, 056, 569. 2 5, 056, 569. 3 466, 6846. 4 46, 6846. 4 5, 220, 901. 5 8 revenue less expenses. Subtract line 2 from line 1 3 6 -5, 220, 901. 5 -553, 530. 6 -5, 220, 901. 5 bott unrealized gains (losses) on investments 6 -5, 220, 901. 7 Investment expenses 7 -7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 5, 134, 217. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other	Form	UNITING VOICES	51	-0140419	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 5,523,415. 2 Total expenses (must equal Part IX, column (A), line 25) 2 5,056,569. 3 Revenue less expenses. Subtract line 2 from line 1 3 466,846. 4 45,220,901. 5 -553,530. 6 0 4 5,223,415. 7 1 5 -553,530. 6 0 6 - 7 1 7 - 8 0 9 0. 0 9 0 ther changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances (explain on Schedule 0) 9 0. 9 0.tet assets or fund balances (explain on Schedule 0) 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 5,134,217. Part XII Financial Statements and Reporting	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 5, 056, 569. 3 Revenue less expenses. Subtract line 2 from line 1 3 466, 846. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 220, 901. 5 Net unrealized gains (losses) on investments 6 7 6 Donated services and use of facilities 7 6 7 Investment expenses 7 6 8 Prior period adjustments 8 9 0. 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 5, 134, 217. Check if Schedule 0 contains a response or note to any line in this Part XII 1 1 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 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other <		Check if Schedule O contains a response or note to any line in this Part XI				
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3 Revenue less expenses. Subtract line 2 from line 1 3 466,846. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5,220,901. 5 Net unrealized gains (losses) on investments 5 -553,530. 6 Investment expenses 7 7 8 9 0. 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 5,134,217. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If 'Yes,' check ab xo below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountart? 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis </th <th>2</th> <th>Total expenses (must equal Part IX, column (A), line 25)</th> <th>2</th> <th>5,056</th> <th>5,5</th> <th>69.</th>	2	Total expenses (must equal Part IX, column (A), line 25)	2	5,056	5,5	69.
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits						X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit		
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Name	e of t	he organization							identification number
_			ING VOICES						1-0140419
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	IS.	
The o	rgani	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	1)(A)(i).		
2		A school described in secti							
3 [A hospital or a cooperative							
4 [A medical research organiza	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
- F		city, and state:							
5 [An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
- F		section 170(b)(1)(A)(iv). (C							
6 L		A federal, state, or local gov	•				.,		
7 [X	An organization that normal	•	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general j	bublic described in
• [section 170(b)(1)(A)(vi). (C							
8 [A community trust describe							
9		An agricultural research org						-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
40 [_	university:		11 00 1 /00/					I and a state for a
10		An organization that normal							
		activities related to its exem		-					-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	inter June 30, 1975.
4 4	_	See section 509(a)(2). (Cor		walk to toot for public or	fatu Caa	oootion El	00(~)(4)		
11 ∟ 12 □	=	An organization organized a						rn out the	nurnance of one or
		An organization organized a	-	-	-			•	
		more publicly supported org	-						SHECK THE DOX ON
-		lines 12a through 12d that o	• •			-		-	
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			majonty c	or the direc	clors or truste	es or the st	ipporting
h		organization. You must c			ion with it	oupporte	d organizatio	n(a) by bay	ina
b		Type II. A supporting organization	-				-		-
		control or management or			ame perso	ns that co	Introl of Inalia	ge the supp	Joned
•		organization(s). You mus	-		in connoct	tion with	and functiona	lly intograte	d with
С		J Type III functionally inte						ily integrate	u wiiri,
d		its supported organization Type III non-functionally		-				rtod organi	vation(c)
u		that is not functionally int						-	
		requirement (see instructi			•		-		61633
•		Check this box if the orga	,	•					
е		functionally integrated, or					турет, туре	п, туре ш	
f	Ente	er the number of supported of		nany integrated supportin	ng organiz	ation.			
		vide the following information	•	d organization(s)					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
				above (see instructions))					
Total									
	or P	aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	990-EZ.	132021 01-	04-22	Sche	dule A (Form 990) 2021

Schedule A (Form 990) 2021

UNITING VOICES

51-0140419 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar 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.")	3459481.	2717632.	3162843.	3438474.	3792797.	<u>16571227.</u>
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	3459481.	2717632.	3162843.	3438474.	3792797.	16571227.
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)						1135695.
	Public support. Subtract line 5 from line 4.						15435532.
Sec	ction B. Total Support				1		l
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3459481.	2717632.	3162843.	3438474.	3792797.	16571227.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	8,876.	36,408.	62,639.	52,060.	70,594.	230,577.
9	Net income from unrelated business						
	activities, whether or not the					4 - 4 - 4	
	business is regularly carried on	82,418.	57,099.	182,726.		156,805.	479,048.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		7,972.	3,638.	5,656.		47,713.
11	Total support. Add lines 7 through 10						17328565.
	Gross receipts from related activities,		,			•	,388,575.
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3)	. —
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publi						00 00 00
	Public support percentage for 2021 (I					14	89.08 % 86.26 %
	Public support percentage from 2020					15	
108	33 1/3% support test - 2021. If the other have The experimentiate multilized						
L.	stop here. The organization qualifies		-		line 15 is 22 1/20/		
ŭ	33 1/3% support test - 2020. If the c						
17-	and stop here. The organization qual				13 162 or 16b a		
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
1-	meets the facts-and-circumstances te	•	•		•	Za and line 15 is 1	·····
a	10% -facts-and-circumstances test	-					10% 01
	more, and if the organization meets the						
19	organization meets the facts-and-circu Private foundation. If the organization		-				
10	Finale foundation. If the organizatio	T UIU HUL CHECK A		a, 100, 17a, 01 170	, oneon uns dux al		Form 990) 2021
						Concute A	

132022 01-04-22

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

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

Se	ction A. Public Support			-	1		
Cale	ndar 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						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	L					
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	L					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
_	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	1 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	▶∟
k	33 1/3% support tests - 2020. If the	•					·
	line 18 is not more than 33 1/3%, che						tion ▶
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
1320	23 01-04-22		1 /	-		Sched	lule A (Form 990) 2021
			16)			

UNITING V

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

Yes No

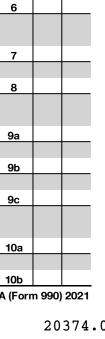
Part IV Supporting Organizations

(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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

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Schedule A (Form 990) 2021

Schedule A	(Form 990)) 2021	UNITING	VOICES
Part IV	Suppor	ting	Organizations (contin	nued)

2

			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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	bid the governing body, members of the governing body, one of a deting in their official capacity, of membership of one of	
	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.	
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	
	Port VI have an indian and have fit any fit of the summary of the summary of the summary of the standard summary of the standa	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization

supervised	. or controlled	the supporting	organization.
Section C. T	ype II Supp	orting Orga	nizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 Image: Test of the 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 managed
 Image: Test of the directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization was vested in the same persons that controlled or managed
 Image: Test of tes

Section D. All Type III Supporting Organizations	
--	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		

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 ye	ear (see instructions)
-	oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> eee

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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.**

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.*

Yes No
Yes No
Yes
No

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 UNITING VOICES			51-0140419 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi		¥
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

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_	dule A (Form 990) 2021 UNITING VOICE			5	1-0140419 Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess 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	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
-					

Schedule A (Form 990) 2021

Part VI	Form 990) 2021 Supplemental Infor Part IV, Section A, lines 1	mation. Provide the explan	nations required by Part II, line 10: Pa	51-0140419 Page 8
	line 1; Part IV, Section D,	, lines 2 and 3; Part IV, Sectior	90, 90, 11a, 110, and 110; Part IV, Se	V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	o, and Part V, Section E, line	s 2, 5, and 6. Also complete this part	for any additional mormation.
132028 01-04-22			21	Schedule A (Form 990) 202

)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Employer identification number

	UNITING VOICES		51-0140419
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	CCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	vriting that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (for example, recreat		torically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
с	Number of conservation easements on a certified historic stru		2c
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		· · · · ·
	year ►		C C
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	►		0
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	asements during the year
	► \$.	<u> </u>
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(f	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		ment and
	balance sheet, and include, if applicable, the text of the footn	-	
	organization's accounting for conservation easements.	5	
Par		Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 956	3, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	3, to report in its revenue statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	· · ·	
	provide the following amounts relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			N N
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB AS		* 1
а	Revenue included on Form 990, Part VIII, line 1	-	► \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021
	10-28-21		

Sche	dule D (Form 990) 2021 UNITING					51-01			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" o	on Form 99	0, Part IV, I	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount	t	
с	Beginning balance				1c				
d	Additions during the year				1d				
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fe				oility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XI	II	<u></u>			
Par	t V Endowment Funds. Complete i	f the organization and	wered "Yes" on Fo	rm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	983,615.	577,282.	564,856	. '	489,107.		248,	091.
b	Contributions		235,000.	20,000		50,000.		237,	825.
с	Net investment earnings, gains, and losses	-143,511.	171,333.	-7,574	•	25,749.		3,	191.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	840,104.	983,615.	577,282	. !	564,856.		489,	107.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a) held as:	•				
а	Board designated or quasi-endowment	4.1000	%						
b	Permanent endowment 88.2000	%	_						
с		<u></u> ^							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	•	tion that are held ar	nd administered for	the organiz	ation			
	by:	5			5		ſ	Yes	No
	(i) Unrelated organizations						3a(i)		x
	(ii) Related organizations						3a(ii)		x
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part 3	X, line 10.				
	Description of property	(a) Cost or ot			Accumulat	ed	(d) Bool	< valu	
		basis (investm	• •		depreciation		(4) 200	(vaid	0
1a	Land			. ,					
b	Buildings								
	Leasehold improvements		16	3,671.	72,4	13.	9.	L . 2	58.
	Equipment			6,163.	95,4				<u>65.</u>
	Other			8,619.	42,5				$\frac{0.01}{14.}$
	. Add lines 1a through 1e. (Column (d) must e								37.
Total		<u>quai Foini 990, Part X</u>	<u>, column (B), line 1</u>	<i>UC./</i> ·····		Schedule			
						Joneulle			, 2021

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Dart VII	Invoetn	nonte -	Other Securitie	20
Schedule D	(Form 990)) 2021	UNITING	VOICES

(a) Description of security or category (including r	name of security) (b) Book value	(c) Method of valuation: Cost or end-of-year mark	ket value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	(P) line 12)		
otal. (Col. (b) must equal Form 990, Part X, col. (Part VIII Investments - Program	Belated		
	swered "Yes" on Form 990, Part IV, line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year mark	
			value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. ((B) line 13.) >		
otal. (Col. (b) must equal Form 990, Part X, col. (Part IX Other Assets.	(B) line 13.) ►		
otal. (Col. (b) must equal Form 990, Part X, col. (Part IX Other Assets.	(B) line 13.) ► swered "Yes" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
otal. (Col. (b) must equal Form 990, Part X, col. (Part IX Other Assets.			ok value
otal. (Col. (b) must equal Form 990, Part X, col. (Part IX Other Assets.	swered "Yes" on Form 990, Part IV, line		ok value
otal. (Col. (b) must equal Form 990, Part X, col. (Part IX Other Assets. Complete if the organization an (1)	swered "Yes" on Form 990, Part IV, line		ok value
otal. (Col. (b) must equal Form 990, Part X, col. (b) Part IX Other Assets. Complete if the organization an (1) (2)	swered "Yes" on Form 990, Part IV, line		ok value
otal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3)	swered "Yes" on Form 990, Part IV, line		ok value
ottal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4)	swered "Yes" on Form 990, Part IV, line		ok value
otal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5)	swered "Yes" on Form 990, Part IV, line		ok value
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otal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7)	swered "Yes" on Form 990, Part IV, line		ok value
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tal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9)	swered "Yes" on Form 990, Part IV, line (a) Description	(b) Boo	ok value
otal. (Col. (b) must equal Form 990, Part X, col. (Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Par.	swered "Yes" on Form 990, Part IV, line (a) Description	(b) Boo	ok value
ottal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) ottal. (Column (b) must equal Form 990, Part X Other Liabilities.	swered "Yes" on Form 990, Part IV, line (a) Description t X, col. (B) line 15.)	(b) Boo	ok value
otal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X) Other Liabilities. Complete if the organization an	swered "Yes" on Form 990, Part IV, line (a) Description <u>t X, col. (B) line 15.)</u> swered "Yes" on Form 990, Part IV, line	(b) Boo	
tal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization an (a) Description of	swered "Yes" on Form 990, Part IV, line (a) Description <u>t X, col. (B) line 15.)</u> swered "Yes" on Form 990, Part IV, line	(b) Boo	ok value
Atal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization an (a) Description of (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (1) (1) (2) (1) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2)	swered "Yes" on Form 990, Part IV, line (a) Description <u>t X, col. (B) line 15.)</u> swered "Yes" on Form 990, Part IV, line	(b) Boo	
tal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization an (a) Description of (1) Federal income taxes (2)	swered "Yes" on Form 990, Part IV, line (a) Description <u>t X, col. (B) line 15.)</u> swered "Yes" on Form 990, Part IV, line	(b) Boo	
tal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization an (a) Description of (1) Federal income taxes (2) (3)	swered "Yes" on Form 990, Part IV, line (a) Description <u>t X, col. (B) line 15.)</u> swered "Yes" on Form 990, Part IV, line	(b) Boo	
ottal. (Col. (b) must equal Form 990, Part X, col. (c) Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization an (1) (2) (3) (4)	swered "Yes" on Form 990, Part IV, line (a) Description <u>t X, col. (B) line 15.)</u> swered "Yes" on Form 990, Part IV, line	(b) Boo	
tal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X) Other Liabilities. Complete if the organization an (a) Description of (1) Federal income taxes (2) (3) (4) (5)	swered "Yes" on Form 990, Part IV, line (a) Description <u>t X, col. (B) line 15.)</u> swered "Yes" on Form 990, Part IV, line	(b) Boo	
tal. (Col. (b) must equal Form 990, Part X, col. (c) Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization an (a) Description of (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization an (1) Federal income taxes (2) (3) (4) (5) (6)	swered "Yes" on Form 990, Part IV, line (a) Description <u>t X, col. (B) line 15.)</u> swered "Yes" on Form 990, Part IV, line	(b) Boo	
ottal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization an . (1) (2) (3) (4) (5) (3) (4) (5)	swered "Yes" on Form 990, Part IV, line (a) Description <u>t X, col. (B) line 15.)</u> swered "Yes" on Form 990, Part IV, line	(b) Boo	
ottal. (Col. (b) must equal Form 990, Part X, col. (c) Part IX Other Assets. Complete if the organization an (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X) Other Liabilities. Complete if the organization an . (a) Description of (1) Federal income taxes (2) (3) (4) (5) (6)	swered "Yes" on Form 990, Part IV, line (a) Description <u>t X, col. (B) line 15.)</u> swered "Yes" on Form 990, Part IV, line	(b) Boo	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

X

Sche	dule D (Form 990) 2021 UNITING VOICES				0140419 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,288,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-553,530.		
b	Donated services and use of facilities	2b	336,463.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-217,067.
3	Subtract line 2e from line 1			3	5,505,347.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,068.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	18,068.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,523,415.
Dai	t VII Deconciliation of Expanses new Audited Einensial State				
ı a	t XII Reconciliation of Expenses per Audited Financial State	ements with	i Expenses per H	Retur	n.
I a	Complete if the organization answered "Yes" on Form 990, Part IV, line		i Expenses per F	Retur	
1		12a.			n. 5,374,964.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	12a. 2 a			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	12a. 2a 2b			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	12a. 2a 2b 2c			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	336,463.		5,374,964.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2b 2c 2d	336,463.	1	5,374,964.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2b 2c 2d	336,463.	1 2e	5,374,964.
1 2 b c d 8 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	12a. 2a 2b 2c 2d	336,463.	1 2e	5,374,964.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	12a. 2a 2b 2c 2d 2d	336,463.	1 2e	5,374,964.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	12a. 2a 2b 2c 2d 4a 4b	336,463.	1 2e	5,374,964.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d 4a 4b	336,463.	1 2e 3	5,374,964. 336,463. 5,038,501.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

UNITING VOICES IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM
FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE
CODE. IN ADDITION, THE INTERNAL REVENUE SERVICE (IRS) HAS DETERMINED THAT
UNITING VOICES IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION
509(A) OF THE CODE.
UNITING VOICES HAS DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A

LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2022 AND 2021.

132054 10-28-21

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UNITING	VOICES
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(continuea)		

Schedule D (Form 990) 2021

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		32		
215 311101	20374.000	2021.0505	50 UNITING	VOICES

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.

United States. 3 Activities per Region. (The second secon	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of offices in the region			(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
MIDDLE EAST AND					
NORTH AFRICA			PROGRAM SERVICES	TOUR/PERFORMANCES	162,032.
3 a Subtotal	0	0			162,032.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			162,032.

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

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Schedule F (Form 990) 2021

Yes

No

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE F	
(Form 990)	

UNITING VOICES

	Inspection	,
loyer	identification	nı

	-		
F 1	A 1	10110	

.....L

Or

	51-0140419
te if the organ	ization answered "Yes" on

Part I	General Information on Activities Outside the United States.	Complete if the organization ar	ารเ
	Form 990, Part IV, line 14b.		

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

3 Enter total number of other organizations or entities

33

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)	
	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								

Schedule F (Form 990) 2021 Part II 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

UNITING VOICES

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Page 2

Schedule F (Form 990) 2021

(d) Amount of

cash grant

(a) Type of grant or assistance

UNITING VOICES

(b) Region

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

(f) Amount of

noncash assistance

(e) Manner of

cash disbursement

(g) Description of

noncash assistance

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 UI	NITING VOICES
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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.

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SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities								
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2021	
Department of the Treasury		Attach to Form 990						Open to Public	
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection entification number	
	UNITING						51-0140	419	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not	
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover lising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye:		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
-			Yes	No					
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	l egistration	
	eduction Act Net	ca see the Instructions for Earry (100 ~~		7		Sabadul	e G (Form 990) 2021	
	COLUCION ACT NOL	ce, see the Instructions for Form 9	30 Ur	390-E	£.		Schedul	e a (Fuini 990) 2021	

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UNITING VOICES

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 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	ss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1 RED JACKET	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			OPTIONAL	SOUNDBITES	<i>(</i> , , , , ,)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,911,944.	108,558.		2,020,502.
	2	Less: Contributions	1,368,289.	69,774.		1,438,063.
	3	Gross income (line 1 minus line 2)	543,655.	38,784.		582,439.
	4	Cash prizes				
6	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	98,494.	7,820.		106,314.
rect Ex	7	Food and beverages	105,972.	38,403.		144,375.
ā	8	Entertainment	158,840.	16,106.		174,946.
	9	Other direct expenses				425,635.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lin				156,804.
Pa	rt I			000 Part IV line 19 or r		10,004.
		\$15,000 on Form 990-EZ, line 6a.			cported more than	
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ş	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	

6	Volunteer labor	No	No	No	
7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
8	Net gaming income summary. Subtract line 7	from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities:

132082 10-21-21

Schedule G (Form 990) 2021

No

Sche	edule G (Form 990) 2021	UNITING	VOICES	51-0	140419	Page 3
11	Does the organization conduct ga	ming activities w	ith nonmembers?		Yes	No
			of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?				Yes	No
13	Indicate the percentage of gaming	activity conduc	ted in:			
а	The organization's facility				13a	%
b	An outside facility				13b	%
14	Enter the name and address of the	e person who pre	epares the organization's gaming/special events books and reco	rds:		
	Name					
	Address 🕨					
			party from whom the organization receives gaming revenue?		Yes	No No
			ived by the organization > \$ and the arr	nount		
	of gaming revenue retained by the					
C	If "Yes," enter name and address	or the third party				
	Name					
	Address 🕨					
16	Gaming manager information:					
	Name					
	Coming manager companyation	¢				
	Gaming manager compensation	¢				
	Description of services provided	▶				
	Director/officer	Employee	Independent contractor			
		. ,				
17	Mandatory distributions:					
а	•	state law to mal	e charitable distributions from the gaming proceeds to			
					Yes	🗌 No
b		•	tate law to be distributed to other exempt organizations or spent	in the		
Pa	organization's own exempt activiti		K year ▶ \$ de the explanations required by Part I, line 2b, columns (iii) and (v	N: and Part	III lines Q (ab 10b
			provide any additional information. See instructions.	n, and i an	m, mes 9, 3	55, 105,
	,,,,,					
13208	3 10-21-21		20	Schedu	le G (Form	990) 2021

 (continued)	
	Schedule G (Form 990)

132084 11-18-21

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SCHEDU (Form 99			Grants and Oth					OMB No. 1545-0047
(Form 98	50)		vernments, ar lete if the organizatio					2021
Department	of the Treasury	Comp		Attach to For		111 4 , inte 21 of 22.		Open to Public
	enue Service		Go to www.i	rs.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of	the organization UNITING V	OICES						Employer identification number 51-0140419
Part I	General Information on Grants a							
crit	es the organization maintain records teria used to award the grants or assis	stance?						
	scribe in Part IV the organization's pro							
Part II	Grants and Other Assistance to recipient that received more than s	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	ter total number of section 501(c)(3) a ter total number of other organization							
-	ter total number of other organization							

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

Schedule I (Form 990) 2021

UNITING VOICES

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					TOUR FEE SUBSIDIES BASED ON
OUR FEE ASSISTANCE	68	71,750.	0.		FINANCIAL NEED

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SC	HEDULE J	Compens	ation Information	I	OMB No. 1	545-004	47	
(Fo	rm 990)	•	s, Trustees, Key Employees, and Highest		20	71	I	
		Comp	ensated Employees		20		1	
Depa	tment of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. ach to Form 990.		Open to Public			
	al Revenue Service) for instructions and the latest information.		Inspection			
Nam	e of the organization				identificatio		nber	
		UNITING VOICES		51-(014041	9		
Ра	rt I Question	Regarding Compensation						
						Yes	No	
1a			f the following to or for a person listed on Form	990,				
		ine 1a. Complete Part III to provide any relev						
	First-class or c		Housing allowance or residence for perso					
	Travel for com		Payments for business use of personal re-					
		ation and gross-up payments	Health or social club dues or initiation fee					
		pending account	Personal services (such as maid, chauffer	ir, chet)				
b	•	on line 1a are checked, did the organization f			41			
~		rovision of all of the expenses described abo	, , , , , , , , , , , , , , , , , , , ,		1b			
2			or allowing expenses incurred by all directors,		2			
	trustees, and office	s, including the GEO/Executive Director, reg	arding the items checked on line 1a?		2			
2	Indicate which if a	w of the following the examination used to a	atablish the componention of the organization's					
3	-		establish the compensation of the organization's					
		tion of the CEO/Executive Director, but explanation	boxes for methods used by a related organization	JIT LO				
	X Compensation	· · · · · ·	Written employment contract					
		ompensation consultant	X Compensation survey or study					
	·	her organizations	X Approval by the board or compensation c	ommittee				
		nel organizations		Ommittee				
4	During the year did	any person listed on Form 990, Part VII, Sec	tion A line 1a with respect to the filing					
•	organization or a re	•••						
а	-	e payment or change-of-control payment?			4a		x	
b		eive payment from a supplemental nonqualifi					x	
с	-	eive payment from an equity-based compens			4.		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	,	<i>,</i>						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did t	the organization pay or accrue any compensatio	n				
	contingent on the r	evenues of:						
а	The organization?				5a		X	
b	Any related organiz	ation?			5 b		X	
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did t	the organization pay or accrue any compensatio	'n				
	contingent on the n	et earnings of:						
а	a The organization?				6a		X X	
	Any related organiz	ation?					X	
		r 6b, describe in Part III.						
7			the organization provide any nonfixed payments					
					7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accru	ed pursuant to a contract that was subject to th	ie				
		ption described in Regulations section 53.49			8		X	
9		d the organization also follow the rebuttable						
LHA	For Paperwork R	eduction Act Notice, see the Instructions for	or Form 990.	Schee	dule J (Forn	n 990)	2021	

132111 11-02-21

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51-0140419

Page **2**

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	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) JOSEPHINE LEE	(i)	254,377.	0.	0.	7,950.	3,164.	265,491.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

PART I, LINE 3:

THE PRESIDENT'S SALARY IS DETERMINED DURING A MEETING OF THE COMPENSATION

COMMITTEE, WHICH IS MADE UP OF THREE MEMBERS OF THE BOARD OF DIRECTORS.

SALARY INCREASES ARE BASED ON COST OF LIVING ADJUSTMENTS COUPLED WITH

PERFORMANCE EVALUATIONS. THEN, THOSE SALARIES ARE BENCHMARKED AGAINST

AVERAGE SALARIES FOR OUR SIZE OF ORGANIZATION. THE FINAL DECISION IS

REPORTED TO THE VICE PRESIDENT, FINANCE VIA EMAIL.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

2021 Open to Public Inspection

Name	of	the	organization	

	Attach to Form 550.
►	Go to www.irs.gov/Form990 for instructions and the latest informat

r the	organization		

uctions and the latest information.	

Employer	identification number
5	1-0140419

UNITING VOICES

 Part I
 Types of Property

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	tormin	ina	
		applicable	contributions or	amounts reported on	noncash contribu		•	3
_			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	7	512,586.	F.WA			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (EVENT GOODS)	X	2	75,613.				
26	Other \blacktriangleright (<u>APPLE IPADS</u>)	X	1	4,800.				
27	Other (FOOD)	X	1	682.	F.WA			
28	Other ()							
29	Number of Forms 8283 received by the organiz	-	•					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
00-				and a Dark I. Barry A. Marrison			Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date					00-		Х
	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.	olicy that ra	quires the review	of any nonstandard contribut	ions?	24	х	
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31	- 11		
32d			-			32a		х
h	If "Yes," describe in Part II.					JZa		
33	If the organization didn't report an amount in c	olumn (c) for	a type of proports	(for which column (a) is cho	ked			
33	describe in Part II.		a type of property	nor which column (a) is chec				
	UESCHUE III FAILII.							

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

Schedule M (Form 990) 2021

132141 11-17-21

Part II			Information	Drovido tho
Schedule	M (Form 990)) 2021	UNITING	VOICES

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l	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
_	is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete
	this part for any additional information.

132142 11-17-21	Schedule M (Form 990) 2021

20374.01

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.



UNITING VOICES

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH MUSIC.

FORM 990, PART

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

I,

FORM 990 IS E-MAILED TO THE FINANCE COMMITTEE FOR THEIR REVIEW. IF THERE

ARE QUESTIONS THE PREPARER WILL BE CONSULTED BEFORE THE 990 IS FILED.

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

BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST AT THE TIME

SUCH POTENTIAL CONFLICT ARISES. ADDITIONALLY, ALL BOARD MEMBERS ANNUALLY

SUBMIT A DISCLOSURE LIST TO THE ORGANIZATION AND THE ORGANIZATION MONITORS

CONFLICTS, IF ANY, ON A REGULAR BASIS.

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

THE PRESIDENT'S SALARY IS DETERMINED DURING A MEETING OF THE COMPENSATION COMMITTEE, WHICH IS MADE UP OF THREE MEMBERS OF THE BOARD OF DIRECTORS. SALARY INCREASES ARE BASED ON COST OF LIVING ADJUSTMENTS COUPLED WITH PERFORMANCE EVALUATIONS. THEN, THOSE SALARIES ARE BENCHMARKED AGAINST AVERAGE SALARIES FOR OUR SIZE OF ORGANIZATION. THE FINAL DECISION IS REPORTED TO THE VICE PRESIDENT, FINANCE VIA EMAIL

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

AVAILABLE UPON REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

7	ý. c - "T		Rese	
	FORM NFP 110.30 (rev. Dec. 2003) ARTICLES OF AMENDMENT General Not For Profit Corporation Act	Filed		
	Secretary of State Department of Business Services 501 S. Second St., Rm. 350 Springfield, IL 62756 217-782-1832 www.ilsos.gov	NOV 1 0 2022 JESSE WHITE SECRETARY OF STATE	• • • •	
(Remit payment in the form of a check or money order payable to Secretary of State.	File #_ SOUROPSY	Filing Fee: \$25 Approved	
	Submit in duplicate	- – Type or Print clearly in black ink –	Do not write above this line $$	
	 Corporate Name (See Note 1 on b 2. Manner of Adoption of Amendment The following amendment to the Art 			
	indicated below (check one only):	of the directors in office, at a meetin	Month Day, Year	
By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45. (on back.)				
□ By members at a meeting of members entitled to vote by the affirmative vote of the members having r the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Incorporation or the bylaws, in accordance with Section 110.20. (See Note 4 on back.)				
		s than the minimum number of votes necessary acorporation, or the bylaws, in compliance with		
3	 Text of Amendment: (a.) When an amendment affects a amendments. *Article 1: The Name 	rate name below. Use 3(b.) below for all other		
Uniting Voices				
	\mathcal{O}	New Name		
			is required to be set forth in its entirety. If hadditional sheets of this size.	
			purposes within the meaning of section 501(c)	

1

The corporation is organized exclusively for charitable and educational purposes within the meaning of section 501(c) (3) of the Internal Revenue Code of 1986 (the "Code"), or the corresponding provision of any future federal tax code, including, for such purposes, but not limited to, providing youth with music education so that they experience social-emotional growth, including the personal worth of others from various ethnic, racial, religious and economic backgrounds. The corporation does this through in-school and out-of-school programs, tours, performance opportunities, content created by and for youth, music educator professional development and a culturally responsive and empowering curriculum.

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