2949331304107 OMB NO 1545-0047

A For the 2016 calendar year, or tax year beginning 2016, and ending 2016 and	Form	99	U			irn of Or	•			•					2018
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Beelly describe the organization's mission or most significant activities To establish and operate a supported employment program for individuals with disabilities who are 18 years of age or older.	K Fo	rm of or	ganization X	Corporation	Trust	Association	Other ▶	1	,	L Year	of formation]	L987_	M State o	f legal don	nicile WA
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b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 19 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 1172, 821 183, 4 1172, 821 183, 4 1174, 821 183, 4 175, 5 18 Total liabilities (Part X, line 26) 171, 173 178 18 Total liabilities (Part X, line 26) 171, 173 178 18 Total liabilities (Part X, line 26) 171, 173 178 179 18 Total liabilities (Part X, line 26) 170, 173 170, 8 170, 173 170, 8 170, 9 170, 173 170, 8 170, 173 170, 8 170, 9		16a	Professional	fundraising	fees (Part I	X, column (A)), line 11e)				[
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Beginning of Current Year End of Year															
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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						act line 21 fro	m line 20 .	<u> </u>	<u></u>		<u> </u>		165,	648	1/5,5
Sign Sign Signature of officer Date											the best of a	lamana da ad	a and balled of		
Sign Here Mary Jo Webster, Executive Director Type or print name and title Print/Type preparer's name Shareef Abduhr-Rahmaan, CPA Shareef Abduhr-	true, co	penattie: prrect, ar	s or perjury, I decl nd complete Dec	iare that i have laration of pred	examined this parer (other than	return, including a n officer) is based	accompanying s on all informati	on of which	nu statem preparer	has any kno	wie desi of my owledge	KIIOWIEGG	e and Deliet, I(IS		
Sign Here Mary Jo Webster, Executive Director Type or print name and title Print/Type preparer's name Shareef Abduhr-Rahmaan, CPA Suaruf Ibduhr-Rahmaan Preparer Firm's name 501 Commons 30c93D2E98E6422 Firm's address 1200 12th Ave S, Suite 1101, Seattle, WA 98144 Phone no 206-682-6704 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No.			(,		_	•	•		•	<u>-</u>				10/0	/2010 0.4 <i>c</i>
Here Mary Jo Webster, Executive Director Type or print name and title Print/Type preparer's name Shareef Abduhr-Rahmaan, CPA Preparer Firm's name 501 Commons 30C93D2E98E6422 Suite 1101, Seattle, WA 98144 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No.	C!~-			,											
Print/Type preparer's name Shareef Abduhr-Rahmaan, CPA Preparer Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Print/Type preparer's name Shareef Abduhr-Rahmaan, CPA Shareef Abduhr	_	١,	Signature CCF	of officer 92B6465BD4F	:7									Date	
Print/Type preparer's name Shareef Abduhr-Rahmaan, CPA Preparer Shareef Abduhr-Rahmaan, CPA Shareef Abduhr-Rahmaan	Here		Mary	Jo Webs	ster, Ex	ecutive [Director	·							
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Paid Shareef Abduhr-Rahmaan, CPA Suaruf Ibduhr-Rahmaan Point Ibdu			Print/Type prep	parer's name		Preparer's s	igned by			Date of	9/2010	11.	€hekku 🗫	# PTIN	
Preparer Use Only Firm's name ► 501 Commons 30C93D2E98E6422 Firm's EIN ► 94-3089631 May the IRS discuss this return with the preparer shown above? (see instructions)	Paid		1 " ' '		ahmaan,C	1 ',	_ ^ .	der-P	مسام	: /ت	J/ TOT3	44.	self-employed	P01	1911167
Use Only Firm's address ► 1200 12th Ave S, Suite 1101, Seattle, WA 98144 Phone no 206-682-6704 May the IRS discuss this return with the preparer shown above? (see instructions)		arer	_			1 0				···		Firm's			
May the IRS discuss this return with the preparer shown above? (see instructions)	-							. Sea	ttle	. WA 9	8144				
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								uctions)	<u> </u>		• • • • •	• • •	· · · · · · ·		

Form	1 990 (2018) Sound Employment Services	91-1376917	Page 2
	rt III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		<u>D</u>
1	Briefly describe the organization's mission		
	To establish and operate a supported employment program for individuals with	disabiliti	es who
	are 18 years of age or older.		
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	i by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$166,286 including grants of \$) (Revenue)
	Sound Employment Services finds job and provides continuous support for adult		
	developmental disabilities in King County. This year we provided ongoing supp	ort to 26	
	individuals either working or participating in their communities.		
		<u> </u>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
40	(Odde) (Expenses #	<u> </u>	
		<u></u>	
		-	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 166, 286		



Page 3

ŧ₽,aï	tive Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			İ
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
5		5		Х
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	3		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
		110		
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	116		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	-	<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e_	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ı
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ı
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			İ
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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			i
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
10				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<u>_ </u>		v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			ı
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
EEA			990 (2	

Form 990 (2018) Sound Employment Services

Part IV Checklist of Required Schedules (continued)

Га	Checkist of nequired Schedules (commuted)			т—
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
244	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	}		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	L		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			ĺ
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			ĺ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			.,
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		v
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
.=	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	İ
Dord	19° Note. All Form 990 filers are required to complete Schedule O	30	Λ	
Pari	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of hote to any line in this Fait V	• • •	Yes	No
1-	Enter the number reported in Poy 2 of Form 1006 Enter 0 if not applicable		162	140
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			ĺ
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		ĺ
С		1c	X	
	reportable gaming (gambling) winnings to prize winners?	٠.٠	1/1	

Form 990 (2018)

Sound Employment Services

Pai	TEV Statements Regarding Other IRS Filings and Tax Compliance (continued)		r	
		[Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		80%	100 m
	Statements, filed for the calendar year ending with or within the year covered by this return			7.20
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ev. Leville
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	W.Z.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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	2527 455-08	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	R. C.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	50° 50.552	'u "3500"
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	المنتسنة	7,27	-333
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7ს		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
_	required to file Form 8282?	7c	, , ,	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	`	X
e 4		7f		X
f 	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7y		
y h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 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.	1 3 4	١.	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	1.7.	3,5	- 4.8° 1,3° ° 5
а	Initiation fees and capital contributions included on Part VIII, line 12		36.80	$\sum_{i=1}^{n} \langle i \rangle$
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 1		
11	Section 501(c)(12) organizations. Enter		45	1, 2, 3
а	Gross income from members or shareholders	\$ 55,	7000 S	1513
b	Gross income from other sources (Do not net amounts due or paid to other sources	37,50		2%
	against amounts due or received from them)	شقع	<u>```</u>	200
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		apiliantiguiji	wijanjijiji
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		\$2.37	ŮŽŽ.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	, ov.	
	Note. See the instructions for additional information the organization must report on Schedule O			
	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			NEW YORK
С	Enter the amount of reserves on hand	Service.	-3335°	第一次
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) dunng the year	15	12 x 375 x 5	X
	If "Yes," see instructions and file Form 4720, Schedule N	Taraction and	ACCEPTE	X2-33.7X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	4000	X
	If "Yes," complete Form 4720, Schedule O	200	23/06/2012	1600.0000

Page 6 Form 990 (2018) Sound Employment Services Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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 committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a Χ **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **Washington** 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Upon request ☐ Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20

501 Commons (206) 682-6704, 1200 12th Ave S Suite 1101, Seattle, WA 98144

Form 990 (2018)

91-1376917 Sound Employment Services

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any relate	o organizatio	u comb	ens			curre	III OF	ncer, airector, of tr	usiee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m ss per d a du	son I	han one a Highest compensated employee	•	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Darcy Dinwiddie	0.25	v							0	
Board Member (2) Sally Sue McDonald Board Member	0.25	X							0	
(3) Jill Rogers Board Member	0.25	Х						0	-	
(4) Randy Beavers Treasurer	0.50	Х		Х				0		
(5) Barbie Combs Secretary	0.50	Х		Х				0	0	
(6) Mim1 Rogers Board Chair	1.25	Х		Х		-		0	0	
(7) Mary Jo Webster Executive Director	1			Х				52,402	0	1,82
(8)	1									
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										**

n	4	-1	2	7	c	Ω	4	7	

(A) Name and title	(B) Average hours per week (list any	(do not check mo box, unless perso officer and a dire			nsition more than one rson is both an irector/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	Į.	(F) stimated mount of other
·	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highesi compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a	npensation from the ganization nd related ganizations
(15)								· <u>-</u>			
(16)											
(17)											
(18)											
(19)											_
(20)											
(21)	 -										
<u>(22)</u>								•			
(23)											
<u>(25) </u>											_
to Sub-total	on A						▶ [52,402	• • •		1,820
Total number of individuals (including but not limite reportable compensation from the organization									0		2,020
3 Did the organization list any former officer, director	or, or trustee,	key en	nploy	ee,	or hi	ighes	t cor	npensated			Yes No
employee on line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is the sum of rep										3	X
organization and related organizations greater tha	n \$150,000?									4	X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,	•									 5	X
Section B. Independent Contractors											
Complete this table for your five highest compensate compensation from the organization. Report compensation.											
year. (A) Name and business address								(B) Description of	services		(C) pensation
Traine and Journess addiess		•		_							

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Sound Employment Services

Part)	Λίη <u>φ</u>	Statement of Revenu	ie			•		·-
·		Check if Schedule O contain	is a response or n	ote to any line in th	s Part VIII	<u> </u>	<u> </u>	<u> L</u>
protes duct	anning an	denoted grant and a second processing and a second grant and a second		inings sommunicationaes see	(A) Total revenue	(B) Related or evempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues	-					
يَّةٌ قِ	c	Fundraising events	•	-				
ifts,	d	Related organizations						
S, E	e	Government grants (contribution		247,564				
rion S S	f	All other contributions, gifts, gr		-				
		and similar amounts not include		129				
ng	g	Noncash contributions include	d in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	. <u> </u>	▶	247,693			26776 7886 838
				Business Code	新港域的大流		WANTED THE STATE OF THE STATE O	
Program Service Revenue	2a	<u> </u>	,					
Rev	b							
vice	C							,
Ser	d							
gran	e	All other program converses rever						
5	ı	All other program service rever Total . Add lines 2a-2f			<u> </u>			#5.126**\$\\ \$0.50
				<u> </u>	. •	**************************************		Art & Art of the State of the S
	3	Investment income (including di and other similar amounts) .			1			
,	4.	Income from investment of tax-e			,			
,	5	Royalties	* .					
			(ı) Real	(ii) Personal		44.2		
Í	· 6a	Gross rents						
	b	Less rental expenses						
		Rental income or (loss)					VANDE 187	音乐公文意见 新城
	d	Net rental income or (loss) .		i -	No. 84 Co. 1 No. 10 Table 1982 1988	. 2002/00 Cookstation	75 260 S-720 BRANCH	*\\$\!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		·				
	b	Less cost or other basis and sales expenses		v				
,	c	Gain or (loss)						
•		Net gain or (loss)		· ▶	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
ağ`		Gross income from fundraising			THE FREEZE ST			
, en		events (not including . \$ -	•					
Re		of contributions reported on line	e 1c)					
Other Revenue		See Part IV, line 18		,				
Б		Less direct expenses						
		Net income or (loss) from fundr		▶	SSN-TSTV Worthouse by the design of the control of		White and the control of the control	2000 2001 2001 2000 2000 2000 2000 2000
	9a	Gross income from gaming acti		,				
		See Part IV, line 19					Market Steel	
		Less direct expenses			3345-32			
		Net income or (loss) from gamil	ng activities	· · · · · · · · · · · · · · · · · · ·				
	10a	Gross sales of inventory, less returns and allowances	,				di an	
	b	Less cost of goods sold		'			8	
		Net income or (loss) from sales			terror and Allindrature		(C) 101 At 102 . CONTRACTOR 124 (CC)	Charles Washington & Bre Sant After
		Miscellaneous Revenue		Business Code			######################################	
-	11a							
	b						,	
,	С	,						
· ·	_	All other revenue				appropries. An abbonish beautiful	KAN PROPERTIES AND AND AND AND AND AND AND AND AND AND	Na Sales Management Commercial Co
•	_	Total. Add lines 11a-11d				#X:#########		
	12	Total revenue. See instructions		•	247,694	' 0	1 0	1

Form 990 (2018)

Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, Management and Program service Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 35,612 17,610 53,222 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 86,887 77,251 9,636 Pension plan accruals and contributions (include 789 2,300 1,511 section 401(k) and 403(b) employer contributions) 17,902 13,444 4,458 14,384 10,841 3.543 10 11 Fees for services (non-employees) 7,007 7,007 Lobbying....... Professional fundraising services See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . 5,913 5,913 1,075 1,075 12 1,829 1,829 13 3,658 1,478 1,478 2,956 14 15 9,831 16 9,831 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 22 Depreciation, depletion, and amortization 925 925 , 313 2 23 Insurance 3.282 969 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 3,274 3,274 **Program Expenses** 18,780 18,780 Mileage 3,240 3,240 Taxes, Dues, and Fees d Staff Training 384 384 2,727 913 1,814 All other expenses 166,286 71,461 0 Total functional expenses. Add lines 1 through 24e 237,747 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕒 📙 if

following SOP 98-2 (ASC 958-720)

Form 990 (2018)

91-1376917

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 145,759 156,382 1 1,174 1,173 2 3 3 20,552 19,640 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 7 Notes and loans receivable, net 1,913 1,913 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 16,439 2,511 1,586 Less accumulated depreciation 10b h 11 1,174 1,173 11 Investments - other securities See Part IV, line 11 12 12. 13 13 14 14 15 652 652 15 Total assets. Add lines 1 through 15 (must equal line 34) 172,821 16 183,433 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 7,838 7,173 26 7,838 26 Organizations that follow SFAS 117 (ASC 958), check here > | and | complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 165,648 175,595 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 165,648 33 175,595 33 34 183,433 34 172,821

Form	990 (2018) Sound Employment Services 9	1-137691	7	P	age 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		247,	694
2	Total expenses (must equal Part IX, column (A), line 25)	2		237,	747
3	`Revenue less expenses Subtract line 2 from line 1	3		9,	947
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		165,	648
5	Net unrealized gains (losses) on investments	1 5			
6 '	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	:	175,	595
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1
	Schedule O				i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both			,	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
:ΕΔ			Form	990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

2018 Open to Public

Inspection Internal Revenue Service Employer Identification number Name of the organization 91-1376917 Sound Employment Services 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state П 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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. 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, 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 organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2018 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		· <u>-</u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	259,801	285, 935	252,820	249,802	247, 693	1,296,051
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	259,801	285,935	252,820	249,802	247,693	1,296,051
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					NE THE SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRE	1,296,051
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 '	259,801	285, 935	252,820	249,802	247,693	1,296,051
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties' and income from similar sources	2			2	1	5
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 .				2.00		1,296,056
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	•	<u> </u>	rth, or fifth tax year	r as a section 501(c)(3) 	▶ 🗍
	tion C. Computation of Public Su			411		44 4	00 00 %
14	Public support percentage for 2018 (line 6, or Public support percentage from 2017 Sched						00.00 % 00.00 %
15							00.00 %
16a ्	33 1/3% support test - 2018. If the organization gualdinary						▶ ⊠
_	box and stop here. The organization qualifactor and support test - 2017. If the organization						
b	this box and stop here . The organization q						▶ □
17a	10%-facts-and-circumstances test - 2018	•					
I / a	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac					,	
b	organization		on did not check and-circumstances"	box on line 13, 16a test, check this bo		line	▶ □
	Explain in Part VI how the organization mee						_
18	supported organization Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	, 17a, or 17b, ched	ck this box and see	•	
	instructions	<u> </u>	<u> </u>	<u> </u>		Sabadula A (Far	
						Cabadula A /Eas	BOR 44 BOR E71 2019

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91-1376917

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (b) 2015 (c) 2016 (d) 2017 (e) 2018, (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2014 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support (f) Total (a) 2014 (b) 2015 (c) 2016(d) 2017 (e) 2018 Calendar year (or fiscal year beginning in) 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b . Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10g, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2017 Schedule A, Part III, line 1.7............. 18 18 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.... Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2018

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 onsure 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 (b) and (c) 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?
- 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)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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 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
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10a	<i>288</i>	15897.

	Sound Employment Services 91-137091			age .
Pa	Tris IV: Supporting Organizations (continued)		\ \(\frac{1}{2} = \frac{1}{2}	NI.
	11. *II	550000	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	1000		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a	-£2552	٠
	below, the governing body of a supported organization?			
	A family member of a person described in (a) above?	11b	<u> </u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		<u> </u>
Sec	ction B. Type I Supporting Organizations		Yes	No
_	Did the disease to the least of the property of the power to	· 21	162	300
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	eta Sign		186
	regularly appoint or elect at least a majority of the organization's 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	200	1	32.30
	controlled the organization's activities. If the organization had more than one supported organization,	3,75	1, 3,3,0	300
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ئىتى ئ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	21.87	9.5689et	200-E3
_				
2	Did the organization operate for the benefit of any supported organization other than the supported	18 18 19		Sept.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1,33%	£
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	سنست	<u> </u>	50. 18
	supervised, or controlled the supporting organization	2		L. <u> </u>
Sec	ction C. Type II Supporting Organizations		V	N
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	100	2 100	3 %
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			EXE.
	or management of the supporting organization was vested in the same persons that controlled or managed	2	-0220g	in in it
	the supported organization(s).	11.		
Sec	ction D. All Type III Supporting Organizations		Vaa	No
_	Did the assessmentian assessed to each of the assessment assessment by the last day of the fifth month of the	٤.	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	5.3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ŠES.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ું કેટનું કું કું કું કું કું કું કું કું કું કું		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	**************************************	5. (198)	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	3 3	(A)
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		,	8 ' E
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	نستخذ		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		l
_	Diversion of the veletionship described in (0), did the exposization's currented exposizations have a	4 1	2 3 3 T	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	, ,	1.10	3
	significant voice in the organization's investment policies and in directing the use of the organization's	\$	10 3000	Marie Control
,	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2	<u> </u>	
	supported organizations played in this regard.	3		<u></u>
	ction 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 in	netruo	tions	
1		isiiuci	iioiis,	,
a				
b		(coo ir	ctruc	tione)
C		(See III	Yes	1
2	Activities Test. Answer (a) and (b) below.	, ``.	162 (33)	No
а			11.00	
	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	0-	2000	1000
	that these activities constituted substantially all of its activities.	2a	N. 184.	\$4.2
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	2	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	X X		
	reasons for the organization's position that its supported organization(s) would have engaged in these		**************************************	
	activities but for the organization's involvement.	2b	, *44,5,80	350 10.
3	Parent of Supported Organizations. Answer (a) and (b) below.	24. 2	18.0	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	813 ·		936.
	trustees of each of the supported organizations? Provide details in Part VI.	3a	C. NO. A. C.	2,5000
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1800	X	
•	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		ł

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions)

Schedule A (Form 990 or 990-EZ) 2018 Sound Employment Services		91-13	76917	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	ations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov 20, 1970 (expla	ain in Part VI)	See
instructions. All other Type III non-functionally integrated supporting organ	nizations	must complete Section	ons A through E	Ξ
Section A - Adjusted Net Income		(A) Prior Year	(B) Currer	nt Year
Section A - Adjusted Net Income		(A) Frior real	(option	ıal)
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			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Curren	ıt Year
Section B - Minimum Asset Amount		(A) FIIOI Teal	(option	al)
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year)				
Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI)		<u></u>		
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 1-1/2% 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 035	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Y	ear
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 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			

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

6

EEA

Sched	ule A (Form 990 or 990-EZ) 2018 Sound Employment Service:		91-13	76917 Page 7
Pai	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity		•	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions		<u>-</u>	
7	Total annual distributions. Add lines 1 through 6	<u></u>	·	
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<u>1'</u>	Distributable amount for 2018 from Section C, line 6			W. W. SCOOL S. SALL A. SALVA CO. SALVA
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.		many washing a sold of a particular by you	
3	Excess distributions carryover, if any, to 2018			
a	From 2013	Market Sales Sales		
b	From 2014			
<u>C</u>	From 2015			
d	From 2016			
. е	From 2017			
	Total of lines 3a through e	NAMES AND DESCRIPTION OF STREET OF STREET	40 40 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	
	Applied to underdistributions of prior years		Same of the Control o	
<u>h</u>	Applied to 2018 distributable amount			NOVA CONTRACTO AND AND AND AND AND AND AND AND AND AND
<u>i</u>	Carryover from 2013 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.	California companie a constitución con constitución	A CONTRACTOR OF THE PARTY OF TH	
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years		3000003 11 N07 000 11 N00200 N0020 0 000	
	Applied to 2018 distributable amount			22February 2007 Professor Anno 2007 Anno 2007 Anno 2007 Anno 2007 Anno 2007 Anno 2007 Anno 2007 Anno 2007 Anno
	Remainder Subtract lines 4a and 4b from 4	4.000000 04.0000000060000007-7-0.00600000		
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions		2000 15 JUNE 15 SE 15 SE 15 SE 15 SE 15 SE 15 SE 15 SE 15 SE 15 SE 15 SE 15 SE 15 SE 15 SE 15 SE 15 SE 15 SE 1	
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019 Add lines 3j			
	and 4c	\$100 Harris M. A. Marris and L. Lange (1 Lange 11 11 11 11 11 11 11 11 11 11 11 11 11		
8	Breakdown of line 7	######################################		
	Excess from 2014			
	Excess from 2015		28 - 28 28 12 13 28 2 13 2 13 2 13 2 13 2 13	
	Excess from 2016		**************************************	
<u>d</u>				
е	Excess from 2018	A. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M. C. M.		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name	of the organization		Employer identification number
Soi	nd Employment Services		91-1376917
Pa	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 6.	***************************************
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advise		
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and de		
	only for charitable purposes and not for the benefit of the		
	conferring impermissible private benefit?	<u></u>	Yes L No
Pa			
	Complete if the organization answered "	······································	
1	Purpose(s) of conservation easements held by the org	_	
	Preservation of land for public use (e.g., recreation	·	
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the form of a co	
	easement on the last day of the tax year		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified history		. 2c
d	Number of conservation easements included in (c) acc		
_			
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminated by the orga	anization during the
	tax year •	an assessment to located.	
4	Number of states where property subject to conservation Does the organization have a written policy regarding to		
5	violations, and enforcement of the conservation easem		
6	Staff and volunteer hours devoted to monitoring, inspec		
Ü	Stair and volunteer ribuls devoted to mormoring, inspec	ting, harding of violations, and emorning conservation	on outside dailing the year
7	Amount of expenses incurred in monitoring, inspecting	handling of violations, and enforcing conservation ea	asements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(c	i) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports con-	servation easements in its revenue and expense state	ement, and
	balance sheet, and include, if applicable, the text of the	footnote to the organization's financial statements the	at describes the
	organization's accounting for conservation easements		
Pa	t III Organizations Maintaining Collec	tions of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SFAS 1		
	works of art, historical treasures, or other similar asset		
	public service, provide, in Part XIII, the text of the footn		
b	If the organization elected, as permitted under SFAS 1		
	works of art, historical treasures, or other similar asset		furtherance of
	public service, provide the following amounts relating to		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic		n, provide the
	following amounts required to be reported under SFAS		
а	· · · · · · · · · · · · · · · · · · ·		· —·
_ <u>b</u>	Assets included in Form 990, Part X	<u></u>	▶ \$

Sched	lule D (Form 990) 2018 Sound Employmen					91-1376	
Pa	rt III Organizations Maintaining C	Collections of A	t, Historical Tr	easures, c	or Other	r Similar Ass	ets (continued)
3	Using the organization's acquisition, accession,	and other records, ch	eck any of the follow	ing that are a	significar	nt use of its	
	collection items (check all that apply)						
а	Public exhibition	d ☐ Loar	or exchange progra	ams			
b	Scholarly research	e 🗌 Othe					
С	Preservation for future generations					<u>- </u>	
4	Provide a description of the organization's collect	ctions and explain ho	w they further the ord	anızatıon's e	xempt pui	roose in Part	
•	XIII		,	, .		•	
5	During the year, did the organization solicit or re	ceive donations of an	t historical treasures	or other sim	ular		
•	assets to be sold to raise funds rather than to be						
Pa	rt IV Escrow and Custodial Arrang		or and organizations				<u>· · · · · · · · · · · · · · · · · · · </u>
	Complete if the organization ar		Form 990, Parl	IV. line 9.	or repo	rted an amou	int on Form
	990, Part X, line 21.			, ,			
	Is the organization an agent, trustee, custodian of	or other intermediary f	or contributions or o	ther assets n	ot		
h	If "Yes," explain the arrangement in Part XIII and						
b	ii les, explain the analigement in latt Am aix	a complete the followi	ing table			Δm	nount
_	Beginning balance				1c	/	Our
C	Beginning balance						
u	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on Form						🗌 Yes 📗 No
	If "Yes," explain the arrangement in Part XIII Ch				-		_
	rt V Endowment Funds.	leck fiele if the explai	ation has been prov	nueu on ran	<u> </u>	<u> </u>	• • • • • • • • • • • • • • • • • • • •
rai	Complete if the organization an	swered "Ves" on	Form 990 Part	· IV line 10) .		
	Complete if the organization an			(c) Two years		d) Three years back	(e) Four years back
•-	December of week belong	(a) Current year	(b) Prior year		, 171		
1a	Beginning of year balance	1,173	1,171	<u>+</u>	, 1 / 1	1,171	1,169
D	Contributions						
С	Net investment earnings, gains, and	.	•				
	losses	_1	2				2
a	Grants or scholarships				_		
е	Other expenditures for facilities and						
	programs						+
Ţ	Administrative expenses	1 174	1 172	_	171	1 171	1 171
g	End of year balance	1,174	1,173		,171	1,171	1,171
2	Provide the estimated percentage of the current Board designated or quasi-endowment		e rg, column (a)) ne	ia as			
a		100.00 %					
b	Permanent endowment	2/					
С	Temporarily restricted endowment	<u> </u>					
0-	The percentages on lines 2a, 2b, and 2c should		that are bold and a	lanımında rad fa	iba		
3a	Are there endowment funds not in the possession	on of the organization	ithat are nelo and ac	ımınıstered to	rtne		Van Na
	organization by						Yes No
	(,						. 3a(i) X . 3a(ii) X
							
_	If "Yes" on line 3a(ii), are the related organization	•					. 3b
4	Describe in Part XIII the intended uses of the or		ent tunas				
Pai	rt VI Land, Buildings, and Equipm		Farm 000 Bort	- IV June 11	la Caa	Form 000 Ba	ort V. lino 10
	Complete if the organization an	i					
	Description of property	(a) Cost or othe	1 ' '	r other basis		reciation	(d) Book value
		(investmen		other)		- Colation	
1a	Land	• • • -					
b	Buildings	• • •					
C	Leasehold improvements	• • •					
d	Equipment	· · · 1	6,439			14,853	1,586
<u>e</u>	Other		<u> </u>	i			
Tota	 Add lines 1a through 1e (Column (d) must eq 	ual Form 990, Part X	., column (B), line 10	Dc)	· · · · ·		1,586

Schedule	D	(Form	990)	2018	

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Sound Employment Services

Schedule 5 (Form		ent Services	91-1376917	Page
Part VIII	Investments - Other Securities.			4.5
	Complete if the organization answer	ed "Yes" on Form 990, Pai	rt IV, line 11b. See Form 990, Part X, line	<u>e 12.</u>
	(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 of	derivatives	•		
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
_(D)	1		·	
(E)				
_(F)				
_(G)				
(H)			THE THE STATE OF MARKET AND AND AND AND AND AND AND AND AND AND	~ 63229 89 6.4.~25
	must equal Form 990 Part X, col (B) line 12)			\$
Part VIII	Investments - Program Related.		. N. II	40'
	Complete if the organization answer	ed "Yes" on Form 990, Pai	t IV, line 11c. See Form 990, Part X, line	9 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation - Cost or end-of-year market value	
(1)				
(2)		1		~
(3)				
(4)			•	
(5)	·			
(6)				
(7)				
(8)				
(9)			38	1 3
Total (Column (b)	must equal Form 990, Part X, col (8) line 13)		A Charles San San San San San San San San San San	
	Other Assets.			, .
Total (Column (b)	Other Assets.		t IV, line 11d. See Form 990, Part X, line	e 15
Total (Column (b)	Other Assets. Complete if the organization answer			e 15 value
Total (Column (b) Part IX (1) Payro	Other Assets. Complete if the organization answer (a) 11 Error Receivable	ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line	e 15 ralue 35
Total (Column (b) Part IX (1) Payro (2) Rent I	Other Assets. Complete if the organization answer (a) 11 Error Receivable	ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line	e 15 ralue 35
Total (Column (b) Part IX (1) Payro (2) Rent I (3)	Other Assets. Complete if the organization answer (a) 11 Error Receivable	ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line	e 15 ralue 35
(1) Payro. (2) Rent I (3) (4)	Other Assets. Complete if the organization answer (a) 11 Error Receivable	ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line	e 15 ralue 35
(1) Payro. (2) Rent (3) (4) (5)	Other Assets. Complete if the organization answer (a) 11 Error Receivable	ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line	e 15 ralue 35
(1) Payro: (2) Rent I (3) (4) (5)	Other Assets. Complete if the organization answer (a) 11 Error Receivable	ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line (b) Book v	e 15 ralue 35
(1) Payro (2) Rent I (3) (4) (5) (6)	Other Assets. Complete if the organization answer (a) 11 Error Receivable	ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line (b) Book v	e 15 ralue 35
(1) Payro: (2) Rent I (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer (a) 11 Error Receivable	ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line (b) Book v	e 15 ralue 35
(1) Payro. (2) Rent I (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit	ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line (b) Book v	9 15 value 35 30
(1) Payro. (2) Rent I (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit on (b) must equal Form 990, Part X, col (B) line	ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line (b) Book v	9 15 alue 35 30
(1) Payro. (2) Rent I (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit on (b) must equal Form 990, Part X, col (B) line Other Liabilities.	ed "Yes" on Form 990, Par Description 15)	t IV, line 11d. See Form 990, Part X, line (b) Book v	9 15 ralue 35 30
(1) Payro. (2) Rent I (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit on (b) must equal Form 990, Part X, col (B) line Other Liabilities.	ed "Yes" on Form 990, Par Description 15)	t IV, line 11d. See Form 990, Part X, line (b) Book v	9 15 ratue 35 30
(1) Payro. (2) Rent I (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer	ed "Yes" on Form 990, Par Description 15)	t IV, line 11d. See Form 990, Part X, line (b) Book v	9 15 value 35 30 65
(1) Payro. (2) Rent I (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of hability income taxes	ed "Yes" on Form 990, Par Description 15) ed "Yes" on Form 990, Par (b) Book value	t IV, line 11d. See Form 990, Part X, line (b) Book v	9 15 alue 35 30 65
(1) Payro. (2) Rent I (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	ed "Yes" on Form 990, Par Description 15) ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line (b) Book v	9 15 alue 35 30 65
(1) Payro (2) Rent I (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes 11 Liabilities	ed "Yes" on Form 990, Par Description 15) ed "Yes" on Form 990, Par (b) Book value	t IV, line 11d. See Form 990, Part X, line (b) Book v	e 15 alue 35 30 65
(1) Payro: (2) Rent I (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of hability income taxes	ed "Yes" on Form 990, Par Description 15) ed "Yes" on Form 990, Par (b) Book value	t IV, line 11d. See Form 990, Part X, line (b) Book v	e 15 alue 35 30 65
(1) Payro: (2) Rent I (3) (4) (5) (6) (7) (8) (9) Total. (Column (Part X) 1. (1) Federal II (2) Payro: (3) (4) (5)	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes 11 Liabilities	ed "Yes" on Form 990, Par Description 15) ed "Yes" on Form 990, Par (b) Book value	t IV, line 11d. See Form 990, Part X, line (b) Book v	e 15 alue 35 30 65
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(1) Payro: (2) Rent I (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) Payro: (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes 11 Liabilities	ed "Yes" on Form 990, Par Description 15) ed "Yes" on Form 990, Par (b) Book value	t IV, line 11d. See Form 990, Part X, line (b) Book v	e 15 alue 35 30 65
(1) Payro: (2) Rent I (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) Payro: (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes 11 Liabilities	ed "Yes" on Form 990, Par Description 15) ed "Yes" on Form 990, Par (b) Book value	t IV, line 11d. See Form 990, Part X, line (b) Book v	e 15 alue 35 30 65
(1) Payro: (2) Rent I (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) Payro: (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization answer (a) 11 Error Receivable Deposit In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes 11 Liabilities	ed "Yes" on Form 990, Par Description 15) ed "Yes" on Form 990, Par (b) Book value	t IV, line 11d. See Form 990, Part X, line (b) Book v	e 15 alue 35 30 65

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIIL

Scheo	ule D (Form 990) 2018 Sound Employment Services	91-1376917	Page 4
Pa	rt(XI) Reconciliation of Revenue per Audited Financial Statements Wi		
	Complete if the organization answered "Yes" on Form 990, Part IV,		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	- April	
- a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	 	
	rt XII Reconciliation of Expenses per Audited Financial Statements		
1,0	Complete if the organization answered "Yes" on Form 990, Part IV,		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
² a	Donated services and use of facilities		
a b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	Nav.	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	i jeza	
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
	TEXIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and	2b, Part V, line 4, Part X, line	
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional	information	
01	. Endowment funds intended uses (Part V, line 4)		
To :	Fund Program Expenses.		
	<u>·</u>		
-			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number 91-1376917 Sound Employment Services 01. Form 990 governing body review (Part VI, line 11) The Director will send an e-mail securely to all governing body. 02. Conflict of interest policy compliance (Part VI, line 12c) All Staff and Director are required to sign a conflict of interest form annually. 03. CEO, executive director, top management comp (Part VI, line 15a) The Director and Board members review and compare data annually. 04. Governing documents, etc, available to public (Part VI, line 19) Article II (Location) In By-laws governing documents and financial statements will be available to the public if requested.