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)

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

Α	For the	e 2020 calend	dar year, or tax year beginning 01/01/2020 and endir	g	12/31/2	2020		
в	Check if	f applicable:	C Name of organization SOUND OFF			D Empl	oyer identification n	number
	Address	s change	Doing business as				46-4875047	
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Roon	n/suite	hone number		
	Initial re	turn	4040 Broadway				800-227-4460	
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	San Antonio, TX, 78209			G Gross	s receipts \$	331,090
	Applicat	tion pending	F Name and address of principal officer: WILLIAM WATERS NEGLEY		H(a) Is this a gro	oup return fo	or subordinates?	s 🗹 No
			4040 BROADWAY, SAN ANTONIO, TX 78209		H(b) Are all s	ubordinat	es included? 🗌 Yes	s 🗌 No
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 5	27	If "No," attacl	h a list. Se	ee instructions	
J	Website	e: 🕨 WWW.S	SOUND-OFF.COM		H(c) Group e	xemption	number 🕨	
К	Form of	organization: 🖌	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of f	ormation	2015	M State	of legal domicile:	ТХ
Ρ	art I	Summa						
	1	Briefly des	cribe the organization's mission or most significant activities: <u>So</u>	und Off	's mission i	s to pro	vide mental healt	h
S		support to	Veterans and Service Members in such a way that the 47%+ of those	sufferi	ng who othe	erwise r	efuse to seek hel	р
Activities & Governance		(Continued	I on Schedule O, Statement 2)					
veri	2	Check this	box \blacktriangleright if the organization discontinued its operations or dispo	sed of	more than	25% of	its net assets.	
Ő	3	Number of	voting members of the governing body (Part VI, line 1a)			3		6
õ	4	Number of	independent voting members of the governing body (Part VI, line	1b) .		4		6
ties	5	Total numb	per of individuals employed in calendar year 2020 (Part V, line 2a)			5		2
tivi	6	Total numb	per of volunteers (estimate if necessary)			6		100
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12			7a		0
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11 .			7b		0
					Prior Yea	r	Current Yea	ar
Θ	8	Contributio	ons and grants (Part VIII, line 1h)		5	99,795	:	331,090
nue	9	Program se	ervice revenue (Part VIII, line 2g)			0		0
Revenue	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)			0		0
щ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .			19,586		-22,791
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	5	80,209	:	308,299
	13	Grants and	I similar amounts paid (Part IX, column (A), lines 1–3)			0		0
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)			0		0
ŝ	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5-10)	1	85,502		164,503
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)			0		0
xpe	b	Total fundr	aising expenses (Part IX, column (D), line 25) ►37,68	7				
Ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)		1	81,324		191,668
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3	66,826	:	356,171
	19	Revenue le	ess expenses. Subtract line 18 from line 12		2	13,383		-47,872
Net Assets or Fund Balances				Beg	inning of Curr	ent Year	End of Year	r
sets alan	20	Total asset	s (Part X, line 16)		4	16,424	4	415,703
tAs Id Bå	21	Total liabili	ties (Part X, line 26)			140		47,291
		Net assets	or fund balances. Subtract line 21 from line 20		4	16,284	:	368,412
	art II	Signatu	re Block					

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

Sign Here	Signature of officer <u>William Waters Negley, CEO</u> Type or print name and title			Date		
Paid Preparer	Print/Type preparer's name Timothy Hudson	Preparer's signature	Date	Check if self-employed		PTIN P02361635
Use Only	Firm's name The Charity CFO LLC		Firm's EIN ►			
	Firm's address ► 5501 Delmar Blvd Suite		Phone no. 314-390-1301			
May the IRS	discuss this return with the preparer s			🗹 Yes 🗌 No		
Fau Damamura	ul. Deduction Act Nation and the company	ta instructions				F 000 (0000)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2020) Page 2
Part	0
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Sound Off's mission is to provide mental health support to Veterans and Service Members in such a way that the 47%+ of those suffering who otherwise refuse to seek help feel culturally, bureaucratically and psychologically comfortable doing so. We
	acknowledge and precisely address the well known barriers to entry (which prevent these men and women from seeking help) by
	(Continued on Schedule O, Statement 3)
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?
	services?
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 \$107,932 including grants of \$) (Revenue \$)
	Between 19% and 44% of Veterans returning from Iraq and Afghanistan meet criteria for mental health disorders, such as PTSD or
	depression. Yet, 47% do not seek mental health support due to stigma, lack of trust, bureaucracy, and geographical challenges. Sound Off is revolutionizing the way Veterans seek and receive mental health care utilizing technology to reduce the barriers that
	prevent Veterans from accessing the mental health care they need. We received \$21,600 in in-kind services.
4b	(Code:) (Expenses \$ 103,023 including grants of \$ 0) (Revenue \$ 0)
	Technological support for the app that is utilized to ensure that Sound Off can continue to break down the barriers that prevent
	Veterans from seeking and receiving the mental health care they need.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
ru	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 210,955

Form 99	0 (2020)		F	Page 3
Part	V 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)? <i>If "Yes," complete Schedule A</i>	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		r
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? <i>If "Yes," complete Schedule C, Part II</i>	4		~
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7		r
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part V</i> .	10		r
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	~	
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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		r
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 "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		レ レ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		r
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		r
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? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		r
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
<u> </u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Form 99	0 (2020)		F	-age 4
Part	V 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		r
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		~
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
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		r
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		r
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 "Yes," 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? If "Yes," complete Schedule R, Part V, line 2	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		r
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	~	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
	reportable gaming (gambling) winnings to prize winners?	1c	~	i

Form 99	D (2020)		F	Page 5
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	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).			
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		
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	-		
e	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		
ĥ	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.	-		
a	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	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			
2	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.			
h	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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	-		
	excess parachute payment(s) during the year?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		V
	If "Yes," complete Form 4720, Schedule O.			

Section A. Governing Body and Management Image: Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body or if the governing body delegated broad authority to an executive commute or similar commute, explain on Schedule 0. Image: Section 2.2 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustee, or key employees to a management duise customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management other person? Image: Section 2.2 3 Did the organization have members: stockholders? Other persons other person? Image: Section 2.2 4 Did the organization have members: stockholders? Other persons other the members stockholders? Image: Section 2.2 5 Did the organization have members of the governing body? Image: Section 2.2 Image: Section 2.2 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year 0.2 Image: Section 3.2 Image: Section 3.2 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year 0.2 Image: Section 3.2 Image: Section 3.2 6 Did the organization contemporaneously document the me	Form 99	90 (2020)			I	Page 6				
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. If the governing body, eleigated broad authority to an executive committee or similar committee, explain on Schedule 0. Image: Schedule 0. 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 employees to a management company or other person? Image: Schedule 0. 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? Image: Schedule 0. Image: Schedule 0. Image: Schedule 0. Image: Schedule 0. 4 Did the organization bacement aware during the year of a significant diversion of the organization's assets? Image: Schedule 0. Image: Schedule 0. <t< th=""><th>Part</th><th>response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sched</th><th>lule O. S</th><th>See in</th><th>struc</th><th>tions.</th></t<>	Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sched	lule O. S	See in	struc	tions.				
1a Enter the number of voting members of the governing body at the end of the tax year						~				
1a Enter the number of voting members of the governing body at the end of the tax year. 1a 6 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 commuttee or similar commute, explain on Schedule 0. 1a 6 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 employees to a management company or other person? 2 2 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 3 2 ✓ 4 Did the organization have members: otocholders? 6 ✓ ✓ 6 Did the organization have members or stocholders? 6 ✓ ✓ 7 Did the organization have members or tocholders? 7b ✓ ✓ 7 Did the organization have members or tocholders? 7b ✓ ✓ 6 Did the organization contemporaneously document the meetings held or written actions underlaken during the year of a significant diversion during the year of a significant dive	Secti	on A. Governing Body and Management								
 If there are material differences in voting rights among members of the governing body, or if the governing body to the product of the product of			. Г		Yes	No				
 If the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Is Enter the number of voting members included on line 1a, above, who are independent. Ib any officer, director, trustee, or key employee? Did the organization became aware during the year of a significant diversion of the direct structive signer vision of officers, directors, rustee, or key employee? Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization bases members or stockholders? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization bave members action of year organization bave members, stockholders, or person of her than the governing body? Are any governinge dody? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to	1a		6							
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 17 List the states with which a copy of this Form 990 is required to be filed ► TX 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501((3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Another's website ✓ Upon request Other (<i>explain on Schedule O</i>) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic and financial statements available to the public during the tax year. 	<u></u>		•	16b						
 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501((3)s only) available for public inspection. Indicate how you made these available. Check all that apply. P Own website P Another's website P 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 polic and financial statements available to the public during the tax year. 										
 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (<i>explain on Schedule O</i>) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic and financial statements available to the public during the tax year. 										
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic and financial statements available to the public during the tax year.	18		1 990-1	(Sec	tion t	501(c)				
and financial statements available to the public during the tax year.										
	19		nflict of	inter	est p	olicy,				
20 State the name laddress and telephone number of the hereon who possesses the organization's books and records \blacksquare	20	State the name, address, and telephone number of the person who possesses the organization's books	and rec	orde						
The Charity CFO, (314)390-0220				5.00	-					

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

organizations dotted lines 9 g 2 g 2 g 2 g 2 g 3 g 2 g 3 g 3 g </th <th></th> <th></th> <th></th> <th colspan="3">(C)</th> <th></th> <th></th> <th></th> <th></th>				(C)							
Name and title Average per weik (list any organization per weik (list any organization per weik (list any organization dotted line) Average per weik (list any organization per weik (list any organization per weik (list any organization dotted line) Reportable compensation form feilated organization (W-2/109-MISC) Estimated amount organization (W-2/109-MISC) William Waters Negley 40.00 Image: state organization dotted line) Image: state organization state organization dotted line) Image: state organization state Image: state organization state Image: state organization organization (W-2/109-MISC) Image: state organization (W-2/109-MISC) Image: state organization organization (W-2/109-MISC) Image: state organization organization (W-2/109-MISC) Image: state organization organization (W-2/109-MISC) Image: state organization organization (W-2/109-MISC) Image: state organization organization (W-2/109-MISC) Image: state organization organization (W-2/109-MISC) Image: state organization (W-2/109-MISC) Image: state organization (W-2/109-MISC) <td>(A)</td> <td>(B)</td> <td colspan="6"></td> <td>(D)</td> <td>(E)</td> <td>(F)</td>	(A)	(B)							(D)	(E)	(F)
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per week (list and production prelation below dotted line) per week (list and prelation prelation below dotted line) per week (list and prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation prelation										compensation	of other
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Part	VII Section A. Officers, Directors, 1	rustees,	<u>key i</u>	Em	ploy	yee	s, an	d F	lighest Compe	nsated Em	ploye	es (continu	ued)
		(D)			•	C) sition				(5)			
	(A) Name and title	(B) Average hours	box,	unles	neck ss pe	more erson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensatio	n	(F) stimated amo of other	
		per week (list any hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	s SC) (compensatio from the organization a ated organizat	nd
		below dotted line)	ustee	trustee		ee	npensated						
			-										
			-										
			-										
			-										
			-										
1b	Subtotal								120,984		0		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		÷	:	• •	· ·		120,984		0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w		e than \$100,0	000 of		
3	Did the organization list any former of	officer, dire							loyee, or highes				No
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater th	portal an \$ ⁻	ble 150,	con ,000	npei)? <i>[</i>	nsatio f "Ye	on a s,"	complete Sched	nsation from	the	3	~ ~
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	ompe	nsa	tion	fro	m any	/ un	related organizat			5	~
	on B. Independent Contractors											* + * * *	
1	Complete this table for your five high compensation from the organization. Repo								ar ending with or			tion's tax y	
	(A) Name and business add	ress							(B) Description of serv	ices	Con	(C) npensation	
None								-					

2	Total number	of i	independent	contractors	(including	but	not	limited	to	those	listed	above)	who
	received more	than	n \$100,000 of	compensatio	on from the	orga	aniza	ition 🕨			0		

Part VIII Statement of Revenue

Pari		Check if Schedule C		spor	ise or note to an	ly line in this Pa	rt VIII....		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
lts ts	1a	Federated campaigns	S	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	0				
Ϋ́, G	С	Fundraising events .		1c	138,232				
ar /	d	Related organizations		1d	0				
s, G	е	Government grants (o		1e	0				
r Si	f	All other contributions and similar amounts not		4.6	100.050				
but		Noncash contribution		1f	192,858				
d Of	g	lines 1a–1f		10	\$ 8,880				
anc	h	Total. Add lines 1a-1				331,090			
					Business Code	001,070			
e	2a								
ervi	b								
enu	с								
Jram Ser Revenue	d								
Program Service Revenue	е								
4	f	All other program ser							
	g	Total. Add lines 2a-2				0			
	3	Investment income other similar amounts							
	4	Income from investme	•						
	5	Royalties		•					
		Г, 11 Г	(i) Real		(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	c	Rental income or (loss)		0	0				
	d	Net rental income or	· 1		►				
	7a	Gross amount from	(i) Securit	ies	(ii) Other				
		sales of assets	7-						
Ð	"	· - · · -	7a						
venue	b	Less: cost or other basis and sales expenses .	7b						
eve	с		7c	0	0				
Ř					►				
Other R	8a	Gross income from	n fundraising						
ō		events (not including \$							
		of contributions repo							
		1c). See Part IV, line		8a	0				
	b	Less: direct expenses		8b	22,791				
	C Oc	Net income or (loss) f		g eve	ents 🕨	-22,791		0	-22,791
	9a	Gross income fro activities. See Part IV		9a					
	b	Less: direct expenses		9b					
	c	Net income or (loss) f			es 🕨				
	10a								
		returns and allowance	ces	10a					
	b	Less: cost of goods s		10b					
	c	Net income or (loss) f	from sales of in	vento					
snu					Business Code				
neo Iue	11a								
scellaneo Revenue	b								
Miscellaneous Revenue	c d	All other revenue							
ž	e	Total. Add lines 11a-			►	0			
	12	Total revenue. See in				308,299	0	0	-22,791
		-							C OOO (0000)

Form **990** (2020)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must com

	t IX Statement of Functional Expenses				
Sectio	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, 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	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	120,984	90,738	30,246	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .	0	0	0	0
7	Other salaries and wages	21,564	10,122	0	11,442
8	Pension plan accruals and contributions (include	21,304	10,122		11,442
5	section 401(k) and 403(b) employer contributions)	6,965	5,178	1,494	293
9	Other employee benefits	3,135	2,332	744	59
10	Payroll taxes	11,855	8,156	2,581	1,118
11	Fees for services (nonemployees):	11,000	0,100	2,001	1,110
a	Management				
b					
c		6,159		6,159	
d		0,107		0,107	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) .	70,097	15,709	43,765	10,623
12	Advertising and promotion	3,597	2,700		897
13	Office expenses	699		699	
14	Information technology	25,844	9,573	10,916	5,355
15	Royalties				
16	Occupancy	13,437	7,792	3,893	1,752
17	Travel	8,978	8,978		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	38,722	37,107	1,209	406
23	Insurance	14,712	7,264	4,793	2,655
24	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 O.)				
а	Business Operating Expenses	423	0	311	112
b	Mailing & Shipping	103	0	103	0
c d	In-Kind Expenses	8,897	5,306	616	2,975
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	356,171	210,955	107,529	37,687
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 ŠOP 98-2 (ASC 958-720)				- 000

Form 990 (2020)

	n 990 (20	,			Page 11
Р	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	+ V		
		Greek in Schedule O contains a response of note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing	308,842	1	226,531
	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	62	7	
Assets	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges		9	448
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6,593			
	b	Less: accumulated depreciation 10b 4,250	4,540	10c	2,343
	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	102,980	14	186,381
	15	Other assets. See Part IV, line 11		15	· · · ·
	16	Total assets. Add lines 1 through 15 (must equal line 33)	416,424	16	415,703
	17	Accounts payable and accrued expenses		17	14,086
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iat		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	140	24	32,137
	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		25	1,068
	26	Total liabilities. Add lines 17 through 25	140	26	47,291
Ś		Organizations that follow FASB ASC 958, check here ► ✓	140	20	47,291
Fund Balances		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	416,284	27	368,412
Ba	28	Net assets with donor restrictions	0	28	0
pu		Organizations that do not follow FASB ASC 958, check here ►			Ū
		and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSI	31	Retained earnings, endowment, accumulated income, or other funds		31	
jt A	32	Total net assets or fund balances	416,284	32	368,412
ž	33	Total liabilities and net assets/fund balances	416,424	33	415,703

Form **990** (2020)

Part	XI Reconciliation of Net Assets				age 1 2
	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)				8,299
2	Total expenses (must equal Part IX, column (A), line 25)				6,171
3	Revenue less expenses. Subtract line 2 from line 1				7,872
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			41	6,284
5	Net unrealized gains (losses) on investments				C
6	Donated services and use of facilities				C
7	Investment expenses				C
8	Prior period adjustments				C
9	Other changes in net assets or fund balances (explain on Schedule O)				C
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))			36	8,412
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:	or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	. [2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or separate basis, consolidated basis, or both:	۱a			
	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 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 Schedule O.	on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Eorn	990	(2020

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

46-4875047

SOUND OFF

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 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:
- 5 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).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 university:
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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 in 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 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.
 - **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.
 - 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.
 - d 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.
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing document?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
			Yes	No												
(A)																
(B)																
(C)																
(D)																
(E)																
Total																

Part IISupport 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.)

Secti	on A. Public Support			<i>,</i> ,	•	,	
Calen	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,957	16,678	60,073	599,795	331,090	1,010,593
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,957	16,678	60,073	599,795	331,090	1,010,593
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)						
6	Public support. Subtract line 5 from line 4						<u>137,385</u> 873,208
	on B. Total Support						073,200
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,957	16,678	60,073	599,795	331,090	1,010,593
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,010,593
12	Gross receipts from related activities, etc					12	0
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re			-	ear as a sectio	
14	Public support percentage for 2020 (line 6	V		11. column (fi)		14	86.41 %
15	Public support percentage from 2019 Sch					15	90.7 %
16a	331/3% support test-2020. If the organi	zation did not	check the box	on line 13, ar	nd line 14 is 33		
	box and stop here. The organization qua						
b	b 33 ¹ / ₃ % support test – 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10%-facts-and-circumstances test — 2020. 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 organization						
b	10%-facts-and-circumstances test — 26 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	icts-and-circur cumstances te	nstances test, est. The organi	check this bo zation qualifies	x and stop he s as a publicly	r e. Explain supported
18	Private foundation. If the organization instructions	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see
					Sch	edule A (Form 99	0 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0	line 6.)						
	on B. Total Support dar year (or fiscal year beginning in) ►	(a) 0016	(b) 0017	(~) 0019	(4) 0010	(a) 2020	(f) Tatal
9	Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
ј 10а	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a secti	ion 501(c)(3)
	organization, check this box and stop her	re					🕨 🗌
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2020 (line 8	, (),		, , , , , , , , , , , , , , , , , , , ,		15	%
16	Public support percentage from 2019 Sch					16	%
	on D. Computation of Investment Inc		-				
17	Investment income percentage for 2020 (I			-			<u>%</u>
18 10-	Investment income percentage from 2019					18	%
19a	33 1 / ₃ % support tests – 2020. If the organi 17 is not more than 33 1 / ₃ %, check this box a						
b	33 ¹ / ₃ % support tests - 2019. If the organize	-	-	-		-	
b	line 18 is not more than $33^{1/3}$ %, check this b						
20	Private foundation. If the organization did	-	-	-			
				,,,			990 or 990-EZ) 2020
						, ·	_,

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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described in line 11a above?
 - c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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). 1
- а 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.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). Yes No
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

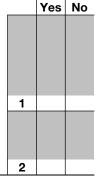
3b

Yes No

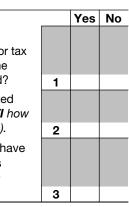
11a

11b

11c



Yes No



1

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

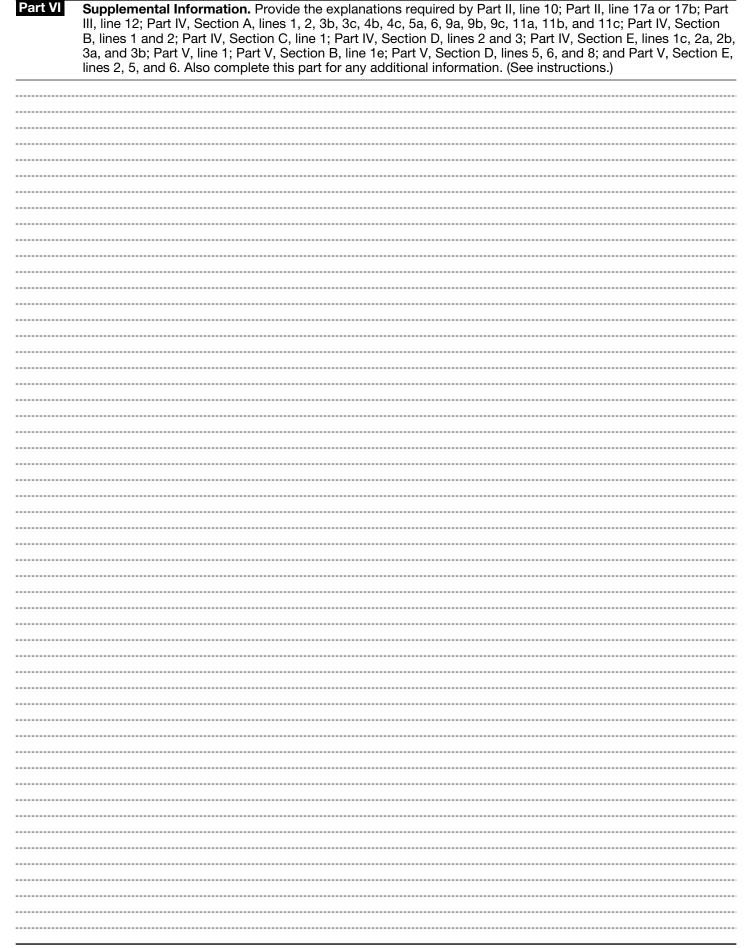
Sect	ion A—Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred 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		
	Discount claimed for blockage or other factors			
е	(explain in detail in Part VI):	1e		
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 ergenization's first as a neg function		ntograted Type III auppe	rting organization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
	on D-Distributions	, oupporting organi			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
_ 5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020



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.

Open to Public

OMB No. 1545-0047

2020

	ent of the Treasury		Attach to Form 990.			Open to Public
	Revenue Service	► Go to www.irs.gov/Form9	90 for instructions a	and the latest informa		nspection
	f the organization				Employer identification	
SOUNI					46-487	5047
Part		izations Maintaining Donor Advi			s or Accounts.	
	Comple	ete if the organization answered "			(h) Euroda anal a	
4	Total number	at and of year	(a) Donor a	dvised funds	(b) Funds and o	ther accounts
		at end of year				
		ue of contributions to (during year) . ue of grants from (during year)				
		ue at end of year			-	
		ization inform all donors and donor a organization's property, subject to the				
		ization inform all grantees, donors, an	-	-		
0		able purposes and not for the benefit				
						🗌 Yes 🗌 No
Part		rvation Easements.				
i ai c		ete if the organization answered "	Yes" on Form 99	0 Part IV line 7		
1		conservation easements held by the o				
•	• • • •	of land for public use (for example, recrea	•	• • • •	a historically impor	tant land area
		of natural habitat			a certified historic	
		on of open space				
2		s 2a through 2d if the organization hel	d a qualified conse	ervation contribution	in the form of a co	nservation
		he last day of the tax year.				e End of the Tax Year
а	Total number	of conservation easements			. 2a	
b	Total acreage	restricted by conservation easements			. 2b	
	-	nservation easements on a certified hi				
d	Number of co	onservation easements included in (c) acquired after	7/25/06, and not or	na	
	historic structu	ure listed in the National Register .			. 2d	
3	Number of co	nservation easements modified, trans	ferred, released, e	xtinguished, or term	inated by the organ	nization during the
	tax year ►					
4		tes where property subject to conserv				
5		anization have a written policy rega				
		I enforcement of the conservation eas				
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of viol	ations, and enforcing	conservation easem	ents during the year
_	•					
7		enses incurred in monitoring, inspecting	g, handling of violat	ions, and enforcing c	onservation easeme	nts during the year
	►\$					
8		nservation easement reported on line 2				
•		70(h)(4)(B)(ii)?				
9		scribe how the organization reports co , and include, if applicable, the text of			•	
		accounting for conservation easemer		e organization s nina		
Part	-	izations Maintaining Collections		al Treasures, or C	ther Similar Ass	ets
i art		ete if the organization answered "				
1a		tion elected, as permitted under FASI			statement and ba	ance sheet works
		al treasures, or other similar assets				
		le in Part XIII the text of the footnote to				
	· •	ation elected, as permitted under FAS				ce sheet works of
~		reasures, or other similar assets held				
		llowing amounts relating to these item		,		, ,
					► \$	
	(ii) Assets incl	cluded on Form 990, Part VIII, line 1 uded in Form 990, Part X.....			► \$	
2	If the organiza	ation received or held works of art,	historical treasure	s, or other similar a	assets for financial	gain, provide the
	•	unts required to be reported under FA				
а	Revenue inclu	ded on Form 990. Part VIII. line 1			🕨 💲	

\$ ►

Schedul	e D (Form 990) 2020							Page 2
Part	Organizations Maintaining	Collections of	Art, Hist	torical T	reasures,	, or Othe	er Similar Ass	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther recor	ds, chec	k any of the	e followin	ng that make si	gnificant use of its
а	Public exhibition		d	Loan	or exchang	e prograr	n	
b	Scholarly research				-			
с	Preservation for future generations	6						
4	Provide a description of the organiza XIII.	tion's collections	and expla	in how t	hey further	the orgar	nization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							r Yes No
Part								
	Complete if the organization 990, Part X, line 21.	answered "Yes	s" on Fori	m 990, F	Part IV, line	e 9, or re	ported an am	ount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?					ions or o		t
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the fo	llowing ta	able:			
							An	nount
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 amound							
b	If "Yes," explain the arrangement in P	art XIII. Check he	re if the ex	planatio	n has been	provided	on Part XIII .	🗌
Par								
	Complete if the organization		s" on For	m 990, F				
		(a) Current year	(b) Pric	or year	(c) Two year	rs back (d	I) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and 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		nd balanc	e (line 1g	, column (a)) held as	:	
а	Board designated or quasi-endowme		%					
b	Permanent endowment	%						
С	Term endowment ►%							
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of t	he organiz	zation tha	at are held	and admi	inistered for the	
	organization by:							Yes No
	(i) Unrelated organizations							3a(i)
	· · ·							3a(ii)
b	If "Yes" on line 3a(ii), are the related o	•	•					3b
4	Describe in Part XIII the intended uses		ion's endo	wment fu	unds.			
Part	<i>, , , , , , , , , , , , , , , , , , , </i>			000	Devit 1977 11		- F- 000	
	Complete if the organization							
	Description of property	(a) Cost or o (investr		• •	or other basis ther)	• •	cumulated reciation	(d) Book value
1a	Land		0		0			0
b	Buildings		0		0		0	0
С	Leasehold improvements		0		0		0	0
d	Equipment		6,593		0		4,250	2,343
е	Other		0		0		0	0
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form §	990, Part X	(, column	n (B), line 10)c.)	►	2,343

Schedule D (Form 990) 2020

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part I	V. line 11b. See F	Form 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(H) Total (Colu	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 F	Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
		(2) 20011 14140	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Colu	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	Form 990, Part X, line 15.
	(a) Description	,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•
Part X	Other Liabilities.	<u> </u>	
	Complete if the organization answered "Yes" on Form 990, Part I line 25.	V, line 11e or 11f.	. See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal ir	ncome taxes		(
(2) Payroll	Taxes		1,068
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)		
101al. (CO/U	mm (b) must equal rolling 30, rait Λ, col. (b) inte 20.)		. 🕨 1,068

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedu	le D (Form 990) 2020			Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
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	Other (Describe in Part XIII.)	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			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990,		1 1	
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	4	
b	Prior year adjustments	2b	4	
С	Other losses		-	
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	\cdot	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIII.)			
с 5	Add lines 4a and 4b		40	
Part	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, lin</i> XIII Supplemental Information.	ne io.)	5	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	ad 4: Part IV lines 1b and 2	o: Part V line 1: Pa	rt V lino
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			ιι Λ, IIIe
2, i ui			normation.	

. Departr	n 990 or 990-EZ) Complete if ment of the Treasury	the organization a organization ent ► A	nswered "Yes ered more tha .ttach to Form	a" on Form 990 In \$15,000 on I 990 or Form	raising or Gam 0, Part IV, line 17, 18, , Form 990-EZ, line 6a. 990-EZ. nd the latest informat	or 19, or if the	OMB No. 1545-0047
	of the organization	g.				Employer identifie	Inspection cation number
SOUN	ND OFF					46	4875047
Par	t I Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on I	Form 990, Part IV,	line 17.
1	Indicate whether the organization	on raised funds	through any	/ of the follo	owing activities. C	heck all that apply.	
а	Mail solicitations		е		ion of non-govern	•	
b	Internet and email solicitatio	ns	f		ion of government	0	
С	Phone solicitations		g	Special	fundraising events	5	
d	In-person solicitations						
2a	Did the organization have a write						
	or key employees listed in Form		•		•	•	
b	If "Yes," list the 10 highest pair compensated at least \$5,000 by			draisers) pi	ursuant to agreem	ients under which tr	ie fundraiser is to d
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9			1	1			
9 10							
-							

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Veteran's Day			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ue						
Revenue	1	Gross receipts	138,232			138,232
ЯĞ		·				· · · · · ·
_	2	Less: Contributions	138,232			138,232
	3	Gross income (line 1 minus				
		line 2)	0			0
		,				
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
Direct Expenses	6	Rent/facility costs	0			0
eŭ		,				
Хр	7	Food and beverages	0		0	0
ы		5				
lire	8	Entertainment	0		0	0
	9	Other direct expenses .	22,791			22,791
	10	Direct expense summary. Ac	ld lines 4 through 9 in c	22,791		
	11	Net income summary. Subtra				-22,791
Pa	rt III	Gaming. Complete if th				
		\$15,000 on Form 990-E2				
Ð				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
ň		2				

Re	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor [□ Yes% □ No	□ Yes% □ No	□ Yes % □ No	
	7	Direct expense summary. Add	l lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary.	Subtract line 7 from li	ne 1, column (d)		
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 						
	b If "No," explain:					

10a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	•	🗌 Yes 🗌 No
b	lf "Yes," explain:		

Schedu	ile G (Form 990 or 990-EZ) 2020 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	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
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation \$
	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?
b	
	spent in the organization's own exempt activities during the tax year ► \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G (Form 990 or 990-EZ) 2020

SCHE	DUL	E ()
(Form	990	or	990-EZ

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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



Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number
SOUND OFF		46-4875047
Form 990, Part VI, Sec	tion A, Line 2 - Paul Janes is William Negley's father-in-law. He has declared a confl	ict of interest and hence removes
	ons pertaining to hiring, performance review, and compensation matters.	
Form 990, Part VI, Sec	tion B, Line 11b - The 990 will be distributed to the Board for review.	
Form 990 Part VI Sec	tion B, Line 12c - Conflicts of interest are required to be disclosed and are reviewed	annually
		annaany.
Form 000 Dart VI Sec	tion B, Line 15 - These items are reviewed by the board annually.	
	alon b, Elle 13 - mese tiens are reviewed by the board annually.	
Form 000 Part VI Soc	tion C, Line 19 - Sound Off's governing documents, conflict of interest policy, and fi	nancial statements are made
available to the public	upon request.	
Form 000 Dart IV Lin	a 11g Constrait Contractors and Intern costs	
FORM 990, Part IX, LIN	e 11g - General Contractors and Intern costs.	

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

Cat. No. 51056K

Form: Form 990 (2020)

Page: 1

Reasonable Cause Explanations

SOUND OFF

EIN: 46-4875047

Header Section

Explanation

An extension was filed for this return.

Schedule O, Statement 2

Form: Form 990 (2020)

Page: 1

Activity Or Mission Description

Description

feel culturally, bureaucratically and psychologically comfortable doing so. We acknowledge and precisely address the well known barriers to entry (which prevent these men and women from seeking help) by changing several elements of the traditional delivery of support, thereby bringing a significant population of previously unserved Veterans and Service Members into help.

Form: Form 990 (2020)

Page: 2

Mission Description

SOUND OFF EIN: 46-4875047

Part III, Line 1

Description

changing several elements of the traditional delivery of support, thereby bringing a significant population of previously unserved Veterans and Service Members into help.