Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax year beginning	08/01/2022	and ending		07/31/2	023					
В	Check if	applicable:	C Name of organization UNITED S	SOUND INC				D Emplo	oyer identification	number			
	Address	change	Doing business as						47-1534338				
	Name ch	nange	Number and street (or P.O. box if	mail is not delivered to street add	ress)	Roon	n/suite	E Teleph	none number				
	Initial ret	urn	1136 E Harmony Suite 201				623-428-1192						
	Final retu	ırn/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal c	ode								
	Amende	d return	Mesa, AZ 85204					G Gross	receipts \$	355,389			
	Applicat	ion pending	F Name and address of principal offi	icer: Julie Duty			H(a) Is this a gro	up return fo	or subordinates? 🔲 🕶	es 🗹 No			
			1136 E Harmony, Suite 201, M	lesa, AZ 85204			H(b) Are all su	bordinate	es included? 🗌 Y e	es 🗌 No			
ı	Tax-exe	mpt status:	✓ 501(c)(3)) (insert no.)	(1) or 527	7	If "No," attach	a list. Se	ee instructions.				
J	Website	: www.uni	tedsound.org				H(c) Group ex	exemption number					
K	Form of	organization: 🔽	Corporation Trust Associa	tion Other	L Year of for	matior	: 2014	M State	of legal domicile:	ΑZ			
Р	art I	Summa	ry										
	1	Briefly des	cribe the organization's miss	ion or most significant acti	vities: Unit	ed So	und's missio	n is to i	remove barriers	and			
Ge		foster social change through music. Our goal is to support musicians and educators to use music as a vehicle for											
Jan		(Continued on Schedule O, Statement 1)											
Activities & Governance	2	Check this	box \square if the organization di			of m	ore than 25	% of its	s net assets.				
ő	3	Number of	f voting members of the gove		3		5						
∞	4	Number of	findependent voting member	rs of the governing body (P	art VI, line	1b)		4		5			
ties	5	Total numb	ber of individuals employed ir	n calendar year 2022 (Part	V, line 2a)			5		4			
ξ	6	Total numb	ber of volunteers (estimate if i	necessary)				6		1,600			
Ac	7a	Total unrel	lated business revenue from I	Part VIII, column (C), line 1:	2			7a		0			
	b	Net unrelat	ted business taxable income	from Form 990-T, Part I, li	ne 11			7b		0			
							Prior Year		Current Ye	ar			
Ф	8	Contribution	ons and grants (Part VIII, line	1h)			2	24,127		236,645			
Revenue	9	Program so	ervice revenue (Part VIII, line	2g)				82,470		112,240			
ě	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)				662		661			
Œ	11	Other reve	nue (Part VIII, column (A), line		0		3,133						
	12	Total reven	nue-add lines 8 through 11 (m	3	07,259		352,679						
	13	Grants and	d similar amounts paid (Part I)	X, column (A), lines 1-3) .				0		0			
	14	Benefits pa	aid to or for members (Part IX	(, column (A), line 4)				0	C				
S	15	Salaries, ot	ther compensation, employee I	benefits (Part IX, column (A)	, lines 5-10)		1	60,904		176,194			
Expenses	16a	Profession	al fundraising fees (Part IX, c	olumn (A), line 11e)				0		0			
xbe	b	Total fundr	raising expenses (Part IX, col	umn (D), line 25)	0								
Ш	17	Other expe	enses (Part IX, column (A), line	es 11a-11d, 11f-24e) .			1	11,256		120,257			
	18	Total expe	nses. Add lines 13–17 (must	equal Part IX, column (A), I	ine 25) .		2	72,160		296,451			
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12				35,099		56,228			
Net Assets or Fund Balances						Beg	ginning of Curre	ent Year	End of Yea	ar			
sets	20	Total asset	ts (Part X, line 16)				3	61,115		418,795			
t As	21		ities (Part X, line 26)					5,400		6,690			
			or fund balances. Subtract li	ine 21 from line 20			3	55,715		412,105			
P	art II	Signatu	ire Block										
			r, I declare that I have examined this rec. Declaration of preparer (other than						my knowledge and	belief, it is			
	e, correc	t, and complet	e. Declaration of preparer (other than	officer) is based off all information	TOI WINCH prep	arer na	as any knowieu	ge. 					
0:													
Si	-	Signature of	officer				Date						
He	ere	Kelli Archibald, Treasurer											
		1 7 .	name and title	1									
Pa	id	Print/Type	e preparer's name	Preparer's signature		Date		Check [_				
	epare	r						self-emp	oloyed				
	e Onl	Lives's see	ne				Firm's	EIN					
		Firm's add					Phone	no.					
Ma	v tha IE	29 discuss t	this raturn with the preparer of	chown above? See instruct	tione				□ Voc	□ No			

Part	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:									
•	United Sound's mission is to remove barriers and foster social change through music. Our goal is to support musicians and									
	educators to use music as a vehicle for transformative change. Working with peer mentors, teaching artists, specialists, therapists,									
	educators, composers, performers, and industry professionals, United Sound provides training, support, organizational resources,									
	(Continued on Schedule O, Statement 2)									
2	Did the organization undertake any significant program services during the year which were not listed on the									
	prior Form 990 or 990-EZ?									
	If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?									
	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by									
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,									
	the total expenses, and revenue, if any, for each program service reported.									
	, , , , , , , , , , , , , , , , , , ,									
4a	(Code:) (Expenses \$ 180,749 including grants of \$) (Revenue \$ 77,001)									
Tu	Peer mentoring program: Production of method training materials (music, books, and other teaching materials) for teachers and									
	students in the United Sound program. We currently have method books available for flute, clarinet, saxophone, trumpet,									
	trombone, euphonium, mallet percussion, rhythmic percussion, violin, viola, and cello with a guitar curriculum in the testing stages.									
	The curriculum was created with research-based principles in mind. Using colors and foods, the abstract concepts of music									
	(rhythm and pitch) are transformed into concrete steps. The method books include flash cards and other materials useful in									
	helping New Musicians be successful on their chosen instrument. For example, the flute book would include textured stickers that									
	can be placed on a New Musician's instrument to help them feel as well as see the hand position for each note. The Peer Mentors									
	use these method books, along with the training they receive to create a modified, individualized plan for each New Musician. For									
	the 22-23 academic year, 608 New Musicians (students with disabilities and special needs) and 1421 Peer Mentors (general									
	education band and orchestra students) participated in United Sound. Training 1600 volunteers, teachers, students, and aides									
	from participating United Sound schools who donated more than 48,000 hours during the fiscal year for the United Sound program.									
	(Continued on Schedule O, Statement 3)									
4b	(Code:) (Expenses \$ 55,971 including grants of \$) (Revenue \$ 37,864)									
	Composer project - we worked to form strategic alliances with teachers, students, and composers. For teachers, we are working									
	on making the process of finding and obtaining diverse new music easier. For students, we are working on increasing access and									
	opportunity, enabling more young people to play more diverse music at much younger ages. For composers, we are building									
	structure to support the writing and distribution process.									
	Substitution of the substi									
4 -	(Oada									
4c	(Code:) (Expenses \$ 31,017 including grants of \$) (Revenue \$ 36,925)									
	Play with US Program: this program was created as we navigated the "new normal" during the pandemic. Even though our peer									
	mentoring programs couldn't meet in person, our focus still remained on students with disabilities and by extension their teachers									
	and parents. The Play with US program brings the music class directly into self-contained special education classrooms by									
	partnering with schools across the country to provide weekly interactive videoconference music classes (synchronous and									
	asynchronous options were and still are available each week). At the junior high and high school levels, general music is typically									
	not an option and electives were being cancelled and postponed. Play with US enables special education teachers who are									
	teaching in person or virtually to participate with their students in an active music-making class that utilizes the existing United									
	Sound curriculum and foundations. In addition to weekly music classes, instrument kits were provided to all participants and their									
	teachers truly making this an interactive and fun class for all. For the 22-23 academic year, we had 45 classrooms/teachers									
	participating in Play with US and were able to bring the joy of music into the lives of over 450 special education students									
	participating in Fig. with 00 and were able to bring the Joy of madic lifto the lives of over 450 special education students									
<i>/</i> / <i>A</i>	Other pregram convices (Describe on Schodule O.) See Sehedule O. Stetement 4									
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 4									
A .	(Expenses \$ 15,521 including grants of \$ 0) (Revenue \$ 8,000)									
4e	Total program service expenses 283,258									

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	90 (2022)			Page
Part	Checklist of Required Schedules			
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	Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	~	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		·
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<i>'</i>
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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		,
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
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		~
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		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	11e 11f	<i>V</i>	,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
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		V
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		·

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

Part l	Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_
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		1
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		_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		_
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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		_
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		_
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part	V Statements Regarding Other IRS Filings and Tax Compliance	, 33	. •	
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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		
4a	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		~
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
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).			
a	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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
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 organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
a 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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
.5	excess parachute payment(s) during the year?	15		/
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 5 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AZ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website ☐ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial 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. Dorean White, (623)428-1192

Part VI

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if fletther the organization no	i airy reiate	u org	ailiz	auc	льс	ompe	1130	lied any current	onicer, director,	oi iiusiee.
		(C)								
(A)	(B)	١,,			ition			(D)	(E)	(F)
Name and title	Average hours per week	box,	unles er and	ss pe	rson	e than on the thick that the thick t	n an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	
Julie Duty	60.00									
Executive Director	0.00				~			78,125	0	0
Brian Mikes	1.00									
Chairman	0.00	~		~				0	0	0
Kelli Archibald	1.00									
Treasurer	0.00	~		~				0	0	0
Allison Hall	1.00									
Secretary	0.00	~		~				0	0	0
Jamal Duncan	1.00									
Member	0.00	~						0	0	0
Luis Vidal	1.00									
Member	0.00	~						0	0	0
		-								

Part	VII Section A. Officers, Directors,	rustees,	Key I	⊨m∣	plo	yee	s, ar	id F	iignest Compe	ensated Empl	oyees (continued)
	(A) Name and title	(B) Average hours per week	box,	Position (do not check more than obox, unless person is both officer and a director/trust					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2 1099-MISC/ 1099-NEC)	from the organization and related organizations
			-								
	Subtotal								78,125	(0
c d		·							78.125		0
2	Total number of individuals (including reportable compensation from the organization)	but not	limite	ed t	to t	thos	e lis	ted	above) who re	eceived more	than \$100,000 o
3	Did the organization list any former of employee on line 1a? If "Yes," complete of								-	-	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble	con	npei	nsatio	n a		nsation from th	h
5	Did any person listed on line 1a receive of for services rendered to the organization										
Secti	on B. Independent Contractors	ili res, c	σπρι	ele	301	leut	ile J	OI S	such person .		5 /
1	Complete this table for your five high compensation from the organization. Rep										
	(A) Name and business add								(B) Description of sen		(C) Compensation
None											
										<u> </u>	
2	Total number of independent contractor received more than \$100,000 of compens						ed to	o th	nose listed abov	e) who	

Part VIII Statement of Revenue

		Check if Schedule O contains a re	spon	ise or note to an	y line in this Pa	ırt VIII		\square
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is,	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b	0				
g L	С	Fundraising events	1c	2,243				
its, r Aı	d	Related organizations	1d	0				
Gil	е	Government grants (contributions)	1e	45,150				
ns, Sim	f	All other contributions, gifts, grants,						
tio er (and similar amounts not included above	1f	189,252				
ibu H	g	Noncash contributions included in						
ntr d C		lines 1a-1f	1g	\$ 0				
Co	h	Total. Add lines 1a-1f			236,645			
				Business Code	·			
Se	2a	Participation Fees (Peer Mentoring Pr	rograi	624120	75,315	75,315	0	0
Program Service Revenue	b	Participation Fees (Play with US Prog		624120	36,925	36,925	0	0
gram Ser Revenue	С				•			
am eve	d							
Be	е							
Pro	f	All other program service revenue			0	0	0	0
_	g	Total. Add lines 2a–2f			112,240			
	3	Investment income (including divident						
		other similar amounts)			661	0	0	661
	4	Income from investment of tax-exem	npt bo	ond proceeds	0	0	0	0
	5	Royalties			0	0	0	0
		(i) Rea		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securit	ies	(ii) Other				
		sales of assets						
		other than inventory 7a						
<u>e</u>	b	Less: cost or other basis						
ent		and sales expenses . 7b						
Revenue	С	Gain or (loss) 7c	0	0				
_	d	Net gain or (loss)						
Other	8a	Gross income from fundraising						
Ò		events (not including \$ 2,243						
		of contributions reported on line						
		1c). See Part IV, line 18	8a	5,843				
	b	Less: direct expenses	8b	2,710				
	С	Net income or (loss) from fundraisin	g eve	ents	3,133		0	3,133
	9a	Gross income from gaming						
		activities. See Part IV, line 19 .	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming ac	tivitie	es				
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of in	vento	1				
ns	١.,			Business Code				
eo ne	11a							
Miscellaneous Revenue	b							
ecel 3ev	C	All II						
Mis	d	All other revenue						
		Total. Add lines 11a–11d			0			
	12	Total revenue See instructions		J	352 679	112 240	0	3 70/

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	or note to any line	in this Part IX .		<u>/</u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4					
4 5	Benefits paid to or for members				
5	trustees, and key employees				
_		83,400	83,400		
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	80,461	73,861	6,600	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,333	11,933	400	
11	Fees for services (nonemployees):	.2,000	11,700	.00	
а	Management				
b	Legal				
C	Accounting				
_					
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A), amount, list line 11g expenses on Schedule O.)				
	· · · · · · · · · · · · · · · · · · ·	23,170	23,170		
12	Advertising and promotion	4,273	4,273		
13	Office expenses	5,256	4,149	1,107	
14	Information technology	9,313	9,097	216	
15	Royalties				
16	Occupancy	9,532	9,532		
17	Travel	17,713	17,713		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,535	1,535		
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	4,728		4,728	
24	Other expenses. Itemize expenses not covered	4,720		4,120	
	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 O.)				
_		44.464	44.404		
a	Curriculum and other program related expenses	41,106	41,106	0	
b	Bank Fees	2,388	2,265	123	
C C	State Registrations	513	513	0	0
d	Miscellaneous	730	711	19	0
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	296,451	283,258	13,193	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				
					000

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	<u>tx</u>		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	361,115	1	418,795
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
)ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14 15	
	15 16	Other assets. See Part IV, line 11	2/1 115	16	410 705
	17	Accounts payable and accrued expenses	361,115 432	17	418,795
	18	Grants payable	432	18	1,236
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
s	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	4,968	25	5,454
	26	Total liabilities. Add lines 17 through 25	5,400	26	6,690
es		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
8	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds	0	29	0
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
As	31	Retained earnings, endowment, accumulated income, or other funds .	355,715		412,105
<u>f</u>	32	Total net assets or fund balances	355,715		412,105
_	33	Total liabilities and net assets/fund balances	361,115	33	418,795

Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)		352	,679					
2	Total expenses (must equal Part IX, column (A), line 25)		296	,451					
3	Revenue less expenses. Subtract line 2 from line 1		56	,228					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4								
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities			0					
7	Investment expenses			0					
8	Prior period adjustments			162					
9	Other changes in net assets or fund balances (explain on Schedule O)			0					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))		412	,105					
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		\Box					
			Yes	No					
1	Accounting method used to prepare the Form 990: Cash Accrual Other	-							
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.								
0-		0-							
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	. 2a		<u> </u>					
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
h	Were the organization's financial statements audited by an independent accountant?	2b		/					
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both:								
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	:							
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c							
	If the organization changed either its oversight process or selection process during the tax year, explain on								
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		•					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	:							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	200						

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

		sol	JND INC							34338
Par	t I		Reason for Pub	olic Cha	rity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instructi	ons.
The o	_		•			s: (For lines 1 through		-	•	
1						on of churches descr			0(b)(1)(A)(i).	
2						(Attach Schedule E (F		-		
3						ganization described i				
4				•	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_			spital's name, city,			college or university			d by a gayaramant	val unit dagarihad in
5			organization oper ction 170(b)(1)(A)(college or university	owned o	r operate	ed by a government	ai unii described in
6 7										
8		Αc	ommunity trust de	escribed i	n section 170(b))(1)(A)(vi) . (Complete	Part II.)			
9		or u	university or a non versity:	-land-gra	nt college of agr	d in section 170(b)(1) iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10		sup	oport from gross ir	าvestmen	t income and un	e than 33 ¹ /3% of its sunctions, subject to ce related business taxa 75. See section 509(a	ble incom	ne (less se	ection 511 tax) from	o fees, and gross 33 ¹ / ₃ % of its businesses
11					•	sively to test for public	-			
12					•	vely for the benefit 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. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
а		Ш				l, supervised, or contr regularly appoint or e				
						ete Part IV, Sections			ne directors or trust	ees of the
b		П			-	sed or controlled in co			unnorted organizati	on(s) by having
2			control or manage	ement of	the supporting o	organization vested in Colors A and Colors A	the same			
С						ting organization oper ons). You must comp				ally integrated with,
d						ipporting organization inization generally mu				
			requirement (see	instructio	ns). You must c	omplete Part IV, Sec	ctions A a	and D, ar	nd Part V.	
е						a written determination				e II, Type III
f	Ε	nte	r the number of su	pported o	organizations .					
g	Р	rovi	ide the following ir	nformation	n about the supp	orted organization(s).				
	1 (i)	Name	e of supported organiza	ation	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
							Yes	No		
(A)										
(~)										
(B)										
(C)										
(D)										
(E)										
							1			

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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.)

Secti	on A. Public Support			•	•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	236,986	334,780	231,116	306,597	354,729	1,464,208
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						
4	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	236,986	334,780	231,116	306,597	354,729	1,464,208
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	67,428	57,750	47,500	75,150	100,000	347,828
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					10,000	10,000
С	Add lines 7a and 7b	67,428	57,750	47,500	75,150	110,000	357,828
8	Public support. (Subtract line 7c from						,,,,,,
	line 6.)						1,106,380
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	236,986	334,780	231,116	306,597	354,729	1,464,208
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.			140,241	662	661	141,564
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	0	0	140,241	662	661	141,564
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.)	236,986	334,780	371,357	307,259	355,390	1,605,772
14	First 5 years. If the Form 990 is for the organization, check this box and stop he					ar as a section	
Secti	on C. Computation of Public Suppor	t Percentage)				
15	Public support percentage for 2022 (line 8		-	3, column (f))		15	68.9 %
16	Public support percentage from 2021 Sch					16	66.13 %
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (-		17	8.82 %
18	Investment income percentage from 2021					18 221 colo	9.69 %
19a	·						
b	331/3% support tests—2021. If the organiz line 18 is not more than 331/3%, check this l	ation did not ch	neck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
20	Private foundation. If the organization di	-	_		· · · · · · · · · · · · · · · · · · ·		_

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

Jeen	on A. All Supporting Organizations		Yes	No
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.	1	103	NO
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
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.	10a		
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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c 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 Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A-Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

UNITED SOUND INC 47-1534338 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedu	le D (Form 990) 2022								Page 2
Part	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		and other reco	rds, chec	k any of th	e follov	wing that make	significant u	se of it
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	ram		
b	☐ Scholarly research		е	☐ Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	tion's collect	ions and expl	ain how t	hey further	the or	ganization's ex	empt purpose	e in Par
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part	IV Escrow and Custodial Arra	angements							
	Complete if the organization 990, Part X, line 21.	answered	"Yes" on Fo	rm 990, F	Part IV, line	e 9, or	reported an a	amount on F	orm
1a	Is the organization an agent, trustee	, custodian	or other interr	nediary fo	or contribut	tions o	r other assets	not	
	included on Form 990, Part X?							· 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and c	omplete the f	ollowing to	able:				
								Amount	
С	Beginning balance					10			
d	Additions during the year					10			
е	Distributions during the year					16			
f	Ending balance					11			
2a	Did the organization include an amoun							•	∐ No
b	If "Yes," explain the arrangement in P	art XIII. Chec	k here if the e	xplanatio	n has been	provid	ed on Part XIII		Ш
Par			"Vaa" on Fa	000 [- 10			
	Complete if the organization			-			(D T)		
4.	Danisasia a afora a balanca	(a) Current y	rear (b) Pr	ior year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t				g, column (a	a)) held	as:		
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and		•						
3a	Are there endowment funds not in the	e possessior	n of the organ	ization th	at are held	and ac	iministered for		
	organization by:								es No
	(i) Unrelated organizations								
	()							- ,	
b	If "Yes" on line 3a(ii), are the related o	-						. 3b	
4 Part	Describe in Part XIII the intended uses VI Land, Buildings, and Equip		nization's end	owment ii	unas.				
rail	Complete if the organization		"Yes" on Fo	rm aan I	Part IV line	o 11a	See Form 90) Part Y lin	<u>1</u> 0 م
	Description of property			1	or other basis				
	Description of property	, , ,	st or other basis nvestment)	` '	other)		Accumulated epreciation	(d) Book v	aiue
	Land	. `	•	<u> </u>					
b	Buildings								
C	Leasehold improvements								
d	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Fo	orm 990, Part	X, columr	n (B), line 10)c.) .			

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part I	V line 11h See F	orm 990 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
. ,	eld equity interests		
(3) Other			
(B)			
(C)			
(E) (F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See Fo	orm 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8) (9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		_
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See Form 990, Part X,
	line 25.		T
1.	(a) Description of liability		(b) Book value
(1) Federal in			
	payroll tax withholding		5,034
	oll Tax Payable		420
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)		. 5,454
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ		
	s liability for uncertain tax positions under FASB ASC 740. Check here if the text		

Schedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, P	Part IV, line 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:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, P	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С		2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
			1 1	
С	Add lines 4a and 4b		4c	
с 5	Add lines 4a and 4b		4c 5	
5 Part	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> XIII Supplemental Information.	. 18.)	5	
5 Part Provid	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	; Part V, line 4;	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> XIII Supplemental Information.	9 18.)	; Part V, line 4;	Part X, line
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	; Part V, line 4; formation.	
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	9 18.)	; Part V, line 4; formation.	
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)	; Part V, line 4; formation.	
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. He the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete this part to t	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete this part to t	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete this part to t	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete this part to t	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete this part to t	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete this part to t	9 18.)	; Part V, line 4; formation.	
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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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

UNITED SOUND INC

47-1534338

UNITED SOUND INC	47-1534338
Form 990, Part III, Line 2 - Composer Project - Our goal is to address the root causes of underrepresentation	on of diversity in professional
music. Playing music by composers of diverse backgrounds is critical for student development, yet music	educators and composers often
struggle to connect. Without this diverse representation in school ensembles, minoritized groups may not	see themselves as future
composers. United Sound is leveraging the collective power to create change by investing in professional	composers and educators who
are committed to helping students of diverse backgrounds to become composers, giving our youngest m	usic makers the tools and
confidence they'll need to become our next generation of creators.	
Form 990, Part VI, Section B, Line 11b - A draft copy of the complete 990 is emailed to all board members 2	2 weeks prior to a board meeting.
During those 2 weeks, board members have time to review the 990 for accuracy. All suggestions and ques	
Director of Operations and changes are made to the 990 based on that feedback. After all changes have be	een made, the board approves
the final 990 at the November or December board meeting.	
Form 990, Part VI, Section B, Line 12c - Board members review and complete conflict of interest survey an	inually and discuss and resolve
any conflicts at subsequent board meeting.	
Form 990, Part VI, Section B, Line 15 - Compensation of Executive Director is reviewed by independent bo	
and reasonableness and is approved by vote of the board at a board meeting. The discussion and approve	al is documented in the board
minutes. No compensation was paid to board members, only to the Executive Director.	
Form 990, Part VI, Section C, Line 19 - The organization makes all its 990's available online at: https://www	united sound oralimnact Conjes
of governing documents (IRS determination letter, By-laws, Articles of Incorporation) can be requested by	
address on the 1st page of this 990.	contacting officer Sound at the
auditoss on the 1st page of this 776.	
Form 990, Part IX, Line 11g - Tempe Winds Conductors, Play with US Instructors	
,	

Schedule O, Statement 1 UNITED SOUND INC

Form: Form 990 (2022)

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Part I, Line 1

Activity Or Mission Description

Description

transformative change. Working with peer mentors, teaching artists, specialists, therapists, educators, composers, performers, and industry professionals, United Sound provides training, support, organizational resources, and curriculum that leverage individual strengths to create equitable opportunities and outcomes for all.

Schedule O, Statement 2 UNITED SOUND INC

Form: Form 990 (2022) EIN: 47-1534338

Page: 2 Part III, Line 1

Mission Description

and curriculum that leverage individual strengths to create equitable opportunities and outcomes for all. Through our own experiences, we know that the joy of learning and performing music is life-changing. We believe that all children should have access to meaningful and authentic music education and musical performance experiences.

Description

Schedule O, Statement 3 UNITED SOUND INC

Form: Form 990 (2022) EIN: 47-1534338
Page: 2 Part III, Line 4a

First Program Service Accomplishments Description

Description

This training includes the production of training videos that are made available to teachers and students and conference calls with schools to discuss not only the implementation of a United Sound chapter but also on-going support as needed. In addition, our founder and executive director travels to various programs throughout the country to offer support and training. For the 22-23 school year, United Sound had 88 peer mentoring programs throughout the United States. In addition to this, we also give New Musicians and Peer Mentors the opportunity to perform together at local and national events and conferences/conventions.

Schedule O, Statement 4 UNITED SOUND INC

Form: Form 990 (2022)

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EIN: 47-1534338
Part III, Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	In 2022, United Sound merged with another 501(c)(3) public charity, Tempe Symphonic Wind Ensemble Association, a community ensemble based in Tempe, Arizona. the conductor of the Tempe Winds retired and this merger allowed this ensemble to continue to exist and also benefited United Sound's composer project.	15,521		8,000
Total:		15,521	0	8,000