** 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)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

Α	FOR LINE	2021 calendar year, or tax year beginning SEP 1, 2021 and	ending A	UG 31, 2022	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	GIVING VOICE INITIATIVE			
	Name chang	Doing business as		47-44840	86
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final return		255	612-440-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	334,651.
	Ameno			H(a) Is this a group re	
F	Applic			for subordinates	
_	tion pendir		55439	H(b) Are all subordinates in	=
_	T				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c te: ► WWW.GIVINGVOICECHORUS.ORG	01 021		list. See instructions
			1 1/2	H(c) Group exemption	
	art I	organization: X Corporation	L Year	of formation: ZUIS N	1 State of legal domicile: MN
	_	Briefly describe the organization's mission or most significant activities: INSPI	TRES A	ND EOUTPS	
ခ်	'	ORGANIZATIONS TO BRING TOGETHER PEOPLE WI			D THEIR
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos			
Ver	3			3	11
ဇ္ဗ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
≪	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5
ţį	6	Total number of volunteers (estimate if necessary)			35
Ξ.	7.0	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	1 a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	D	Net unrelated business taxable income noni Form 990-1, Part i, line 11		Prior Year	Current Year
		Contributions and grants (Part VIII line 1b)		357,825.	311,411.
ne	8	Contributions and grants (Part VIII, line 1h)		4,158.	4,512.
Revenue	9	Program service revenue (Part VIII, line 2g)		635.	2,150.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-5,710.	-3,345.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		356,908.	314,728.
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	314,720.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		99,197.	133,442.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		19,328.	25,260.
Ž.X	. b	Total fundraising expenses (Part IX, column (D), line 25)		77 224	107 011
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	I	77,334.	127,011.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		195,859.	285,713.
	19	Revenue less expenses. Subtract line 18 from line 12		161,049.	29,015.
Net Assets or	3		Ве	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		323,868.	367,518.
t As	21	Total liabilities (Part X, line 26)		15,208.	29,843.
		Net assets or fund balances. Subtract line 21 from line 20		308,660.	337,675.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules		· · · · · · · · · · · · · · · · · · ·	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer		7.0000
		Singston of officer			7, 2023
Sig	n	Signature of officer		Date	
Hei	e	KEITH YOUNG, TREASURER Type or print name and title			
				Oato Obert E	DTIN
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		TERESA MCALPINE, CPA TERESA MCALPINE,	CPA 0		
	parer	Firm's name SDK CPA		Firm's EIN ▶	41-1680240
Use	Only	Firm's address 100 WASHINGTON AVE S STE 1600			0 000 ====
		MINNEAPOLIS, MN 55401		Phone no.61	2-332-5500
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	INSPIRES AND EQUIPS ORGANIZATIONS TO BRING TOGETHER PEOPLE WITH
	ALZHEIMER'S AND THEIR CARE PARTNERS TO SING IN CHORUSES THAT FOSTER
	JOY, WELL-BEING, PURPOSE, AND COMMUNITY UNDERSTANDING.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ $105,453$. including grants of \$) (Revenue \$ $1,475$.
	CHOIRS: GVI PROVIDES FUNDING AND SUPPORT FOR THREE CHOIRS IN THE TWIN
	CITIES THAT INVOLVE PERSONS WITH DEMENTIA AND THEIR CAREGIVERS. THESE
	CHORUSES WEEKLY ENGAGE 180+ PEOPLE IN SINGING AND LEARNING NEW MUSIC
	FOR PUBLIC PERFORMANCES. THERE ARE TWO 16-WEEK SESSIONS EACH YEAR AND
	ONE 8-WEEK SESSION IN THE SUMMER LED BY A PROFESSIONAL MUSIC DIRECTOR.
	THESE CHORUSES SERVE AS LEARNING LABORATORIES FOR GVI AND ASSIST IN THE
	DEVELOPMENT AND REFINING OF CHORUS PROGRAMMING.
	0.757
4b	(Code:) (Expenses \$9,757. including grants of \$) (Revenue \$)
	OUTREACH: GVI BUILDS AWARENESS AND UNDERSTANDING OF THE POWER OF
	PARTICIPATING IN CHORAL SINGING FOR THOSE WITH ALZHEIMER'S. THIS OUTREACH IS DONE BY EDUCATING THE COMMUNITY THROUGH NATIONAL
	CONFERENCES, COMMUNITY PRESENTATIONS, PARTNERSHIPS WITH RESEARCH
	ORGANIZATIONS, AND NATIONAL LEADERSHIP GATHERINGS FOR DEMENTIA-FRIENDLY
	CHORUSES AROUND THE COUNTRY.
	CHOROSES AROUND THE COUNTRI.
4c	(Code:) (Expenses \$ 47,616. including grants of \$) (Revenue \$ 3,037.
	CONSULTING: GVI SUPPORTS THE LAUNCH AND SUSTAINABILITY OF NEW CHORUSES
	FOR PERSONS LIVING WITH ALZHEIMER'S AND THEIR CARE PARTNERS. GVI
	PROVIDES CONSULTING EXPERTISE ON ALZHEIMER'S PROGRAMMING AND
	MUSICAL/ARTS PRODUCTION TO MAXIMIZE THE POTENTIAL OF COURSE DESIGN AND
	COMMUNITY PERFORMANCES THAT CHANGE THE STIGMA OF ALZHEIMER'S. THIS
	CONSULTING INCLUDES THE USE OF THE GVI TOOLKIT, AN ONLINE DOWNLOADABLE
	RESOURCE THAT PROVIDES A STEP-BY-STEP GUIDE FOR PERSONS INTERESTED IN A
	CHORUS, QUARTERLY WEBINARS, AND THE GV LEARNING COMMUNITY, A NETWORK OF
	CHORUSES AROUND THE GLOBE COMMITTED TO SHARING BEST PRACTICES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 162,826.
	Form 990 (2021)

Form 990 (2021) GIVING VOICE INITIATIVE 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		Х
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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		Λ
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		21
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
• • •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	11		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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			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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		х
26	Schedule L, Part I	250		- 21
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,	20		
21	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,	LI		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	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 non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V			NI-
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ia b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
132004	4 12-09-21			(2021)

Form 990 (2021) GIVING VOICE INITIATIVE

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

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х				
е	3 7 7 7 7 1 31							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8								
•	sponsoring organization have excess business holdings at any time during the year?							
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:	0.5						
а	Initiation fees and capital contributions included on Part VIII, line 12							
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							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand			77				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Х				
b If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule</i> O								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		Х				
	excess parachute payment(s) during the year?	15		^				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Ves." complete Form 4720, Schedule O.	16		^				
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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 11								
	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								
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									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
-	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0							
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa							
D		10b							
115	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
·		12c	х						
12	on Schedule O how this was done	13	X						
13	Did the organization have a written whistleblower policy?	14	21	Х					
14	Did the organization have a written document retention and destruction policy?	14		21					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		Х					
	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		Λ					
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v					
	taxable entity during the year?	16a		X					
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								
0	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 filed ►MN								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X 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								
	SDK CPAS - 612-332-5500								
	100 WASHINGTON AVE S, STE 1600, MINNEAPOLIS, MN 55401								

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

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

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

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

Nours for related organizations Nour	(A) Name and title	(B) Average hours per week	box offi	Position (do not check more than or box, unless person is both a officer and a director/truste				n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
EXECUTIVE DIRECTOR STARTING 2/21 (2) JIM JENSON VICE CHAIR/INTERIM DIRECT THRU 2/21 (3) SALLY SCOGGIN CHAIR (4) KEATH YOUNG TREASURER (5) FRANK BENNETT (6) RICHARD GOLDEN MEMBER (7) HELEN JACKSON LOCKETT-EL (8) SHAHZORE SHAH MEMBER (8) SHAHZORE SHAH MEMBER (10) DARRELL FOSS MEMBER (10) DARRELL FOSS MEMBER (11) DARRELL FOSS MEMBER (12) CAROLE LEE RANDALL MEMBER (13) JEAN THOMSON 1.00 X X		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MISC/	organization
1.00		25.00							F2 660	0	0
VICE CHAIR/INTERIM DIRECT THRU 2/21		1 00			X				52,008.	0.	U
1.00		1.00	v		v				9 200	0	0
X		1.00			22				5,200.	0.	0
(4) KEATH YOUNG	CHAIR	1100	X		x				0.	0.	0
X	(4) KEATH YOUNG	1.00									
Solution	TREASURER		Х		Х				0.	0.	0
1.00	(5) FRANK BENNETT	1.00									
MEMBER X 0.	MEMBER		X						0.	0.	0
The Lett of State The	(6) RICHARD GOLDEN	1.00									
MEMBER X 0. 0. 0. (8) SHAHZORE SHAH 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (9) BARBARA GREENE X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. (10) DARRELL FOSS 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (11) HEATHER MULDER X 0. 0. 0. MEMBER X 0. 0. 0. (12) CAROLE LEE RANDALL 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. (13) JEAN THOMSON 1.00 0. 0. 0. 0. 0.	MEMBER		Х						0.	0.	0
(8) SHAHZORE SHAH 1.00 MEMBER X 0.0.0 (9) BARBARA GREENE 1.00 MEMBER X 0.0.0 (10) DARRELL FOSS 1.00 MEMBER X 0.0.0 (11) HEATHER MULDER X 0.0.0 MEMBER X 0.0.0 (12) CAROLE LEE RANDALL 1.00 MEMBER X 0.0.0 (13) JEAN THOMSON 1.00	(7) HELEN JACKSON LOCKETT-EL	1.00	1								
MEMBER X 0. 0. 0. (9) BARBARA GREENE 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (10) DARRELL FOSS 1.00 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. (11) HEATHER MULDER X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. (12) CAROLE LEE RANDALL 1.00 X 0. 0. 0. 0. (13) JEAN THOMSON 1.00 0. 0. 0. 0. 0. 0.	MEMBER	1	X						0.	0.	0
(9) BARBARA GREENE 1.00 MEMBER X (10) DARRELL FOSS 1.00 MEMBER X (11) HEATHER MULDER 1.00 MEMBER X (12) CAROLE LEE RANDALL 1.00 MEMBER X (13) JEAN THOMSON 1.00		1.00	ļ								
MEMBER X 0. 0. 0. (10) DARRELL FOSS 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (11) HEATHER MULDER X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. (12) CAROLE LEE RANDALL 1.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. (13) JEAN THOMSON 1.00 0. 0. 0. 0. 0. 0.		1 00	X						0.	0.	0
1.00 X 0. 0. 0. 0. 0. 0.		1.00	37						0	0	0
MEMBER X 0. 0. 0 (11) HEATHER MULDER 1.00 0. 0. 0 MEMBER X 0. 0. 0 (12) CAROLE LEE RANDALL 1.00 0. 0. 0 MEMBER X 0. 0. 0 (13) JEAN THOMSON 1.00 0. 0 0		1 00	Λ						0.	0.	U
(11) HEATHER MULDER 1.00 MEMBER X (12) CAROLE LEE RANDALL 1.00 MEMBER X (13) JEAN THOMSON 1.00		1.00	v						0	0	0
MEMBER X 0. 0. 0 (12) CAROLE LEE RANDALL 1.00 X 0. 0. 0 MEMBER X 0. 0. 0 0 (13) JEAN THOMSON 1.00 0		1.00							0.	0.	0
(12) CAROLE LEE RANDALL 1.00 MEMBER X (13) JEAN THOMSON 1.00		1.00	x						0.	0.	0
MEMBER		1.00									
(13) JEAN THOMSON 1.00	MEMBER		X						0.	0.	0
MEMBER X 0. 0. 0. C	(13) JEAN THOMSON	1.00									
	MEMBER		X						0.	0.	0
			1								

	990 (2021) GIVING V									47-44	184	086	P	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	Posi (do not check n box, unless pers officer and a dir			c) itior more rson i	າ than is bot	one n an	(D) Reportable compensation from	(E) Reportable compensation from related				
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	ation e cion ed ons		
			-											
			-											
			_											
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						> > >	61,868. 0. 61,868.		0. 0.			0. 0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	ove	e) wh	o re	eceived more than \$100,	000 of reportable			Vaa	0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	•		•	•	•		_		•		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportabl 0,000? If "Yes,	e co " <i>co</i>	mpe mpl	ensa ete S	tion Sche	anc edule	l oth e <i>J f</i>	ner compensation from t for such individual	ne organization		4		Х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors											5		Х
1	Complete this table for your five highest co the organization. Report compensation for	=	-							· · · · · · · · · · · · · · · · · · ·	ensat	tion fro	om	
	(A) Name and business	address	NO	INC	Ξ				(B) Description of s	ervices	C		C) nsatio	n
	Total number of index and and a natural series	- خرجا - منامرام	A !!	nit -	d +-	+h -			labova) who massive data	ave these				
	Total number of independent contractors (i \$100,000 of compensation from the organi	•	טנ וור	iiite	J 10)	ieu	above, who received mo	JE UIAII		Form	990 (2021)

132008 12-09-21

Form 990 (2021) GIVING
Part VIII Statement of Revenue

			Check if Schedule O co	ntains	s a response o	or note to any lin	e in this Part VIII			
						·····	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
Sυ	1	2	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							
جَ ق			Fundraising events			32,675.				
ffs,			Related organizations			32,073.				
ē Ē						35,092.				
ns, Sir			Government grants (contrib			33,092.				
atio er		Т	All other contributions, gifts, gr			243,644.				
들 된			similar amounts not included a			243,044.				
out		_	Noncash contributions included in lin				211 /11			
<u>0 8</u>		n	Total. Add lines 1a-1f				311,411.			
			DEGECEDATION E			Business Code	4 510	4 510		
e C	2	а	REGISTRATION F			999999	4,512.	4,512.		
e Z		b								
Program Service Revenue		С								
e a		d								
og F		е								
₫		f	All other program service re	venue	∍					
		g	Total. Add lines 2a-2f				4,512.			
	3		Investment income (includir	ng div	idends, intere	st, and				
			other similar amounts)				1,762.			1,762.
	4		Income from investment of	tax-ex	empt bond pr	roceeds				
	5		Royalties			>				
					(i) Real	(ii) Personal				
	6	а	Gross rents	ба						
				6b						
				ôc						
			Net rental income or (loss)			>				
			Gross amount from sales of		i) Securities	(ii) Other				
				7a :	15,703.					
		b	Less: cost or other basis		•					
<u>o</u>		_	and sales expenses	7b 1	15.315.					
her Revenue		c	Gain or (loss)	7c	388.					
ě			Net gain or (loss)			>	388.			388.
푸			Gross income from fundraising				3001			3001
Ğ.	o	u	including \$ 32,							
			contributions reported on li							
			•	,		1,263.				
		L-	Part IV, line 18			4,608.				
			Less: direct expenses				-3,345.			-3,345.
			Net income or (loss) from fu		_	·····	3,343.			3,343.
	9	а	Gross income from gaming							
			Part IV, line 19							
			Less: direct expenses		· · · · · · · · · · · · · · · · · · ·					
			Net income or (loss) from ga			>				
	10	а	Gross sales of inventory, les							
			and allowances							
			Less: cost of goods sold .							
\rightarrow		С	Net income or (loss) from sa	les o	finventory					
က္						Business Code				
Miscellaneous Revenue	11	а								
lan en		b								
cell ev		С								
Ais			All other revenue							
		е	Total. Add lines 11a-11d .)				
	12		Total revenue. See instructions	s			314,728.	4,512.	0.	-1,195.

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

Da ::	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	61,868.	31,185.	15,884.	14,799.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	62,545.	31,527.	16,057.	14,961.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes	9,029.	5,117 .	1,470.	2,442.
	Fees for services (nonemployees):	,	•		•
	Management				
	Legal				
	Accounting	8,093.		8,093.	
	Lobbying	,		.,	
	Professional fundraising services. See Part IV, line 17	25,260.			25,260.
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	23,023.	22 505	518.	
	Advertising and promotion	59.	22,505. 59.	3101	
		10,120.	3,134.	2,784.	1 202
	Office expenses	13,019.	7,801.	4,235.	4,202. 983.
	Information technology	13,013.	7,001.	4,255	703
	Royalties	7,992.		7,992.	
	Occupancy	1,334.		1,994.	
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 070	1 ((2)	207	
	Conferences, conventions, and meetings	1,870.	1,663.	207.	
	Interest				
	Payments to affiliates	1 100		1 100	
	Depreciation, depletion, and amortization	1,190.		1,190.	
	Insurance	1,810.		1,810.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	PROGRAM EXPENSES	59,835.	59,835.		
b					
С					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	285,713.	162,826.	60,240.	62,647.
	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 (202

Form 990 (2021)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			258,626.	1	357,181.
	2	Savings and temporary cash investments		3,994.	2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			58,734.	4	7,822.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disquared	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			1,101.	9	2,211.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D		1,827. 1,523.			
	b	Less: accumulated depreciation	913.	10c	304.		
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets	F00	14			
	15	Other assets. See Part IV, line 11			500.	15	265 510
	16	Total assets. Add lines 1 through 15 (must e			323,868.	16	367,518.
	17	Accounts payable and accrued expenses			15,208.	17	28,267.
	18	Grants payable		18	FOO		
	19	Deferred revenue				19	500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su				00	
Lia Tia		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to un				23	
	24 25	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on li					
		- CO-leaded - D			0.	25	1,076.
	26	Total liabilities. Add lines 17 through 25			15,208.	26	29,843.
	20	Organizations that follow FASB ASC 958,	check her	X	1372001	20	23,013.
es		and complete lines 27, 28, 32, and 33.	onook nor				
ů	27				295,660.	27	327,675.
3ali	28				13,000.	28	10,000.
<u>Б</u>		Organizations that do not follow FASB AS					.,
Ē		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current fur	nds			29	
;ets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				308,660.	32	337,675.
~	33	Total liabilities and net assets/fund balances			323,868.	33	367,518.
					<u>.</u>		Form 990 (2021)

	rt XI Reconciliation of Net Assets			. ug	<u> </u>
Га					
	Check if Schedule O contains a response or note to any line in this Part XI				
			214		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	314		
2	Total expenses (must equal Part IX, column (A), line 25)	2	285		
3	Revenue less expenses. Subtract line 2 from line 1	3		, 01	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	308	,66	<u>, 0 .</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	337	,67	<u> 15.</u>
Pa	rt 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	O.			
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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	•			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	·	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
Ju	Act and OMB Circular A-133?	-	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. Ju uuun	3b		
	or additio, explain mity on somedial of and describe any deeps taken to andrigo additional additional and additional addi		Form	90 α	2021)
			1 01111	(2	_0_1)

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.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number Name of the organization GIVING VOICE INITIATIVE 47-4484086 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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))

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

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

Sec	tion A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	239,632.	213,372.	266,797.	357,825.	311,411.	1389037.
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	000 600	010 050	066 808	255 225	24444	12222
	Total. Add lines 1 through 3	239,632.	213,372.	266,797.	357,825.	311,411.	1389037.
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,						110 000
	column (f)						119,270.
	Public support. Subtract line 5 from line 4.						1269767.
		()	# N = 2 / 2	() == (=	()) 0000	() (
	ndar year (or fiscal year beginning in)	(a) 2017 239, 632.	(b) 2018 213,372.	(c) 2019 266, 797.	(d) 2020 357,825.	(e) 2021 311,411.	(f) Total 1389037 •
	Amounts from line 4	239,032.	213,372.	200,191.	337,623.	311,411.	1309037.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			364.	635.	1,762.	2,761.
_	and income from similar sources			304.	033.	1,702.	2,701.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	77.	50.	906.			1,033.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	77•	50.	200.			1392831.
	Gross receipts from related activities,	oto (oco inetructio))			12	8,670.
12	First 5 years. If the Form 990 is for th	•	,	ourth or fifth toy v			0,070.
.0	organization, check this box and stop			•			ightharpoonup
Sec	ction C. Computation of Public						
	Public support percentage for 2021 (li			column (f))		14	91.16 %
15	Public support percentage from 2020					15	91.86 %
	33 1/3% support test - 2021. If the co						-
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes			-			▶ □
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2021

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

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

Section A. Public Support	iow, piedoe comp	oloto i urt ii.j				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(4) 2011	(4) 2010	(6) 2010	(a) LoLo	(6) 2021	(1) 1000
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	•		· ·	•		
check this box and stop here						>
Section C. Computation of Public		<u>-</u>			1.5	
15 Public support percentage for 2021 (lin	, , , , , , , , , , , , , , , , , , , ,		(//		15	%
16 Public support percentage from 2020	·	•			16	%
Section D. Computation of Invest			ino 10 l (^\)		47	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2			on line 14 and line		18 2.1/20/ and line 1	% 7 in not
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box and b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, chec	k this box and st	t op here. The orga	anization qualifies a	as a publicly suppo	orted organization	▶∐
20 Private foundation. If the organization	a did not check a	box on line 14 19	a or 19b check th	nis box and see ins	structions	▶

132023 01-04-22 Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
30		
3c		
4a		
4b		
_		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
46.		
10b		

132024 01-04-21

Schedule A (Form 990) 2021

rai	LIV	Supporting Organizations (continued)			
		,		Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
		nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion i	B. Type I Supporting Organizations			
		r		Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sect	<i>super</i> ti on (vised, or controlled the supporting organization. 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		103	140
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization'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			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signif	icant voice in the organization's investment policies and in directing the use of the organization's			
	incon	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k 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. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see institute Task Arguna Visco Og and Oh halow.	truction		NI-
2		ities Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
b		hese activities constituted substantially all of its activities. ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have engaged in	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

c Excess from 2019d Excess from 2020e Excess from 2021

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

GIVING VOICE INITIATIVE

Employer identification number

47-4484086

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	O-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation				
	, 0	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 \ \rightarrow \frac{1}{2} \rightarrow \frac{1}					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 grequirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

GIVING VOICE INITIATIVE

47-4484086

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I 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		\$15,703.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

GIVIN	G VOICE INITIATIVE		47-4484086
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for 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.)

Page 2

Page 3

Name of organization Employer identification number

GIVING VOICE INITIATIVE

47-4484086

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	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
2	82.000 SHARES OF PAYPAL HOLDINGS, INC. STOCK		01/05/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
3/153 11_11			Schedule B (Form 990) (202

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** GIVING VOICE INITIATIVE 47-4484086 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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

10590717 310044 69772.0

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

GIVING VOICE INITIATIVE

Employer identification number 47-4484086

Pai	t I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's exclu-	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adviso	rs in writing that grant funds can be i	used only
	for charitable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the organization	ation answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (ch	eck all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreation of	r education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired after 7		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation easemer	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the periodic		
_	violations, and enforcement of the conservation easements it holds		
6	Staff and volunteer hours devoted to monitoring, inspecting, handle	ling of violations, and enforcing cons	ervation easements during the year
_	Account of common transport to the state of	fortal attacks and an favority or a second	to a constant of the total of the constant
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conservat	ion easements during the year
	Description approximation assument variety on line 2/d/ should get	of the requirements of eastion 170/	\$\/4\/D\/:\
8	Does each conservation easement reported on line 2(d) above sati		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ea		
9	balance sheet, and include, if applicable, the text of the footnote to	•	
	organization's accounting for conservation easements.	o the organization s infancial stateme	This that describes the
Pai	t III Organizations Maintaining Collections of Art,	Historical Treasures, or Ot	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 990,	•	
1a	If the organization elected, as permitted under FASB ASC 958, not		nd balance sheet works
	of art, historical treasures, or other similar assets held for public ex	•	
	service, provide in Part XIII the text of the footnote to its financial s	,	•
b	If the organization elected, as permitted under FASB ASC 958, to		
	art, historical treasures, or other similar assets held for public exhib	·	
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treasure		
_	the following amounts required to be reported under FASB ASC 95		· · · · · · · · · · · · · · · · · · ·
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 for F		Schedule D (Form 990) 2021

132051 10-28-21

Par	rt III Organizations Maintaining C	collections of Art,	Historical Tre	asures, or	Other S	milar Ass	ets (contin	nued)	
3	Using the organization's acquisition, accessi						•	,	
	collection items (check all that apply):		·	· ·	· ·				
а	Public exhibition	d	Loan or exc	hange prograr	n				
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization	n's exempt	purpose in F	Part XIII.		
5	During the year, did the organization solicit o	· · · · · · · · · · · · · · · · · · ·	•	-	· ·				
	to be sold to raise funds rather than to be ma	aintained as part of the	e organization's co	llection?			Yes		No
Par	rt IV Escrow and Custodial Arran						IV, line 9, or		
	reported an amount on Form 990, Pa		· ·			•			
1a	Is the organization an agent, trustee, custodi	ian or other intermedia	ry for contributions	s or other asse	ets not incl	ıded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.				-				j
	rt V Endowment Funds. Complete i								
	· ·	(a) Current year	(b) Prior year	(c) Two years		Three years b	ack (e) Four	ryears	back
1a	Beginning of year balance								
b									
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	0.0								
_	and programs								
f	Administrative expenses								
g									
2	Provide the estimated percentage of the curr		(line 1g. column (a)) held as:					
a			%	,					
b			_,,						
		<u></u>							
•	The percentages on lines 2a, 2b, and 2c sho	-^ -							
За	Are there endowment funds not in the posse	•	on that are held ar	nd administere	d for the o	rganization			
	by:					9		Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the							ı	
Par	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990,	Part X, line	10.			
	Description of property	(a) Cost or oth	ner (b) Cost	or other	(c) Accu	mulated	(d) Boo	k value	e
		basis (investme	' '	(other)	depre		(-,		_
1a	Land								
b									
				1,827.		1,523.		3 (04.
	Other			•					
	Add lines 1a through 1e (Column (d) must a	· · · · · · · · · · · · · · · · · · ·	column (P) line 1	00.)				3 (04.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 GIVING VOICE	TNITIATIVE	4 / -	4484086 Page 3
Part VII Investments - Other Securities.	- Faura 000 Bart IV live	14h O. San Farra 200 Bart V. Fran 40	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-o	f voor market value
	(b) Book value	(c) Method of Valuation. Cost of end-o	i-year market value
(1) Financial derivatives			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	- F 000 B+ IV I'	114 - O Farm 200 Back V Francis	
Complete if the organization answered "Yes" o			f voor morket volve
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	r-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	>	
Part X Other Liabilities.		-	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) MINNESOTA PAYROLL LIABILIT			289.
(3) FEDERAL PAYROLL LIABILITIE	S		787.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1,076.
Total. (Column (b) must equal Form 990, Part X, col. (B) line. 2. Liability for uncertain tax positions. In Part XIII, provide t			
•		_	· —
organization's liability for uncertain tax positions under F	AUD AUC 140. CHECK I	iere ii tile text or tile loothote has been provi	ucu III Fall Alli

Schedule D (Form 990) 2021

1	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	· •			
	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d (Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5 Dord	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	otomonto With Franco	5	
Part	Reconciliation of Expenses per Audited Financial St		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	Donated services and use of facilities			
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)	•		
	Add lines 2a through 2d			
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)		4.	
	Add lines 4a and 4b			
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line : : XIII Supplemental Information.	(8.)	5	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and dand 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	.,,		
		ny additional information.		
		ny additional information.		
		ny additional information.		
		ny additional information.		
		ny additional information.		
		ny additional information.		
		ny additional information.		
		ny additional information.		

Schedule D (Form 990) 2021

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number 17-1181086

GIVING	VOICE INITIATIVE				47-4484	086
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	eed funds through any of the followin e X Solicitat f X Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includerofessi	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	X Yes	
(ii) Activity have custod with the desired by to form				(vi) Amount paid to (or retained by) organization		
AUTUMN CHMIELEWSKI - 4112		Yes	No			
43RD AVE S, MINNEAPOLIS, MN	FUNDRAISER		Х	32,500.	25,260.	7,240.
Total List all states in which the organization or licensing.	n is registered or licensed to solicit o			32,500. s or has been notified	25,260. it is exempt from rec	7,240. gistration
MN						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 GIVING VOICE INITIATIVE Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1 GARDEN PARTY FUNDRAISER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			(eveni sype)	(event type)	(total ramsol)	
Revenue	1	Gross receipts	33,938.			33,938.
	2	Less: Contributions	32,675.			32,675.
	3	Gross income (line 1 minus line 2)	1,263.			1,263.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	2,057.			2,057.
	8	Entertainment	750.			750.
	9	Other direct expenses				1,801.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	4,608.
D-		Net income summary. Subtract line 10 from li				-3,345.
Pa	ırt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-E2, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u>~</u>	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct		Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes %	
	٥	volunteer labor	NO	ILL NO	INO	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_	_					_
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac		states?		Yes No
10) IT "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

Schedule G (Form 990) 2021 132082 10-21-21

Sch	edule G (Form 990) 2021 GIVING VOICE INITIATIVE 47-7	4404000	Page 3				
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No				
	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:						
	The organization's facility	13a	%				
	An outside facility	13b	%				
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name						
	Address						
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No				
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount						
	of gaming revenue retained by the third party >\$						
c	If "Yes," enter name and address of the third party:						
	Name						
	Address >						
16	Gaming manager information:						
	Name						
	Gaming manager compensation > \$						
	Description of continue provided						
	Description of services provided						
	Director/officer Employee Independent contractor						
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?	Yes	O No				
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the						
	organization's own exempt activities during the tax year > \$						
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,				
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.						
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	z .					
<u> </u>	HEDOLE C, TAKE I, BINE 2D, BIST OF THE HIGHEST TAID TONDKAISEK	<i>.</i>					
<u>(I</u>) NAME OF FUNDRAISER: AUTUMN CHMIELEWSKI						
(I) ADDRESS OF FUNDRAISER: 4112 43RD AVE S, MINNEAPOLIS, MN 5540	16					
<u>\ </u>	, indicate of fondinitions, file fond by minimum onto, my John	, ,					

Schedule G (Form 990) 2021

Schedule G	G (Form 990)	GIVING VOICE	INITIATIVE	47-4484086	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)			
		(continued)			
-					
_					

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GIVING VOICE INITIATIVE

Employer identification number 47-4484086

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CARE PARTNERS TO SING IN CHORUSES THAT FOSTER JOY, WELL-BEING, PURPOSE,
AND COMMUNITY UNDERSTANDING.
FORM 990, PART VI, SECTION B, LINE 11B:
ORGANIZATION'S PROCESS TO REVIEW FORM 990. THE 990 IS REVIEWED AND APPROVED
BY THE FINANCE COMMITTEE BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ENFORCEMENT OF CONFLICTS POLICY. CONFLICT OF INTEREST ISSUES ARE REVIEWED
ANNUALLY BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS DISCLOSURE EXPLINATION AND GOVERNING DOCUMENTS ARE
AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2021