Form **990**

Department of the Treasury

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023

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2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change UNITING VOICES Name change 51-0140419 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 78 EAST WASHINGTON STREET 312-849-8300 17,487,651. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return CHICAGO, IL 60602 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOSEPHINE LEE for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.UNITINGVOICESCHICAGO.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Other . Year of formation: 1975 **M** State of legal domicile: IL Association Part I Summary Briefly describe the organization's mission or most significant activities: UNITING VOICES' MISSION **Activities & Governance** INSPIRE AND CHANGE LIVES THROUGH MUSIC. if the organization discontinued its operations or disposed of more than 25% of its net assets. 44 3 Number of voting members of the governing body (Part VI, line 1a) 44 Number of independent voting members of the governing body (Part VI, line 1b) 4 57 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 5,544,181. 8,228,987. Contributions and grants (Part VIII, line 1h) 8 1,546,365. 1,597,363. Program service revenue (Part VIII, line 2g) 302,244.57,513. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 94,434. -74,279. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 7,242,493. 10,054,315. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 52,528. 96,408. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,082,907. 3,396,533. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,715,514. 2,279,378. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,772,319. 5,850,949. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,391,544. 4,281,996. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 7,199,048. 12,031,581 Total assets (Part X, line 16) 444,131. 628,982 21 Total liabilities (Part X, line 26) 三年 754,917. 402,599 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KELLY FEKETY CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 01/21/25 self-employed P00079651 KENNETH L. TORNHEIM KENNETH L. TORNHEIM Paid OSTROW REISIN BERK & ABRAMS, LTD. Firm's EIN 36-2938874 Preparer Firm's name Firm's address 455 N CITYFRONT PLAZA DR, SUITE 1600 Use Only Phone no. 312 - 670 - 7444CHICAGO, IL 60611 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Form	1 990 (2023) UNITING VOICES	51-0140419 F	age 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
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 the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	XYes	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	☐ Yes ∑	Nο
4	Describe the organization's program service accomplishments for each of its three largest program services, as I Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	1 700 260 44 100	LTURALLY OMMUNITIES.	18.
	BEYOND, LEARN MUSIC AND MOVEMENT FROM MANY GENRES AND CUIN DIALOGUE ABOUT THE HISTORICAL AND SOCIAL CONTEXT OF MUPARTICIPATE IN PROFESSIONAL-LEVEL PERFORMANCE OPPORTUNITY	USIC AND	
4b	(Code:)(Expenses \$1, 256, 046. including grants of \$) (Revenue THE SCHOOL PROGRAM PROVIDES CULTURALLY RESPONSIVE MUSIC TO STUDENTS AGES 8-14 WITHIN THEIR OWN SCHOOL. THESE SINGERS MUSIC AND MOVEMENT FROM MANY GENRES AND CULTURES, BASIC I AND PERFORMANCE SKILLS AND HAVE THE OPPORTUNITY TO PARTIC CITY-WIDE, PROFESSIONAL-LEVEL PERFORMANCE OPPORTUNITIES.	EDUCATION TO S LEARN VOCAL MUSICIANSHIP	12.
4c	(Code:)(Expenses \$1,009,491. including grants of \$52,300.) (Revenue VOICE OF CHICAGO IS UNITING VOICES' PREMIER ENSEMBLE, COUSINGERS AGES 14-18 WHO REFLECT THE CITY'S RICH CULTURAL TOUCE OF CHICAGO SINGERS RECEIVE 5-12 HOURS OF INSTRUCTION	MPRISED OF DIVERSITY.	
	HAVE OPPORTUNITIES TO CONNECT WITH PEERS THEY MAY NOT OT	HERWISE MEET,	
	•	H PROFILE	
	PERFORMANCES, TOUR NATIONALLY AND INTERNATIONALLY AND BUS	ILD LEADERSHIP	<u> </u>
4d	Other program services (Describe on Schedule O.) (Expenses $67,079$ including grants of \$) (Revenue \$	26,953.)	
<u>4e</u>	Total program service expenses 4,114,976.	200	\
		Form 990	(2023)

51-0140419 Page **3**

Form 990 (2023) 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ . .
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Pid the approximation projection on office and because the state of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.	Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_
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			- T
	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			٠,,
	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		<u> X</u>
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	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

332003 12-21-23

Form **990** (2023)

Form 990 (2023) UNITING VOICES
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <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	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
	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?			
33	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2023) UNITING VOICES
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 51-0140419

	,			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 57			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Fi	ccounts (FBAR).			
			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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			3,7
	•		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts	.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			Х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.		X
٦	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
u e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7		
_		2,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the appropriate constitution realise and touchle distributions and a continue 40000		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	405			
_	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	14a		Х
	· · · · · · · · · · · · · · · · · · ·				125
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		
13	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.		13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.	. income?	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form **990** (2023) 332005 12-21-23

Form 990 (2023) UNITING VOICES 51-0140419 Page 6

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

	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 44			
	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 44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This occitor b requests information about policies not required by the internal nevertee code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b				
12a		12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedIL , KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availal	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	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 books and records			
	KELLY FEKETY - 312-849-8300			
	78 EAST WASHINGTON STREET, CHICAGO, IL 60602			

Form **990** (2023)

Form 990 (2023) UNITING VOICES 51-0140419 Page 7

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

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

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

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

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

- List all of the organization's **former** 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.

(A) Name and title	(B) Average hours per	(do box,		Pos heck	ition	than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JOSEPHINE LEE	40.00							255 250	•	12 600
PRESIDENT	40.00			Х				375,378.	0.	13,688.
(2) RACHEL LEFEVRE-SNEE	40.00							154 605	•	4 500
EXECUTIVE VICE PRESIDENT	40.00			Х				154,625.	0.	4,702.
(3) AMY TINUCCI	40.00			,,				105 000	0	2 012
VICE PRESIDENT, DEVELOPMENT	40.00			Х				125,000.	0.	3,813.
(4) KELLY FEKETY	40.00			,,				105 070	0	7 470
CHIEF FINANCIAL OFFICER	10.00			Х				105,279.	0.	7,478.
(5) JUDY HANSON	40.00					٦,		102 742	0	0 200
SENIOR DIRECTOR (6) JOCELYN SMITH	40.00					X		103,743.	0.	8,328.
, , , , , , , , , , , , , , , , , , , ,	40.00			₩.				00 722	0	0 552
HEAD OF PROGRAMS	5.00			Х				98,733.	0.	8,553.
(7) ELLEN-BLAIR CHUBE CHAIR	3.00	Х		х				0.	0.	^
(8) DONIELLE MCCUTCHEON	2.00	Λ		^				0.	0.	0.
SECRETARY	2.00	Х		х				0.	0.	0.
(9) BRIAN EGWELE	2.00	Λ		_				0.	0.	<u></u>
TREASURER	2.00	Х		х				0.	0.	0.
(10) HIMAL AGARWAL	1.00	Λ		^				0.	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(11) ERIC ASHWORTH	1.00	21						0.	0 •	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(12) TRACEY BENFORD	1.00							•	•	
DIRECTOR		х						0.	0.	0.
(13) HEIJI BLACK	1.00									
DIRECTOR		Х						0.	0.	0.
(14) PATRICK BOEHMER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ERIN BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) MONICA CARNEY	1.00									
DIRECTOR		Х						0.	0.	0.
(17) CAROLINE DETTMAN	1.00									
DIRECTOR		Х			L			0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23 Form **990** (2023)

Form	990 (2023) UNITING \(\)	OICES								51-0140	419	Pa	age 8
Parl	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)			
	(A)	(B)			(0				(D)	(E)		(F)	
	Name and title	Average	(-1-		Posi				Reportable	Reportable	Es	stimate	ed
		hours per	box	, unles	ss per	son is	than o	an	compensation	compensation	an	nount	of
		week	offi	cer an	d a di	recto	r/trust	ee)	from	from related		other	
		(list any	ector						the	organizations	com	pensa	tion
		hours for	or dir	a			ted		organization	(W-2/1099-MISC/	l	om th	
		related	stee	ruste			ensa		(W-2/1099-MISC/	1099-NEC)		anizat	
		organizations below	al tru	onal t		loyee	com		1099-NEC)		l	d relat	
		line)	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former			orga	anizati	วทร
/10\	SUZANNE EL-MOURSI	1.00	프	<u> </u>	₩ 0	Ke	e Hi	요					
DIRE		1.00	Х						0.	0.			0.
	THEO EPSTEIN	1.00	Λ						· ·	0.			••
DIRE		1.00	Х						0.	0.			0.
	ROBERT FEALY	1.00											
DIRE	CTOR		Х						0.	0.			0.
(21)	JUDE FERNANDES	1.00											
DIRE	CTOR		Х						0.	0.			0.
(22)	EBBA GEBISA	1.00							_	_			
DIRE	CTOR		Х						0.	0.			0.
	JACQUELINE GRIESDORN	1.00							_	_			
DIRE			Х						0.	0.			0.
	CHRISTINA HATHERLY	1.00											^
DIRE		1 00	Х						0.	0.			0.
	RICHARD HAWWA	1.00	37							,			^
DIRE	JEFF HAXER	1.00	Х						0.	0.			0.
(26) DIRE		1.00	х						0.	0.			0.
	0.4.4.4.1								962,758.	0.	1	6,5	
	Subtotal Total from continuation sheets to Part VII								0.	0.		0,5	0.
	Total (add lines 1b and 1c)								962,758.	0.	4	6,5	
	Total number of individuals (including but no								· · · · · · · · · · · · · · · · · · ·			• , •	
_	compensation from the organization	or invited to the	000		u uo		,	0.0	oowed more than \$100,	ood of reportable			5
	orn, portour, morris and organization.											Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	еу е	mpl	oye	e, or	higl	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for si	•	-	•	•	•		•	·	•	3		Х
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150	•							•	•	4	Х	
	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .				5		Х
Sect	ion B. Independent Contractors												

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Name	(A) e and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent	t contractors (including but r	not limited to those listed	above) who received more than	

Form **990** (2023)

Form 990 UNITING VOICES 51-0140419

Form 990 UNITING	VOICED								51-014	0417
Part VII Section A. Officers, Directors,	Гrustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	'n				loyee		the	organizations	compensation
	(list any hours for	lirecto				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			satec		(88-2/1099-181130)		and related
	organizations	truste	al trus		yee	m per				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer			3
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(27) YUSEF JACKSON	1.00									
DIRECTOR		Х						0.	0.	0.
(28) ROB KATZ	1.00									
DIRECTOR		Х						0.	0.	0.
(29) MELISSA KIBLER	1.00									
DIRECTOR		Х						0.	0.	0 .
(30) DAVID KOO	1.00									
DIRECTOR		Х						0.	0.	0.
(31) ERIN LANE	1.00									
DIRECTOR		Х						0.	0.	0 .
(32) DENEESE WALIA LEVIN	1.00									
DIRECTOR		Х						0.	0.	0 .
(33) ANN MARIE LIPINSKI	1.00									
DIRECTOR		Х						0.	0.	0 .
(34) JAMES MEYER	1.00								_	_
DIRECTOR		Х						0.	0.	0 .
(35) KALA MOYNIHAN	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0 .
(36) SUZANNE MUCHIN	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0 .
(37) MICHAEL NEMEROFF	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0 .
(38) MATTHEW PARR	1.00	. ,						0.	0	0
DIRECTOR (39) DIANE PEARSE	1 00	Х						0.	0.	0 .
DIRECTOR	1.00	х						0.	0.	0 .
(40) MATT ROAN	1.00	Λ						0.	0.	0 (
DIRECTOR	1.00	Х						0.	0.	0 .
(41) RENEE SALOMON	1.00	Λ						0.	0.	0 .
DIRECTOR	1.00	Х						0.	0.	0 .
(42) JOE SHANAHAN	1.00	^	\vdash					0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(43) KANWAR SINGH	1.00								. .	0
DIRECTOR	1.00	Х						0.	0.	0 .
(44) JEFF STEELE	1.00							·	•	
DIRECTOR		х						0.	0.	0.
(45) LAURA STERN	1.00	<u> </u>							3.	
DIRECTOR		х						0.	0.	0.
(46) MICHAEL TEPLITSKY	1.00									
DIRECTOR		Х						0.	0.	0.

Form 990 UNITING VOICES 51-0140419

Form 990 UNITING \	ADTCE2								51-014	0419
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(6)		Pos	C) ition that		LΛ	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
47) EDUARDO VALDES IRECTOR	1.00	Х						0.	0.	0
48) BRIAN VANDENBERG IRECTOR	1.00	х						0.	0.	0
49) RON WEISS	1.00	x						0.	0.	
DIRECTOR 50) STEVEN WON	1.00									C
DIRECTOR		X						0.	0.	0
		-								
		<u> </u>	<u> </u>	<u> </u>	<u> </u>					

Form 990 (2023) UNITING
Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse c	r note to any line	e in this Part VIII			
		·		,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Turiction revenue	business revenue	sections 512 - 514
S S	1 8	a Federated campaigns 1a						
ani		b Membership dues 1b						
ي ق		c Fundraising events 1c		1,349,931.				
ifts		d Related organizations 1d						
i, G		e Government grants (contributions) 1e		144,100.				
Sir		f All other contributions, gifts, grants, and		,				
uti		similar amounts not included above 1f		6,734,956.				
Q ţ		g Noncash contributions included in lines 1a-1f	:	533,552.				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f		,	8,228,987.			
<u> </u>		Total / local		Business Code	, ,			
o l	2 8	a TUITION & OTHER FEES	İ	711130	995,240.	995,240.		
ķ		b TOUR FEES		711130	449,374.	449,374.		
Ser	-	C CONCERT & PROGRAM FEES	_	711130	152,749.	152,749.		
ım (d	_		, -	, -		
gra Re		e	_					
Program Service Revenue		f All other program service revenue	_					
		g Total. Add lines 2a-2f			1,597,363.			
	3	Investment income (including dividends, in			, ,			
	_	other similar amounts)			217,500.			217,500.
	4	Income from investment of tax-exempt bor			,			· · · · · · · · · · · · · · · · · · ·
	5	Royalties	•					
	_	(i) Real		(ii) Personal				
	6 :	a Gross rents 6a		.,				
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		d Net rental income or (loss)						
		a Gross amount from sales of (i) Securiti	ies	(ii) Other				
		assets other than inventory 7a 6,977,3	04.					
	ı	b Less: cost or other basis						
ē		and sales expenses 7b 6,892,5	60.					
enr		c Gain or (loss) 7c 84,7						
Şe		d Net gain or (loss)			84,744.			84,744.
her Revenue		a Gross income from fundraising events (not						·
됩		including \$ 1,349,931. of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a	422,550.				
	ı	b Less: direct expenses	8b	540,776.				
		c Net income or (loss) from fundraising even	its .		-118,226.			-118,226.
		a Gross income from gaming activities. See						
		Part IV, line 19	9a					
	1	b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities	 3					
		a Gross sales of inventory, less returns						
		and allowances	10a					
	ı	b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventor	y					
,	-			Business Code				
no a	11 8	a MISCELLANEOUS REVENUE	[900099	43,947.			43,947.
Miscellaneous Revenue	ı	b	_					
Sell	(с						
Mis.	(d All other revenue						
		e Total. Add lines 11a-11d			43,947.			
	12	Total revenue. See instructions			10,054,315.	1,597,363.	0.	227,965.

332009 12-21-23

Form **990** (2023)

Form 990 (2023) UNITING VOICES Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-	(4)		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	96,408.	96,408.		
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	909,404.	412,293.	267,786.	229,325
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 121 222	1 510 510	100 000	222 225
7	Other salaries and wages	2,124,398.	1,640,610.	100,803.	382,985
8	Pension plan accruals and contributions (include	26 502	20 650	610	F 216
	section 401(k) and 403(b) employer contributions)	36,593.	30,659. 79,529.	618.	5,316
9	Other employee benefits	110,668.	79,529.	8,020.	5,316 23,119 43,413
10	Payroll taxes	215,470.	146,497.	25,560.	43,413
11	Fees for services (nonemployees):				
а	Management	0.42		0.43	
b	Legal	943.		943.	
	Accounting	29,250.		29,250.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	10 142		10 142	
f	Investment management fees	19,143.		19,143.	
g	Other. (If line 11g amount exceeds 10% of line 25,	329,570.	185,683.	79,475.	61 112
	column (A), amount, list line 11g expenses on Sch 0.)	15,222.	103,003.	15,222.	64,412
12	Advertising and promotion	201,509.	93,443.	39,140.	68,926
13	Office expenses	67,711.	36,607.	10,541.	20,563
14	Information technology	01,111.	30,007.	10,341.	20,303
15	Royalties	73,682.	64,667.	4,394.	4,621
16	Occupancy	100,287.	26,478.	3,842.	69,967
17	Travel Payments of travel or entertainment expenses	100,207.	20, 470.	3,042.	0,001
18					
40	for any federal, state, or local public officials Conferences, conventions, and meetings	88,485.	9,203.	31,630.	47,652
19		2,436.	1,661.	285.	490
20 21	Payments to affiliates	2,450.	1,001.	203	±20
22	Depreciation, depletion, and amortization	75,699.	51,681.	8,827.	15,191
23	Insurance	37,795.	24,284.	7,060.	6,451
23 24	Other expenses. Itemize expenses not covered	27,7230		.,	0,131
	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	PRODUCTIONS & EVENTS	517,637.	517,637.		
b	TOUR EXPENSE	472,534.	472,534.		
c	UNIFORMS & CHORAL SUPPL	206,789.	206,789.		
d	OTHER FUNDRAISING EXP	17,775.	,		17,775
	All other expenses	22,911.	18,313.	1,690.	2,908
25	Total functional expenses. Add lines 1 through 24e	5,772,319.	4,114,976.	654,229.	1,003,114
26	Joint costs. Complete this line only if the organization	, , ,	, ,,,,,,,,	. , = =	, , — — -
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

51-0140419 Page **11**

Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1				283,737.	1	103,957.
	2	Savings and temporary cash investments			179,077.	2	258,913.
	3	Pledges and grants receivable, net			2,508,271.	3	2,602,890.
	4	Accounts receivable, net			83,923.	4	104,330.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			150,959.	9	128,045.
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			229,388.	10c	192,785. 8,553,241.
	11	Investments - publicly traded securities			3,650,639.	11	8,553,241.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir				13	10.600
	14	Intangible assets			50,443.	14	42,698.
	15	Other assets. See Part IV, line 11			62,611.	15	44,722.
	16	Total assets. Add lines 1 through 15 (must e			7,199,048.	16	12,031,581.
	17	Accounts payable and accrued expenses			107,165.	17	95,113.
	18	Grants payable			272 600	18	407 126
	19	Deferred revenue			272,689.	19	487,136.
	20	Tax-exempt bond liabilities		- (O - I I - I - D		20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sul				00	
Lial	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrun Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lir					
		of Schedule D			64,277.	25	46,733.
	26	Total liabilities. Add lines 17 through 25			444,131.	26	628,982.
		Organizations that follow FASB ASC 958, c	heck he	e X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	• , , ,			2,786,630.	27	3,765,845.
Bala	28				3,968,287.	28	7,636,754.
nd		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.	•				
, or	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32				6,754,917.	32	11,402,599.
_	33	Total liabilities and net assets/fund balances			7,199,048.	33	12,031,581.

51-0140419 Page **12**

Par	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,05</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,77		
3	Revenue less expenses. Subtract line 2 from line 1	3		, 28		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	<u>, 75</u>	<u>4,9</u>	<u> 17.</u>
5	Net unrealized gains (losses) on investments	5		36	5,6	86.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	11	,40	2,5	99.
Pai	t 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 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
				Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization UNITING VOICES 51-0140419 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

fails to qualify under the tests listed below, please complete Part III.)	(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	zation
	fails to qualify under the tests listed below, please complete Part III.)	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3162843.	3438474.	3792797.	5544181.	8228987.	24167282.
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	3162843.	3438474.	3792797.	5544181.	8228987.	24167282.
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)						6104663.
6	Public support. Subtract line 5 from line 4.						18062619.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3162843.	3438474.	3792797.	5544181.	8228987.	24167282.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				400 60-	045 500	
	and income from similar sources	62,639.	52,060.	70,594.	109,637.	217,500.	512,430.
9	Net income from unrelated business						
	activities, whether or not the	100 706		156 005	01 073		401 404
	business is regularly carried on	182,726.		156,805.	81,873.		421,404.
10	Other income. Do not include gain						
	or loss from the sale of capital	2 620	E 6E6	20 447	10 561	12 017	06 240
	assets (Explain in Part VI.)	3,638.	5,656.	30,447.	12,561.	43,947.	96,249. 25197365.
	Total support. Add lines 7 through 10						,390,072.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	iourth or fifth town			, 390, 012.
13	organization, check this box and stor	-		•			
Sec	ction C. Computation of Publi			•••••			
	Public support percentage for 2023 (I			column (f))		14	71.68 %
	Public support percentage from 2022					15	83.13 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						T
b	33 1/3% support test - 2022. If the o		•				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line			
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2023

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
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2		
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За		
3b		
Зс		
4a		
4b		
4c		
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5b		
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10b		
	n 990)	2023

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Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$,,	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect 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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
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).	1		
Sec	tion 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			
	7	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			
_	and organization maintained a close and commission many relationship man and capported organization (o).	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			
Sec	supported organizations played in this regard. Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	and the state of the significant	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
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.	Bb		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	ıs	(iii) Distributable
			Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
	LACCOO ITOTT LUZU				

Schedule A (Form 990) 2023

Part VI Supplemental	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, I line 1; Part IV, Sect	lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, ion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INC	
2019 AMOUNT: \$	2.622
	3,638.
2020 AMOUNT: \$	5,656.
2021 AMOUNT: \$	30,447.
2022 AMOUNT: \$	12,561.
2023 AMOUNT: \$	43,947.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

UNITING VOICES 51-0140419 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

UNITING VOICES 51-0140419

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 207,359.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- - - - -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 4,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

UNITING VOICES

51-0140419

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES		
1			
		\$\$	02/22/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	PUBLICLY TRADED SECURITIES		
2			
		\$\$	11/27/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
rar(I			
		\$	

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** UNITING VOICES 51-0140419 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITING VOICES

Employer identification number 51-0140419

Par			or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts		
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2 3	Aggregate value of contributions to (during year) 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	writing that the assets held in donor advis	eed funds		
J	are the organization's property, subject to the organization's	_			
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o				
Par					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area		
	Protection of natural habitat	Preservation o	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
	Total number of conservation easements		I I		
	Number of conservation easements on a certified historic stru	***************************************	2c		
d	Number of conservation easements included on line 2c acqu				
•	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax		
4	year Number of states where property subject to conservation eas	coment is located			
5	Does the organization have a written policy regarding the per				
Ŭ	violations, and enforcement of the conservation easements it		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,				
			,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the		
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.		
	Complete if the organization answered "Yes" on Form				
па	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
h	service, provide in Part XIII the text of the footnote to its finar				
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	exhibition, education, or research in full	lerance of public service,		
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
2	If the organization received or held works of art, historical trea				
_	the following amounts required to be reported under FASB A		J , F		
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) 2023		

3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply). a	Par	t III	Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or O	ther S	imilar	Assets	(continu	ıed)
a Public exhibition d	3	Using t	he organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that ma	ake signi	ficant u	ise of its		
b Scholarly research e		collection	on items (check all that apply).								
Preservation for future generations	а	P	Public exhibition	d	Loan or excl	hange program					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 1 buring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to be said to raise funds arther than to be maintained as part of the organization's collection? 1 because the organization and gent, furstee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XI, line 21, or Form 990, Part XI, line 20, or Form 990, Part XI, see a separation on spend 90, Part XI, see a separation or of the organization and spend in the arrangement in Part XIII and complete the following tables: 2 beginning balance 3 bistributions during the year 4 bistributions during the year 5 collections during the year 6 collections during the year 7 collection shall be part XIII. 1 beart V Endowment Funds Complete in the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 vec* explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 2 bistributions during the year 5 contributions 6 contributions 7 collections 8 collections 8 collections 9 co	b		scholarly research	е	Other						
Description Section	С	P	reservation for future generations								
To be sold for raise funds rather than to be maintained as part of the organization's collection?	4	Provide	a description of the organization's co	llections and explain	how they further th	e organization's	exempt	purpos	se in Part	XIII.	
Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes	5	During '	the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other si	imilar as	sets			
The properties of an amount on Form 990, Part X, line 21. The properties of an amount on Form 990, Part X, line 21. The properties of the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. The properties of the properti											No
1	Par				te if the organization	answered "Yes	" on For	m 990,	Part IV, li	ne 9, or	
No Form 990, Part X		ı	reported an amount on Form 990, Par	t X, line 21.							
b if "Yes," explain the arrangement in Part XIII and complete the following table: C Seginning balance	1a	Is the o	rganization an agent, trustee, custodia	an, or other intermed	liary for contribution	s or other asset	s not inc	luded		_	
C Beginning balance		on Forn	n 990, Part X?						L	Yes	No
C Beginning balance 1c	b	If "Yes,	explain the arrangement in Part XIII a	and complete the fol	owing table:						
d Additions during the year Finding balance										Amount	
Example Distributions during the year Example Ex											
Tending balance	d										
2a bit the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability	е										
Describe in Part XIII Check here if the explanation has been provided in Part XIII Part Y Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part Y Endowment Funds Complete if the organization Superior Complete								$\overline{}$		٦	
Part V Endowment Funds Complete if the organization answered *Yes" on Form 990, Part IV, line 10.			· ·		•		•	,		」Yes	∐ No
Table Beginning of year balance Ca) Current year Cb) Prior year Cc) Two years back Cd) Three years back Cd) Flore years bac	Par	t V	Endowment Funds Complete if	the ergenization and	planation has been j	provided in Part	XIII				
1,795,806	· ui		Complete ii					Three v	ears hack	(a) Four v	
b Contributions	10	Doginni	ing of year balance	` ' '	• • •	` '					
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment					,	, , ,					
d Grants or scholarships e Other expenditures for facilities and programs 32,000. 1 Administrative expenses g End of year balance 4,161,876, 1,795,806, 840,104, 983,615, 577,282. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 9200 % b Permanent endowment 11.0300 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations in the possession of the organization of the organization in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations is the organization of the organ	0				,	-143 5	11.				
Provide the estimated percentage of the current year end balance	4		5 , 5 ,	222,272					,		
and programs 32,000											
Facing Administrative expenses Facing F	·		•	32,000.							
g End of year balance	f	•	-	,							
Perrovide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 9200 % b Permanent endowment 88.0500 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? 5b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Equipment C Other 113,033, 88,780, 74,891. 4 Equipment 113,033, 88,941, 24,092. e Other 187,419, 93,617, 93,802.				4,161,876.	1,795,806.	840,1	04.	9	83,615.	ŗ	577,282.
a Board designated or quasi-endowment 98 05 0 0 % b Permanent endowment 11 03 0 0 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? 3a(ii) X 3a(ii) X 3a(ii) X 3a(ii) X 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 1 13,033 88,941 24,092 60 ther 1 187,419 93,617 93,802					(line 1g. column (a)) held as:					
b Permanent endowment			· · · · · · · · · · · · · · · · · · ·			,					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a	b			%	_						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Re	С	Term er	ndowment 11.0300 g	 %							
Ves No Ves No Ves		The per	rcentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
(i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) b Buildings c Leasehold improvements d Equipment d Equipment d Equipment 113,033. 88,780. 74,891. d Equipment 187,419. 93,617. 93,802.	За	Are the	re endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered	for the			_	
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment d Equipment e Other 187,419. 93,617. 93,802.		organiz	ation by:							\	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment e Other 187,419. 93,617. 93,802.		(i) Uni	related organizations?							3a(i)	
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings C Leasehold improvements d Equipment d Equipment e Other Other 187,419. Part VI Land, Buildings, and Equipment (d) Book value (d) Book value (d) Book value 188,780. 74,891. 24,092.										3a(ii)	X
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other 187,419. Part VI Land, Buildings, and Equipment (d) Book value (d) Book value 88,780. 74,891. 24,092.	b	If "Yes"	on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property					wment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Par										
basis (investment) basis (other) depreciation 1a Land 5 Buildings 5 Buildings 5 Buildings 5 Buildings 6 Equipment 163,671. 88,780. 74,891. 74,891. 74,092. <th></th> <th></th> <th><u> </u></th> <th></th> <th>· · · · · · · · · · · · · · · · · · ·</th> <th><u></u></th> <th></th> <th></th> <th></th> <th></th> <th></th>			<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u></u>					
1a Land b Buildings c Leasehold improvements 163,671. 88,780. 74,891. d Equipment 113,033. 88,941. 24,092. e Other 187,419. 93,617. 93,802.			Description of property	1 ' '			` '		d	(d) Book	value
b Buildings c Leasehold improvements 163,671. 88,780. 74,891. d Equipment 113,033. 88,941. 24,092. e Other 187,419. 93,617. 93,802.				,	Dasis	(otner)	aepre	ciation			
c Leasehold improvements 163,671. 88,780. 74,891. d Equipment 113,033. 88,941. 24,092. e Other 187,419. 93,617. 93,802.											
d Equipment 113,033. 88,941. 24,092. e Other 187,419. 93,617. 93,802.					16	3 671	0	Q 70	<u> </u>	7 /	901
e Other 187,419. 93,617. 93,802.											
					•	•	9	J, 01	L / •		

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 UNITING VO	ICES	51	-0140419 P	⊳ _{age} 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market valu	ıe
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "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	l-of-year market valu	ıe
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.		
(a) Description		(b) Book value	<u>e</u>
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
Total. (Column (b) must equal Form 990, Part X, line 15, column (b) The Liabilities	ol. (B))			
	F 000 Dt \(\text{Line }	44 446 O Faura 000 Bank V line 05		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	Tre or Tri. See Form 990, Part X, line 25.	T	
1. (a) Description of liability			(b) Book value	
(1) Federal income taxes			46.7	122
(2) FINANCE LEASE LIABILITY			46,7	33.
(3)				
(4)				
(5)				
(6)				
(8)				
M				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

46,733.

Sched	dule D (Form 990) 2023 UNITING VOICES			51-	0140419	Page
Part		nents With I	Revenue per Re	turn	0110115	rage
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		, , , , , , , , , , , , , , , , , , ,			
1	T			1	10,598,	055
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	20,000,	-
	Net unrealized gains (losses) on investments	2a	365,686.			
	Donated services and use of facilities		197,197.	-		
	Recoveries of prior year grants			-		
	Other (Describe in Part XIII.)			-		
	Add lines 2a through 2d			2e	562,	883
	Subtract line 2e from line 1			3	10,035,	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				20,000,	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,143.			
	Other (Describe in Part XIII.)		13,1130	1		
				4c	19	143
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I. line 12.)			5	10,054,	315
Parl	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F		10,05 <u>1,</u> n	313
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		=xpoi.iooo poi .			
1				1	5,950,	373
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				3,330,	373
		2a	197,197.			
	Donated services and use of facilities		171,171	-		
	Prior year adjustments			-		
	Other losses			-		
	Other (Describe in Part XIII.)	•		-	107	107
	Add lines 2a through 2d			2e	197, 5,753,	176
	Subtract line 2e from line 1			3	5,755,	1/0
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	10 112			
	Investment expenses not included on Form 990, Part VIII, line 7b		19,143.	-		
	Other (Describe in Part XIII.)			1	1.0	1/2
	Add lines 4a and 4b			4c		143
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	5,772,	319
	t XIII Supplemental Information					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			; Part	X, line 2; Part X	,
PAR	T X, LINE 2:					
JNI	TING VOICES IS A TAX-EXEMPT ORGANIZATION	AS DESC	RIBED IN S	ECT	ION	
501	(C)(3) OF THE INTERNAL REVENUE CODE (THE	CODE) A	AND IS EXEM	PT	FROM	
ED	ERAL INCOME TAXES ON RELATED INCOME PURS	UANT TO	SECTION 50	1(A) OF THE	
COD	E. IN ADDITION, THE INTERNAL REVENUE SE	RVICE (I	RS) HAS DE	TER	MINED TH	AT
JNI	TING VOICES IS NOT A PRIVATE FOUNDATION V	WITHIN T	HE MEANING	OF	SECTION	Ī
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, 2024.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	UNITING VOICES	51-0140419	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	rmation (continued)		
	(oonanaca)		
-			
		 <u> </u>	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service

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

Name of the organization					Employer identif	ication number
UNITING VOICES					51-014041	9
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ		
 Form 990, Part I			·			
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other	assistance,	
the grantees' eligibility f	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes No
=	ribe in Part V the	e organization's _l	procedures for monitoring the use of its	s grants and ot	her assistance outs	ide the
United States.						
			an be duplicated if additional space is r			
(a) Region	(b) Number of offices	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
	l and region	contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region				III the region
NODEL AMEDICA	0	0	DDOCDAM CEDVICEC	TOUR/PERFOR	MANGEC	222 445
NORTH AMERICA	,	0	PROGRAM SERVICES	TOUR/PERFOR	MANCES	232,445.
	ļ					1
	_	-				
3 a Subtotal	0	0				232,445.
b Total from continuation	_	_				
sheets to Part I	0	0				0.
c Totals (add lines 3a	0	0				232 445.
200 301						434 443.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	reginient ergenization	l	recognized as charities by the	foreign country	roognized as a tay			

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

	3	Enter total nu	mber of other	organizations	or entities
--	---	----------------	---------------	---------------	-------------

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2023 UNITING VOICES 51-0140419 Page 4

Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." 1 the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see the Instructions for Form 926) 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 Yes X No U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Yes X No Fund (see the Instructions for Form 8621) 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

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

Foreign Partnerships (see the Instructions for Form 8865)

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

Schedule F (Form 990) 2023

Yes X No

Yes X No

6

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization						Employer ide	ntification number
UNITING	VOICES					51-0140	419
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, lin	ie 17	. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Poly Bir Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, truste undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		er (iv) Gross receipts to from activity		Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					. :		
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	contrib	utions	or has been notified it	is e	xempt from req	gistration

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

Schedule G (Form 990) 2023

Pa		Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.		-E7 lines 1 and 6h List a	wente with gross receipt	
		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			RED JACKET	(b) Evolte #E	NONE	(d) Total events
				SOUNDBITES	NONE	(add col. (a) through
					(4 a 4 a 1 . a	col. (c))
æ			(event type)	(event type)	(total number)	
Revenue			1 649 604	100 707		1 772 401
Re∕	1	Gross receipts	1,648,694.	123,787.		1,772,481.
	_	Lagar Cantributions	1,264,894.	85,037.		1,349,931.
	_	Less: Contributions	1,201,051.	05,057.		1,343,331.
	3	Gross income (line 1 minus line 2)	383,800.	38,750.		422,550.
	4	Cash prizes				
	_	Noncock prizes				
Ś	5	Noncash prizes				
ense	6	Rent/facility costs	159,684.	13,731.		173,415.
xbe	ľ					
Direct Expenses	7	Food and beverages	124,981.	36,751.		161,732.
Oire						
_	8	Entertainment	163,639.	26,722.		190,361.
	9	Other direct expenses	13,283.	1,985.		15,268.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			540,776.
	11	1				-118,226.
Pa	irt i		answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	(I.) Dull take (in atout		(N Tabal manain a /a dal
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				sings/progressive sings		(a) an oagn oon (o))
Be	4	Gross revenue				
_	Ė	GIOSS TEVERIDE				
	2	Cash prizes				
ses						
per	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
Δ						
	5	Other direct expenses				
			Yes %		Yes %	
	6	Volunteer labor	No	No No	No	
	_	Di i	5: (0)			
	′	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	۰	Net gaming income summary. Subtract line 7	from line 1 column (d)			
_	0	Net garning income summary. Subtract line 7	nom line 1, column (a)			
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a	· · · -			Yes No
		No," explain:				
		· · · · · · · · · · · · · · · · · · ·				
	_					
					0	Yes No
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	162 140
		ere any of the organization's gaming licenses re Yes," explain:	•		ear?	
			•		ear?	Tes

332082 09-13-23

Schedule G (Form 990) 2023 UNITING VOICES	51-0140419 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	13a %
a The organization's facility	l l
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the a	mount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
47 Mandatow diatributions	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (<i>i</i>); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

UNT	TING VOICES						51-014	0419
Part I General Information of	on Grants and Assistance					<u>.</u>		
1 Does the organization mainta	ain records to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		
criteria used to award the gra	ants or assistance?						X Yes	☐ No
2 Describe in Part IV the organ	nization's procedures for monit	oring the use of grant	funds in the United	States.				
	sistance to Domestic Organi				anization answered "\	Yes" on Form 990, Part IV	/, line 21, for any	
recipient that received	more than \$5,000. Part II can	be duplicated if addit	ional space is need	ed.				
1 (a) Name and address of orgor government	ganization (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 gr or assistance	
	n 501(c)(3) and government or organizations listed in the line	-	e line 1 table				······	
3 Enter total number of other of For Paperwork Reduction Act No			•••••				Schedule I (Form 9	90) 2023

LHA

UNITING VOICES 51-0140419 Schedule I (Form 990) 2023 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance TOUR FEE SUBSIDIES BASED ON TOUR FEE ASSISTANCE 109 0. FINANCIAL NEED 96,408. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

42

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

UNITING VOICES

Part I Questions Regarding Compensation

Employer identification number 51-0140419

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		<u>х</u> х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	a		

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

Schedule J (Form 990) 2023

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	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOSEPHINE LEE	(i)	300,378.	75,000.	0.	9,278.	4,410.	389,066.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RACHEL LEFEVRE-SNEE	(i)	154,625.	0.	0.	4,639.	63.	159,327.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							<u> </u>
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)							

SCHEDULE M (Form 990)

Noncash Contributions

Noneusii Contributions

2023

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Inspection
Employer identification number

	UNITING VOIC	ES				51-0140	419	
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of determin noncash contribution ar	_	s
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	413,669.	FMV	7		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
12								
13	Securities - Miscellaneous Qualified conservation contribution -							
13	Historic structures							
14	Qualified conservation contribution - Other							
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	119,383.	FMV	7		
26	Other (FOOD)	X	1	500.	FMV	7		
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organia	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28,	that it		
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period			· ·		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31	Х	
	Does the organization hire or use third parties	-	•	•				
	contributions?		o .	, ,		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is che	cked,			

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

Schedule M (Form 990) 2023

describe in Part II

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITING VOICES

Employer identification number 51-0140419

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: IN OCTOBER 2023, THE ORGANIZATION LAUNCHED ITS FIRST PROGRAM OUTSIDE OF CHICAGO, IN LEXINGTON, KENTUCKY. THIS AFTER-SCHOOL PROGRAM SERVES YOUTH AGES 12 TO 18 ACROSS THE CITY OF LEXINGTON AND THE WIDER BLUEGRASS REGION. THE PROGRAM SHOWCASES YOUNG PEOPLE AS AMBASSADORS OF THE COMMUNITY AND LEADERS ON THE GLOBAL STAGE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE UNITING VOICES LEXINGTON PROGRAM PROVIDES AFTER-SCHOOL PERFORMANCE-BASED LEARNING BUILT AROUND INNOVATIVE CREATIVE PARTNERSHIPS AND COMPELLING ARTISTIC ENDEAVORS. UNITING VOICES LEXINGTON DEVELOPS PROGRAMS THAT INTENTIONALLY EMBRACE THE DIVERSITY OF THE BLUEGRASS REGION, MAKING A HIGH CALIBER MUSIC EDUCATION AVAILABLE TO ANY SINGER WHO WANTS IT. EXPENSES \$ 67,079. INCLUDING GRANTS OF \$ 0. REVENUE \$ 26,953. SECTION B, LINE 11B: FORM 990, PART VI, IF THERE FORM 990 IS E-MAILED TO THE FINANCE COMMITTEE FOR THEIR REVIEW. ARE OUESTIONS 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.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization UNITING VOICES	Employer identification number 51-0140419
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PRESIDENT'S SALARY IS DETERMINED DURING A MEETING OF T	HE COMPENSATION
COMMITTEE, WHICH IS MADE UP OF THREE MEMBERS OF THE BOARD	OF DIRECTORS.
SALARY INCREASES ARE BASED ON COST OF LIVING ADJUSTMENTS C	OUPLED WITH
PERFORMANCE EVALUATIONS. THEN, THOSE SALARIES ARE BENCHMAR	KED AGAINST
AVERAGE SALARIES FOR OUR SIZE OF ORGANIZATION. THE FINAL D	ECISION IS
REPORTED TO THE VICE PRESIDENT, FINANCE VIA EMAIL.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST	

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

June 30, 2024

Prepared For:

Kelly Fekety Uniting Voices 78 E. Washington Street, 5th Floor Chicago, IL 60602

Prepared By:

Ostrow Reisin Berk & Abrams, Ltd. 455 North Cityfront Plaza Drive, Suite 1600 Chicago, IL 60611-5313 312-670-7444

Amount of Tax:

Balance due of \$15

Make Check Payable To:

Illinois Charity Bureau Fund

Mail Tax Return To:

Office of the Attorney General Charitable Trust Bureau 115 S. LaSalle St Chicago, IL 60603

Return must be mailed on or before:

May 15, 2025

Special Instructions:

The report should be signed and dated by an authorized individual(s).

The return must be signed by the president or other authorized officer and the chief fiscal officer of the organization.

For	Office	Use	Only	

X) DESCRIPTION:

Y) DESCRIPTION:

PMT#

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL Revised 04/24

Illinois Attorney General Kwame Raoul u, 115 S. LaSalle St

CO# 01-008568 L 60603 Check all items attached:

	Charitable Trust Bureau, 115 S. L Chicago, IL 60603
AMT	Report for the Fiscal Period:
	Beginning <u>07/01/2023</u>
INIT	

Make Checks Payable to Illinois Charity ./2023

Audited Financial Statements Reviewed Financial Statements Copy of Form IFC Bureau Fund

X) #

Y) #

X Copy of IRS Return

\$15 Annual Report Filing Fee \$100 Late Report Filing Fee

06/30/2024

& Ending

F1 0110110			Late Report Filing	
	Date organization was created	ı:	06/18/1	
Are contributions to the organization tax deductible? X Yes No			MO DAY	YR
Legal Name: UNITING VOICES	YEAR-END AMOUNTS			
Mail Address: 78 EAST WASHINGTON STREET	A) ASSETS	A) \$	12,031,	581.
City, State: CHICAGO, IL	B) LIABILITIES	B) \$	628,	
Zip Code: 60602	C) NET ASSETS		11,402,	
ΣΙΡ 00uc. 00002	O) NET AGGETO	σ, φ	11,102,	333.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	$\overline{}$	AMOUNT	
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	95.372%	D) \$	10,104,	
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	1.360%	E) \$	144,	
F) OTHER REVENUES	3.267%	F) \$	346,	191.
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100 %	G) \$	10,595,	091.
H) OPERATING CHARITABLE PROGRAM EXPENSE	65.182%	H) \$	4,114,	976.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	l) \$		
	65 100			0.7.6
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	65.182%	J) \$	4,114,	976.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) \$				
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$		
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	65.182%	L) \$	4,114,	976.
M) MANAGEMENT AND GENERAL EXPENSE	10.363%	M) \$	654,	229.
N) FUNDRAISING EXPENSE	24.455%	N) \$	1,543,	890.
0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	0) \$	6,313,	095.
III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES:	:			
(Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)				
PROFESSIONAL FUNDRAISERS;		D) A		^
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$		0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$		
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$		
PROFESSIONAL FUNDRAISING CONSULTANTS:		, *		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$		0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE	E YEAR:			
T) NAME, TITLE: JOSEPHINE LEE, PRESIDENT		T) \$	375,	378.
U) NAME, TITLE: RACHEL LEFEVRE-SNEE, EXECUTIVE VICE	PRESIDENT	U) \$	154,	
V) NAME, TITLE: AMY TINUCCI, VICE PRESIDENT, DEVELOP		V) \$	125,	
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXCODE CATEGORIES		List	on back side of instru	uctions
w) DESCRIPTION: VOCAL PERFORMANCE		W)#	030	
V) DECORITION:		V) #		

IF	THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	2.		X
3.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.		X
4.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.		X
5.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.		X
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? IF "YES", ENTER	6.		Х
	(I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
7.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7.		X
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.		Х
9.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	9. [X
10.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: BANK OF AMERICA - CHICAGO, IL			
	CIBC US - CHICAGO, IL			
	MILLENNIUM BANK - DES PLAINES, IL			
11.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KELLY FEKETY - 312-849-8300			
	● ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS ●			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

<u>•</u>		
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
•		
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
KENNEMI I MODNIETM		
KENNETH L. TORNHEIM		
PREPARER (PRINT NAME)	SIGNATURE	DATE