Armanino LLP 6 Cityplace Drive Suite 900 St. Louis, MO 63141-7194 314 983 1200 main 314 983 1300 fax armanino.com



St. Louis Voices Academy of Media Arts 5501 Delmar Blvd A300 st. Iouis, MO 63112 Attention: Ms. Hollie Russell-West

Dear Hollie:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Enclosed you will also find one additional copy of your return. The copy is provided to satisfy the public disclosure requirements. Keep this copy on hand should anyone request to view a copy of the organization's current tax return.

Very truly yours,

Armanino LLP



EXTENDED TO MAY 15, 2023 **Short Form**

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

		enue Service	► Go to www.irs.gov/Form990EZ for instructions	and the latest information	on.		Inspection
A I	or the	e 2021 calen	dar year, or tax year beginning JUL 1, 2021	and ending JUN	30, 202	22	
B	Check if	fole:	Name of organization		D Employe	r identifi	cation number
	Η̈́	ess change					
	Name	e change	ST. LOUIS VOICES ACADEMY OF MEDIA ARTS		86-	134612	3
	Initia		lumber and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	ne numbe	er
	¬ Final	return/ inated	5501 DELMAR BLVD	A300	314.9	01.407	71
	Amer	nded return (City or town, state or province, country, and ZIP or foreign postal code	<u>.</u>	F Group E	xemption	
	Applic	cation pending	ST. LOUIS, MO 63112		Number	-	
G /		nting Method	: Cash Accrual Other (specify) ►MODIFIED CAS	H BASIS	H Check		if the organization is
			.STLOUISVOICESACADEMY.ORG		1		tach Schedule B
J 1	Гах-ех	empt status	(check only one) $- \times 501(c)(3) \longrightarrow 501(c)$ (insert no.)	4947(a)(1) or 527	(Form 9	90).	
				Other	•		
L /	Add lin	nes 5b, 6c, ar	nd 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total assets (Part	II,		
		(5)) 6=		•		\$	176,262.
	art I	Rever	00,000 or more, file Form 990 instead of Form 990-EZ nue, Expenses, and Changes in Net Assets or Fund	Balances (see the instr	uctions for F	Part I)	
		Check if	the organization used Schedule O to respond to any question in this Part I				X
	1						176,262.
	2	Program se	ervice revenue including government fees and contracts		2		
	3		p dues and assessments		3		
	4		income		4		
	5a	Gross amo	unt from sale of assets other than inventory	5a			
	Ь		or other basis and sales expenses	5b			
	С		es) from sale of assets other than inventory (subtract line 5b from line 5a)		5c		
	6	Gaming an	d fundraising events:				
Φ	a	Gross inco	me from gaming (attach Schedule G if greater than				
ž		\$15,000)		6a			
Revenue	b		me from fundraising events (not including \$	of contributions			
<u>—</u>		from fundr	aising events reported on line 1) (attach Schedule G if the sum of such				
		gross incor	ne and contributions exceeds \$15,000)	6b			
	С		t expenses from gaming and fundraising events	6c			
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract line 6c)	6d	_	
	7a		s of inventory, less returns and allowances	7a			
	b	Less: cost	of goods sold	7b			
	С				7c		
	8		nue (describe in Schedule O)				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				176,262.
	10		similar amounts paid (list in Schedule 0)				
	11		id to or for members				
es	12		her compensation, and employee benefits		12		2 000
ens	13	Profession	al fees and other payments to independent contractors		13		3,202.
Expenses	14	Occupancy	, rent, utilities, and maintenance				
ш	15		iblications, postage, and shipping				1 401
	16		nses (describe in Schedule 0)	SCHEDULE O	16		1,481.
	17		nses. Add lines 10 through 16		40		4,683.
ţ	18				18		171,579.
sse	19		or fund balances at beginning of year (from line 27, column (A))				^
Net Assets			e with end-of-year figure reported on prior year's return)				0.
Š	20						
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		▶ 21		171,579.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2021)

Pa	art II	Balance Sheets (see the instructions for	Part II)					
		Check if the organization used Schedule	O to respond to any ques	tion in this Part II				
				(A) Beginning of yea	ır		(B) E	nd of year
22	Cash,	, savings, and investments			0.	22		171,579.
23	Land	and buildings				23		
24	Other	r assets (describe in Schedule O)				24		
25	Total	assets			0.	25		171,579.
26		liabilities (describe in Schedule 0)			_	26		0.
27		assets or fund balances (line 27 of column (B) must agree v	with line 21)		0.	27		171,579.
Pa	art III	<u> </u>	•		,	_ _		kpenses
		Check if the organization used Schedule		tion in this Part III	X			for section and 501(c)(4)
Wha	it is the o	organization's primary exempt purpose? SEE SCHEDULE	0			or	gànizati	ons; optional for
		organization's program service accomplishments for each of its three large		enses. In a clear and concise		ot	hers.)	
_		ibe the services provided, the number of persons benefited, and other re	elevant information for each program title.			-	1	
28	SEE S	CHEDULE O				-		
						-		
						جا۔۔		4 440
	(Grants	s \$) If this amount includ	es foreign grants, check here		<u> </u>	28	a	4,440.
29						-		
						-		
						ج _		
	(Grants	s \$) If this amount includ	es foreign grants, check here		<u> </u>	29	a	
30						-		
						-		
	<u></u>	. Ф \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and formation and analyticate			_		
21	(Grants		es foreign grants, check here			30	a	
31	(Grants		es foreign grants, check here			_ ₃₁₈		
		program service expenses (add lines 28a through 3				32		4,440.
າາ								
32 P:	rt IV	List of Officers. Directors. Trustees. ar	nd Kev Employees (list each	n one even if not compensated		he instri	ictions fo	
32 P a	art IV	List of Officers, Directors, Trustees, ar	nd Key Employees (list each	n one even if not compensated	l - see t	he instru	uctions fo	
32 P a	art IV	List of Officers, Directors, Trustees, ar Check if the organization used Schedule	od Key Employees (list each O to respond to any ques	one even if not compensated	l - see t	he instru	uctions fo	or Part IV)
32 Pa	art IV	List of Officers, Directors, Trustees, ar Check if the organization used Schedule	O to respond to any ques (b) Average hours	n one even if not compensated tion in this Part IV (c) Reportable compensation (Form	(d)	he instru Health	benefits,	r Part IV) (e) Estimated
32 Pa	art IV	List of Officers, Directors, Trustees, ar	od Key Employees (list each O to respond to any ques	n one even if not compensated stion in this Part IV s (0) Reportable compensation (Form W-2/1099-MISC/ 1099-NEC)	s (d)	Health ontributinployee ns, and	benefits, tons to benefit deferred	or Part IV)
Pa	art IV	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title	O to respond to any ques (b) Average hours per week devoted	n one even if not compensated tion in this Part IV s (c) Reportable compensation (Form W-2/1099-MISC/	s (d)	Health ontributinployee	benefits, tons to benefit deferred	(e) Estimated amount of other
НОІ	LIE R	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title	O to respond to any ques (b) Average hours per week devoted position	tion in this Part IV (c) Reportable compensation (Form W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-	s (d)	Health ontributinployee ns, and	benefits, ons to benefit deferred sation	(e) Estimated amount of other compensation
HOLEXE	LIE R	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title RUSSELL-WEST TE DIRECTOR	O to respond to any ques (b) Average hours per week devoted	tion in this Part IV (c) Reportable compensation (Form W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-	s (d)	Health ontributinployee ns, and	benefits, tons to benefit deferred	(e) Estimated amount of other
HOI EXE	LIE R	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title RUSSELL-WEST TE DIRECTOR CATCHINGS-SMITH	O to respond to any ques (b) Average hours per week devoted position	ction in this Part IV (c) Reportable compensation (Form W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-	(d)	Health ontributinployee ns, and	benefits, ions to benefit deferred sation	(e) Estimated amount of other compensation
HOI EXE DEE BOA	LIE R CUTIV	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title RUSSELL-WEST TE DIRECTOR CATCHINGS-SMITH HAIR	O to respond to any ques (b) Average hours per week devoted position	ction in this Part IV (c) Reportable compensation (Form W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-	s (d)	Health ontributinployee ns, and	benefits, ons to benefit deferred sation	(e) Estimated amount of other compensation
HOI EXE DEF BOZ EDI	LIE R CUTIV ORAH RD CH	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title RUSSELL-WEST TE DIRECTOR CATCHINGS-SMITH LAIR RUARD	O to respond to any ques (b) Average hours per week devoted position 40.00	ction in this Part IV (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	s (d)	Health ontributinployee ns, and	benefits, ons to benefit deferred sation	(e) Estimated amount of other compensation
HOI EXE BOA ED1	LIE R CUTIV ORAH RD CH E BAR RD ME	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title RUSSELL-WEST //E DIRECTOR CATCHINGS-SMITH IAIR RWARD CMBER	O to respond to any ques (b) Average hours per week devoted position	ction in this Part IV (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	(d)	Health ontributinployee ns, and	benefits, ions to benefit deferred sation	(e) Estimated amount of other compensation
HOI EXE BOA ED1 BOA LAT	LIE R CUTIV ORAH RD CH E BAR RD ME	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title RUSSELL-WEST TE DIRECTOR CATCHINGS-SMITH TAIR RWARD EMBER JACKSON	O to respond to any ques (b) Average hours per week devoted position 40.00 2.00	n one even if not compensated stion in this Part IV S (C) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-	s (d) C er pla	Health ontributinployee ns, and	benefits, ons to benefit deferred sation	(e) Estimated amount of other compensation 0.
HOI EXE BOA EDI BOA LAT	LIE R CUTIV ORAH RD CH E BAR RD ME	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title RUSSELL-WEST TE DIRECTOR CATCHINGS-SMITH TAIR RNARD RMBER JACKSON RMBER/SECRETARY	O to respond to any ques (b) Average hours per week devoted position 40.00	n one even if not compensated stion in this Part IV S (C) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-	s (d)	Health ontributinployee ns, and	benefits, ons to benefit deferred sation	(e) Estimated amount of other compensation
HOI EXE BOA ED1 BOA ART	LIE R CUTIV ORAH RD CH E BAR RD ME ONYA RD ME	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title RUSSELL-WEST TE DIRECTOR CATCHINGS-SMITH IAIR RNARD EMBER JACKSON EMBER/SECRETARY TERBLATT	O to respond to any ques (b) Average hours per week devoted position 40.00 2.00 2.00	none even if not compensated stion in this Part IV (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	(d) (c) c c c plan (d)	Health ontributinployee ns, and	benefits, ons to benefit deerred sation 0. 0.	(e) Estimated amount of other compensation 0. 0.
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HOI EXE BOA EDI BOA ARTI BOA EVE	LIE R CUTIV ORAH RD CH E BAR RD ME ONYA RD ME	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title RUSSELL-WEST TE DIRECTOR CATCHINGS-SMITH LAIR RUNARD RUMBER JACKSON RUMBER/SECRETARY TERBLATT RUMBER JOODS	Ad Key Employees (list each O to respond to any ques (b) Average hours per week devoted position 40.00 2.00 2.00	none even if not compensated stion in this Part IV (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	s (d) Certain Market	Health ontributinployee ns, and	benefits, ons to benefit deferred sation 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
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HOI EXE BOA EDI BOA ART BOA EVE	LIE R CUTIV CORAH RD CH E BAR RD ME CONYA RD ME SILV RD ME	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title RUSSELL-WEST TE DIRECTOR CATCHINGS-SMITH LAIR RUNARD RUMBER JACKSON RUMBER/SECRETARY TERBLATT RUMBER JOODS	Ad Key Employees (list each O to respond to any ques (b) Average hours per week devoted position 40.00 2.00 2.00	none even if not compensated stion in this Part IV (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	s (d) Certain Market	Health ontributinployee ns, and	benefits, ons to benefit deferred sation 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
HOI EXE BOA EDI BOA ART BOA EVE	LIE R CUTIV CORAH RD CH E BAR RD ME CONYA RD ME SILV RD ME	List of Officers, Directors, Trustees, ar Check if the organization used Schedule (a) Name and title RUSSELL-WEST TE DIRECTOR CATCHINGS-SMITH LAIR RUNARD RUMBER JACKSON RUMBER/SECRETARY TERBLATT RUMBER JOODS	Ad Key Employees (list each O to respond to any ques (b) Average hours per week devoted position 40.00 2.00 2.00	none even if not compensated stion in this Part IV (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	s (d) Certain Market	Health ontributinployee ns, and	benefits, ons to benefit deferred sation 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.

Form **990-EZ** (2021)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/A	
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization $lacksquare$			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of \blacktriangleright THE ORGANIZATION Telephone no. \blacktriangleright 314.901.			
	Located at ► 5501 DELMAR BLVD, A300, ST LOUIS, MO ZIP+4 ► 6	3112		
b	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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		Х
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule 0	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	00-F7	(2021)

<u> </u>							_	Υe	s No
	rganization engage, directly or indirectly	, in political campaign activitie	es on behalf of or i	in opposition	to candidates for pu	ıblic offi			77
Part VI	omplete Schedule C, Part I Section 501(c)(3) Organiza	tions Only						46	X
	All section 501(c)(3) organizations r		49b and 52, and	d complete	the tables for lines	50 an	d 51.		
	Check if the organization used Sch	edule O to respond to any	question in this	Part VI					
17 D: d 4b - a.					0			Ye	s No
	rganization engage in lobbying activities omplete Sch. C, Part II	, ,		-			1.	47	x
Is the org	anization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes," c	omplete Schedule	E				48 X	
9a Did the or	rganization make any transfers to an exe	empt non-charitable related or	ganization?					9a	Х
	as the related organization a section 52							9b	
-	this table for the organization's five hig 0,000 of compensation from the organiz		•	rs, directors,	trustees, and key er	nployee	s) who eac	1 receive	d more
ιπαπ ψ τος	(a) Name and title of each emp		(b) Average	hours	(C) Reportable		alth benefits,	(e) Es	timated
		•	per week dev	voted to	compensation (Forms W-2/1099-MISC/	emplo	butions to yee benefit and deferred	amount	of other
		NONE	positio	on	1099-NEC)		pensation	compe	nsation
			-						
			1						
			<u> </u>						
			1						
	ion. If there is none, enter "None." lame and business address of each inde	NONE ependent contractor		(b)	Type of service		(c) Co	mpensa	tion
d Total num	nber of other independent contractors ea	ach receiving over \$100 000							
	rganization complete Schedule A? Note	•	ations must attach	 1 a	–				
completed	d Schedule A						. X	Yes	No
•	s of perjury, I declare that I have examin	, ,			•		knowledge	and beli	ef, it is
rue, correct, ar	nd complete. Declaration of preparer (ot	ner than officer) is based on a	II information of w	vnich prepare	er has any knowledge	e. 			
Sign	Signature of officer	COPT				Date			
Here	HOLLIE RUSSELL-WEST, EXE	CUTIVE DIRECTOR							
	Type or print name and title	I Dona a mada a dama dama		In.	Charle	¬ :# T	DTIN		
	Print/Type preparer's name	Preparer's signature		Date	Check self- emplo	_	PTIN		
Paid	JENNIFER M. VACHA	JENNIFER M. VAC	CHA	05/12/23	1 '		P01251	998	
Preparer	parer Firm's name & ADMANTNO LLD		1		Firm's EIN ▶ 94-6214841				
JSE CINIV	FILIT S HAITE ARMANING LLP				Firm's EIN		9 <u>4-</u> 62148	841	
Jse Only	Firm's address ▶ 6 CITYPLACE	•			Phone no.		94-62148 -983-120		
	<u> </u>	10 63141						00	No

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** ST. LOUIS VOICES ACADEMY OF MEDIA ARTS 86-1346123 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). Х A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Section A. Pub	lic Support	71	1	,			
	cal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, o	· · · · · · · · · · · · · · · · · · ·	(,	(-,	(-)		(-/	(-)
, ,	ees received. (Do not						
="	nusual grants.")					176,262.	176,262.
2 Tax revenues l	levied for the organ-						
ization's benef	fit and either paid to						
or expended o	n its behalf						
3 The value of se	ervices or facilities						
	governmental unit to						
•	on without charge						
4 Total. Add line	, F					176,262.	176,262.
	total contributions					,	· · · · · · · · · · · · · · · · · · ·
•	n (other than a						
•	unit or publicly						
-	anization) included						
• • • • •	exceeds 2% of the						
amount showr							
column (f)							
`'	rt. Subtract line 5 from line 4.						176,262.
Section B. Tota							
	cal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from	· [(a) 2011	(6) 2010	(6) 2013	(4) 2020	176,262.	176,262.
8 Gross income	·····					, , , , , , ,	
	ments received on						
	s, rents, royalties, om similar sources						
	om unrelated business						
activities, whe							
-	gularly carried on						
	Do not include gain						
	e sale of capital						
assets (Explain	,						176 262
	Add lines 7 through 10		`			40	176,262.
	from related activities,	•				12	
_	If the Form 990 is for the				-		X
	check this box and stop nputation of Public						
	t percentage for 2021 (lir			acluma (fl)		14	0,4
						15	<u>%</u>
	t percentage from 2020						<u>%</u>
	ort test - 2021. If the or						
	e organization qualifies a						
	ort test - 2020. If the or	-					
	. The organization qualit						
	nd-circumstances test						
	inization meets the facts					vi now the organizat	tion 🛌
	s-and-circumstances tes	_	•	* '	-		P
	nd-circumstances test	_				•)% or
	e organization meets the				-		, —
-	neets the facts-and-circu		-	• •			>
18 Private found	ation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	b, check this box a	nd see instructions	

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	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		47	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either acces or together with personal described on lines 11b and 11c blow, if you governing body or authorised controlled on line 11a above? b A family member of a porson described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a to or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in the 11a or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in 11b or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in 11b or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided	Pai	T IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b alone, the governing body of a supported organization? b A Amily member of a person described on line 11a above? c A 35% controlled writty of a person described on line 11a above? c A 35% controlled writty of a person described on line 11a above? 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 of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization or the supported organization orga				Yes	No
11a blow, the governing body of a supported organization? b A family member of a person described on line 11a on 11b above? If "Yes" to line 11a, 11b, or 11c, provide a 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide a 1b 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 require yaporit or elect at least a majority of the organizations for one or more supported organizations have the power to require yaporit or elect at least a majority of the organizations of effectively operated, supervised, or controlled the organization as activities. If the organization had more than one supported supported organization of the transfer organization of the transfer organization of the transfer organization organization and the supported organization organiz	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A Astive controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide deal in Pert VI. Section B. Type I Supporting Organizations Did the growing body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organization three than the expense of the governing body and the complete organization of the provision of the proposes of the supported organization? If "Yes," explain in Part VI have providing such benefit carred out the proposes of the supported organization of the provision of the provision of the proposes of the supported organization of the provision	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
b A Astive controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide deal in Pert VI. Section B. Type I Supporting Organizations Did the growing body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organization three than the expense of the governing body and the complete organization of the provision of the proposes of the supported organization? If "Yes," explain in Part VI have providing such benefit carred out the proposes of the supported organization of the provision of the provision of the proposes of the supported organization of the provision		11c below, the governing body of a supported organization?	11a		i
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide setatic in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their difficial capacity, or membership of one or more supported organizations have the prevent or populary appoint or elect at least a majority of the organization officers, effectively operated, supervised, or controlled the organization setativities if the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were effected organization and water 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 share than the supported organization of the trust of the purposes of the supported organization by 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 II *No.* describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled the interport of management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supported organizations. 1 Did the organization provide to each of its supported organization, and (ii) copies of the organization's provided organization or the query of the Care State of the supported organization or the controlled organization or the control	b		11b		
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 exist at least a majority of the organization of officers, directors, or trustases at all times during the tax year? // 1/h or 'decobile in PAT VI) now the supported organization officers, directors, or trustases are all exists an exported organization describe his power 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 operated by supervised, or controlled the supporting organization of the than the supported organization(s) that operated, supervised, or controlled the supported organization of the than the supported organization of the supported organizations. 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 PAT VI how control or management of the supported organizations? 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, and (ii) oppose of the organization maintained a close and continuous working reliabionship with the supported organization(s). 2 Were any of the Great Society of the fifth organization is supported organizations and provided organizations is unported organizations and		,			
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	b	·			
			3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	ection D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity		2							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3							
4	Amounts paid to acquire exempt-use assets		4							
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5							
_6	Other distributions (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 the	ne organization is responsive								
	(provide details in Part VI). See instructions.		8							
9	Distributable amount for 2021 from Section C, line 6		9							
10	Line 8 amount divided by line 9 amount		10							
		(i)	(ii)	(iii)						
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021						
1	Distributable amount for 2021 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2021 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2021									
a	From 2016									
b	From 2017									
c	From 2018									
d	From 2019									
<u>e</u>	From 2020									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
<u>h</u>	Applied to 2021 distributable amount									
<u>i</u>	Carryover from 2016 not applied (see instructions)									
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2021 from Section D,									
	line 7: \$									
<u>a</u>	Applied to underdistributions of prior years									
<u> </u>	Applied to 2021 distributable amount									
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2021, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2021. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2022. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
	Excess from 2017									
	Excess from 2018									
	Excess from 2019									
<u>a</u>	Excess from 2020 Excess from 2021									

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

ST. LOUIS VOICES ACADEMY OF MEDIA ARTS

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2021

ST. LOUIS VOICES ACADEMY OF MEDIA ARTS 86-1346123 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

Schedule B (Form 990) (2021)

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

Name of organization

Employer identification number

ST. LOUIS VOICES ACADEMY OF MEDIA ARTS

86-1346123

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEWSCHOOLS VENTURE FUND 1616 FRANKLIN STREET, 2ND FLOOR OAKLAND, CA 94612	\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Tullio, addi 665, alia Eli TT	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3 Schedule B (Form 990) (2021)

Employer identification number Name of organization ST. LOUIS VOICES ACADEMY OF MEDIA ARTS

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

86-1346123

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Employer identification number

Name of organization

ST. LOUIS VOICES ACADEMY OF MEDIA ARTS 86-1346123 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE E

(Form 990)

Department of the Treasury Internal Revenue Service

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Employer identification number 86-1346123

Inspection

Name of the organization
ST. LOUIS VOICES ACADEMY O

ST. LOUIS VOICES ACADEMY OF MEDIA ARTS

YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? X 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general X community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 THE NONDISCRIMINATORY POLICY IS PRESENTED IN THE SCHOOL'S BROCHURE, WEBSITE, AND ON THE ENROLLMENT FORM. Does the organization maintain the following? Х a Records indicating the racial composition of the student body, faculty, and administrative staff? Х **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Х d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. DURING THE CURRENT FISCAL YEAR, THE ACADEMY DID NOT HAVE AN ADMITTED STUDENT BODY, UPON OPENING, THE ACADEMY WILL MAINTAIN THESE RECORDS AND DOCUMENTATION. Does the organization discriminate by race in any way with respect to: Х a Students' rights or privileges? Х **b** Admissions policies? 5b c Employment of faculty or administrative staff? Х d Scholarships or other financial assistance? Х 5d х Educational policies? Х f Use of facilities? 5f х g Athletic programs? 5a Х Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Х **6a** Does the organization receive any financial aid or assistance from a governmental agency? **b** Has the organization's right to such aid ever been revoked or suspended? Х If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2021 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

ST. LOUIS VOICES ACADEMY OF MEDIA ARTS 86-1346123 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: SUPPLIES 127 TRAVEL 1,354. TOTAL TO FORM 990-EZ, LINE 16 1,481. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSION OF ST. LOUIS VOICES ACADEMY IS TO LEVERAGE MEDIA ARTS AND STORYTELLING TO EQUIP STUDENTS WITH THE AGENCY TO EXCEL ACADEMICALLY, AUTHOR THEIR OWN FUTURES, AND MAKE MEANINGFUL CONTRIBUTIONS IN THEIR COMMUNITIES. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: ST. LOUIS VOICES ACADEMY WILL NUTURE A GENERATION OF LEADERS WHO BRING A CRITICAL EYE TO THE WORLD AROUND THEM UPLIFT IMPORTANT AND DIVERSE STORIES. AND CHART THEIR OWN COURSE. WE WILL WORK WITH PARENTS, ADMINISTRATORS AND TEACHERS TO CREATE A CRITICAL LENS THROUGH WHICH OUR STUDENTS CAN VIEW THE WORLD AROUND THEM, AND EMPOWER THEM TO MAKE AN IMPACT ON THEIR COMMUNITY. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT,

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