SCANNED DEC 1 5 2021

Form 990

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

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

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

2019
Open to Public Inspection

(Rev January 2020) Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning C Name of organization D Employer identification number Address change SOUND GENERATIONS (SENIOR CENTERS ONLY) Name change 91-1870393 Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 206-448-5757 Final return/ 2208 SECOND AVENUE 2,380,530. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SEATTLE, WA 98121 STMT 1 H(a) Is this a group return Applica-tion F Name and address of principal officer JAMES WIGFALL X Yes No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes X No Tax-exempt status X 501(c)(3) 527 If "No," attach a list (see instructions) STMT 2 501(c) () ◀ (insert no.) 4947(a)(1) or J Website: ▶ WWW.SOUNDGENERATIONS.ORG H(c) Group exemption number ► 8026 K Form of organization X Corporation Trust Other > Year of formation 1967 M State of legal domicile WA Part I Summary Briefly describe the organization's mission or most significant activities WE SUPPORT PEOPLE ON THEIR AGING JOURNEY THROUGH COMMUNITY CONNECTIONS AND ACCESSIBLE SERVICES. 2 oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets 46 Number of voting members of the governing body (Part VI, line 1a) 46 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of individuals simple.

Total number of volunteers (estimate if necessary).

Total unrelated business revenue from Part VIII, column (O), line 12: lue Service

b Net unrelated business taxable income from Form 990 Trillne/39: Business taxable income from 990 Trillne/39: Business taxable income fro 740 6 0. 7a 0. 822 Current Year **Prior Year** 1,753,977. 1,034,449. NOV 3 U ZUZJ Contributions and grants (Part VIII, line 1h) 712,513 910,599. Program service revenue (Part VIII, line 2g) 13,760. 4,825. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 102,450. 325,350. Total revenue - add lines 8 through 1/17 (must equal Part VIII, column (A), line 12) 573,765. 2,284,158. 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,585,297. 1,840,745. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 _ 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 126,152. 626,772. 571,163. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,212,069. 2,411,908. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -127,750. 361,696. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 3,317,297. 3,759,104. 20 Total assets (Part X, line 16) $\overline{737}, \overline{1}12.$ 28,888. 21 Total liabilities (Part X, line 26) 3,288,409. 021,992. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign JAMES WIGFALI Here Type or print name and title Date Print/Type preparer's name Preparer's signature 11/24/20 P00120599 RAY HOLMDAHL RAY HOLMDAHL Paid Firm's EIN > 13-5381590 Firm's name BDO USA. Preparer LLPFirm's address > 601 UNION ST, STE 2300 Use Only Phone no. (206) 382-7777 SEATTLE, WA 98101-2345 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

GI HI Form S

		91-1870393	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	SOUND GENERATIONS WAS ESTABLISHED IN 1967 AND IS CONSTANT	LY STRIVING	
	TO EXPAND FOOD SECURITY, TRANSPORTATION, HEALTH & WELLNESS	S, AND	
	ASSISTANCE SERVICES TO MEET THE DIVERSE NEEDS OF OUR GROW	ING AGING	
	POPULATION IN KING COUNTY. WE ARE COMMITTED TO HELPING LOW	W INCOME,	
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 me	asured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, ar	ıd
	revenue, if any, for each program service reported		
4a			<u>558.</u>)
	OUR FIVE AFFILIATE SENIOR CENTERS CONNECT OLDER ADULTS AND		
	COMMUNITIES. MEMBERS TAKE CLASSES TO KEEP FIT, SHARE MEALS		
	SOCIALIZE. RAINBOW AND KARAOKE BINGO, COMMUNITY DINNERS,		
	BILLIARDS, EXERCISE CLASSES, ARTS AND CRAFTS, AND BIRTHDAY		
	CELEBRATIONS THERE'S SOMETHING FOR EVERYONE AT TODAY'S ST		₹•
	IN 2019, OUR CENTERS INCLUDED CENTRAL AREA SENIOR CENTER,		
	SENIOR CENTER, SENIOR CENTER OF WEST SEATTLE, SHORELINE/LA	AKE FOREST	
	PARK SENIOR CENTER AND SNO-VALLEY SENIOR CENTER.		
			
45-			
4b	(Code) (Expenses \$) (Revenue	s	······'
			
4c	(Code) (Expenses \$) (Revenue	s)
			
		·	
		<u></u>	
	<u></u>		
			
4d	Other program services (Describe on Schedule O)		
	(Expenses S including grants of S) (Revenue S)	
<u>4e</u>	Total program service expenses ► 1,930,996.		
		Form 9	90 (2019)

SOUND GENERATIONS (SENIOR CENTERS ONLY) Form 990 (2019) SOUND GENERA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ ا		х
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		Х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	•	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		Х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	4,
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		146		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
-	complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х

Form 990 (2019) SOUND GENERATIONS (SENIOR CENTERS ONLY) 91-1870393 Page 4
Part IV Checklist of Required Schedules (continued)

تتسا	(continued)			
	Did the example top report more than \$5,000 of grants or other assistance to or for democrac individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a	ļ	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d_	 	\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		 ^-
D	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 or 22, for receivables from or payables to any current			<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			-
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	 	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		l	١,,
	"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	-	┝┷
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<u>30</u> 31		X
31 32	Did the organization regulate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
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 controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_v	
Par	Note: All Form 990 filers are required to complete Schedule Ort V Statements Regarding Other IRS Filings and Tax Compliance	38	<u> </u>	<u> </u>
<u>. u</u>	Check if Schedule O contains a response or note to any line in this Part V			\Box
	Officer in Outreadule O Contains a response or note to any line in this rait v		Yes	No
1 >	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	Γ~	1.53	1.35
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		
03300	4 01-20.20		990	(2019)

		70393	<u></u> Р	age
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		,	1
	filed for the calendar year ending with or within the year covered by this return			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	<u> </u>	↓
	_Note: If the sum of lines 1a and 2a is greater than 250 you may be required to _e-file (see instructions)	· - :		تب ا
	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 on Schedule O	3b	ــــــ	₩
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			١
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ		_ '		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			<u> </u>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a_	 	X
		5b	<u> </u>	X
	·	<u>5c</u>	├──	₩
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a	—	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	├─	\vdash
7	Organizations that may receive deductible contributions under section 170(c).	.	<u>`</u>	$\frac{1}{x}$
а			\vdash	┼≏
		7b	\vdash	
С				٦.
	to file Form 8282?	7c	\vdash	X
	•	-		$\overline{\mathbf{x}}$
e		7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	┼≏
g			 	+
h		Σ? 7h	\vdash	╁
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.	9a		·
a		9b	\vdash	+-
10		35	-	†
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a				
11	Section 501(c)(12) organizations. Enter			
_	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)		1.	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	5 and the state of		L	L
14a		14a		X
	And the second of the second o	-14b		L
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			

Fa	990 (2019) SOUND GENERATIONS (SENIOR CENTERS ONLY) 91-187	กรฉร		(
Par	n 990 (2019) SOUND GENERATIONS (SENIOR CENTERS ONLY) 91-18 / rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			age t							
<u> </u>	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions	No r	espon	se							
				X							
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			IA							
366	tion A. Governing body and management		Vac	T _{N-}							
4	Enter the number of voting members of the governing body at the end of the tax year	<u></u>	Yes	No							
ıa		ή.									
	If there are material differences in voting rights among members of the governing body, or if the governing		١.								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent.	اء									
	Enter the flamest of voting from sold included on line va, above, who are independent	4									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?										
•		2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		х							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	<u>├</u> ^							
6	Did the organization have members or stockholders?	-									
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7.	x								
	more members of the governing body?	7a	^	 							
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		1	l v							
_	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	l							
a		8a	X	<u> </u>							
ь		8b	<u> </u>	1							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x							
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O ition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3		1 11							
000	tion 5.1 Glioles (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No							
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	108		 							
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	 ^^	<u> </u>							
	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	X	\ 							
		12b	X	<u> </u>							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	 ^	\vdash							
C	, , , , , , , , , , , , , , , , , , , ,	12c	X								
12	In Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	╁							
13		14	X	╁							
15	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 independent	14	 	<u> </u>							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
_	The organization's CEO, Executive Director, or top management official	152	X	-							
	Other officers or key employees of the organization	15a 15b	 "`	х							
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130		 ^							
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		l	1							
IUa		16a		X							
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		 ^							
D											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure	lon		Ь							
-	List the states with which a copy of this Form 990 is required to be filed NONE										
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)c only	availa	ble							
_18	-	ja uriiy)	availe	י אוטו							
	for public inspection Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O)										
40		d 6:	cial								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinan	uldi								
00	statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's books and records CARLOS BOILES - 206-448-5757										
	CARLOS ROJAS - 206-448-5757 2208 SECOND AVENUE, SEATTLE, WA 98121										
	2208 SECOND AVENUE, SEATTLE, WA 98121										

932006 01-20-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

Check this box if neither the organization n	r any related organization compensate						sate	ted any current officer, director, or trustee					
(A)	(B)							(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)				an	compensation	compensation	amount of			
	week	\vdash	cer an	lo a o	racio	i / u us	188)	from	from related	other			
	(list any	recto						the	organizations	compensation			
	hours for related	p o	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization			
	organizations	nstee	trus		a	npen		(44-27 1099-141130)		and related			
	below	lual tr	trona		nploy	yee yee	_			organizations			
	line)	Individual trustee or director	Institutional trustee	Olf cer	Кеуег	Highest compensated employee	Former			0. gaa			
(1) JIM WIGFALL	1.00						[_					
CEO	40.00	_	L_	X				0.	187,241.	2,647.			
(2) BRITTANY BLUE	1.00												
CHIEF MARKETING & PHILANTHROPY OFFIC	40.00			Х				0.	133,791.	22,991.			
(3) JOANNE DONOHUE	1.00												
<u>coo</u>	40.00			Х				0.	141,762.	11,798.			
(4) CARLOS ROJAS	1.00	ļ							400 204	0 540			
CFO	40.00	_	_	Х			<u> </u>	0.	129,321.	8,713.			
(5) HEIDI CONSENTINO	1.00	ļ							105 556	11 660			
DIRECTOR OF HR	40.00		<u> </u>	X	_	\vdash	┝	0.	127,776.	11,660.			
(6) LYLE EVANS	40.00	l						05 053		0 000			
EXECUTIVE DIRECTOR, SCWS	40.00	├-		X			<u> </u>	95,873.	0.	8,288.			
(7) DIAN FERGUSON	40.00	ł		x				07 206	0.	0 107			
CENTER DIRECTOR, CASC	40.00		-	Δ			├	87,206.	U •	8,287.			
(8) CARLYE TEEL	40.00	ł		х				77,752.	0.	0 200			
CENTER DIRECTOR, NWSC (9) THERESA LACROIX	40.00	-		Λ	_		├	11,132.	· ·	8,288.			
	40.00	1		х				74 000	0.	0 200			
CENTER DIRECTOR, SLSC	40.00	⊢		Λ		<u> </u>	├	74,880.	<u> </u>	8,288.			
(10) ROBERT LOHMEYER	40.00	ł		,,				20 102	•	2 260			
CENTER DIRECTOR, SLSC	15 00	⊢	H	Х	_	\vdash	├	29,182.	0.	2,269.			
(11) JANICE BELLOTI-PACE	15.00	x						11 000	0.	_			
DIRECTOR, SLSC	2.00	^	H	H	_	\vdash	┝	11,820.	U .	0.			
(12) JAN LODER	2.00	x		х				0.	0.	0.			
OFFICER, NWSC (13) RUTHA THOMAS	2.00	₽	-	₽		Н	\vdash	0.	0.	U •			
OFFICER NWSC	2.00	x		x				0.	0.	0.			
(14) HENRY GRENLEY	2.00	^	\vdash	₽				0.	0.	0.			
OFFICER NWSC	2.00	х		x				0.	0.	0.			
(15) CLAIRE ANDERSON	1.00	<u> </u>		 	\vdash	\vdash	\vdash		<u> </u>	<u> </u>			
DIRECTOR NWSC	1.00	Х						0.	0.	0.			
(16) KATHLEEN BACA	1.00			\vdash	\vdash	\vdash	 	· ·	<u> </u>	•			
DIRECTOR, NWSC	1.00	х						0.	0.	0.			
(17) ANNIE DAVIS	1.00	<u> </u>				\Box							
DIRECTOR, NWSC		x						0.	0.	0.			
										F=== QQ0 (2010)			

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

	NERATION	IS	<u>(S</u>	EN	ΙO	R_	<u>CE</u>	NTERS ONLY)	91-187	0393
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	app	ly)	compensation	compensation	amount of
	per					۱		from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any hours for	frect				E		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	8 0 7	e le			salec		(44-271099-141130)		and related
	organizations	truste	al trus		ag	шрег				organizations
	below	Individual trustee or director	Institutional trustee	<u></u>	율	st co	 =			o.gacaoo
	line)	l div	Instit	Office	Key employee	Highest compensaled employee	Former		-	
(27) CLIFFORD HOLLAND	5.00									
DIRECTOR, CASC		Х						0.	0.	0
(28) ELAINE WILLIAMS	1.00									
DIRECTOR, CASC		Х						0.	0.	0
(29) JUANA ROYSTER	1.00									
DIRECTOR, CASC		Х						0.	0.	0
(30) JOAN PAULSON	1.00									
DIRECTOR, CASC		X						0.	0.	0
(31) WINONA HOLLINS HAUGE	1.00									
DIRECTOR, CASC		X		<u> </u>	<u> </u>	ļ	ļ	0.	0.	0
(32) DOUGLAS WOODS	2.00			١				_	_	_
CHAIR, SLSC		Х		X				0.	0.	0
(33) GINNY SCANTLEBURY	2.00									
/ICE CHAIR, SLSC		Х		X	<u> </u>	_	<u> </u>	0.	0.	0
(34) ELLEN SULLIVAN	2.00								•	
SECRETARY, SLSC		Х	Н	X	_	<u> </u>	<u> </u>	0.	0.	0
(35) CANDICE REED	2.00	۱.,		ا ر,					0	
TREASURER, SLSC	1.00	Х	\vdash	X	-	<u> </u>	<u> </u>	0.	0.	0
DIRECTOR, SLSC	1.00	х						0.	0.	0
(37) KAYE PETHE	1.00	^	H		_	H	\vdash	0.	0.	
DIRECTOR, SLSC	1.00	Х						0.	0.	0
(38) HANK KERNS	2.00	<u>~</u>			H			0.	<u> </u>	
PRESIDENT, SCWS	— 2.00	x		х				0.	0.	0
(39) AMY LEE DERENTHAL	2.00	-		Ë	┢	_				
VICE PRESIDENT, SCWS		x		$ \mathbf{x} $				0.	0.	0
(40) SUZANNE DUFFY-KANE	2.00									
SECRETARY, SCWS		х		x				0.	0.	0
(41) JANET LEAHY	2.00									-
rreasurer, scws		х		х				0.	0.	0
(42) JOHN CLUFF	1.00									
DIRECTOR, SCWS		х	L		L			0.	0.	0
(43) BURKE DYKES	1.00									
DIRECTOR, SCWS		х	Ш		L	L		0.	0.	0
(44) PETER GALLAGHER	1.00									
DIRECTOR, SCWS		Х						0.	0.	0
(45) STEVE GARRETT	1.00									
DIRECTOR, SCWS		X	Ш				L	0.	0.	0
(46) JAIME GONZALEZ	1.00									
DIRECTOR, SCWS		Х			ı			0.	0.	0

(list any hours for related as 1975)	
(A) Name and title Name and t	
Name and title	(F)
Per Week (list any) Per Per Week (list any) Per	Estimated
Week (list any hours for related organizations below line) W-2/1099-MISC) W-2/109-MISC) W-2/1099-MISC) W-2/109-MISC) W-2/1	amount of
(ist any hours for related organizations below line) 1	other
(47) RICHARD KROMM	ompensation
(47) RICHARD KROMM	from the
(47) RICHARD KROMM	organization and related
(47) RICHARD KROMM	organization
(47) RICHARD KROMM	. .
Director, SCWS	
(48) CAROL MCCLURE	
Director, Scws	
(49) ALAN MEDELSSOHN	
PAST PRESIDENT, SCWS	
Subsect Subs	
X	
STATE STAT	
DIRECTOR, SCWS	
(52) KAREN PFEIFFER BUSH	
X 0. 0.	_
1.00	
DIRECTOR, SCWS	
(54) LORA RADFORD	
DIRECTOR, SCWS X 0. 0.	
(55) DAWN SCHAPER	
DIRECTOR, SCWS	
(56) LAUREN WARD 1.00	
	
	

<u>. u.</u>			Check if Schedule O contains a	recnonce (or note to any lin	e in this Part VIII			
			Check il Schedule O Contains a	response (or note to any in	(A)	(8)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
ار ور	_	_	Federated campaigns	T ₄			<u> </u>		1
ts, Grants Amounts			, •	1a 1b					ł
ភ្ជុំ			Membership dues		228,067.				
Gifts, ular Ar			Fundraising events	10	220,007.	Í			
호릨			Related organizations Government grants (contributions)	1e		1			
S S			All other contributions, gifts, grants, and						
粪눩		•	similar amounts not included above		806,382.				
흡급		_	Noncash contributions included in lines 1a-1f	1g \$		1			
Contributions, Gift and Other Similar		_	Total. Add lines 1a-1f	<u> </u>	•	1,034,449.			ļ
<u>. U . u</u>			Total: 7100 miles 12 11		Business Code				-
ا به	2	а	MEMBERSHIP FEES		624110	374,089.	374,089.	1	
Š			RENTAL		531120	281,663.	281,663.		
Ser		_	GENERAL CLASSES		624110	136,166.	136,166.		
E 3			OTHER PROGRAM FEES	5	624110	99,304.	99,304.		
Program Service Revenue		e	EXERCISE CLASSES	•	624110	19,377.	19,377.		
P.			All other program service revenue						
		g	Total. Add lines 2a-2f			910,599.			
	3		Investment income (including divide	ends, intere	st, and				
			other similar amounts)		•	13,760.			13,760.
	4		Income from investment of tax-exer	npt bond p	roceeds				
	5		Royalties		<u> </u>			<u></u>	
				(i) Real	(ii) Personal	ļ			
	6	-	Gross rents 6a						
			l ess rental expenses 6b			{			
			Rental income or (loss) [6c]						
			Net rental income or (loss)	Securilies	(ii) Other		-		
	7	а		securities	(ii) Other	1			
			assets other than inventory 7a			-			
		D	Less cost or other basis						
ξ		_	and sales expenses 76 Gain or (loss) 7c			1			
ě			Gain or (loss) [7c] Net gain or (loss)						•
Other Revenue			Gross income from fundraising events (rot					ļ
美	•	•	including \$ 228,067						
``			contributions reported on line 1c) S	· ·		1			
			Part IV, line 18	8a	26,279.				
		և	Less direct expenses	8b	33,502.	1			,
			Net income or (loss) from fundraising	g events	•	-7,223.			-7,223.
			Gross income from gaming activitie						
			Part IV, line 19	9a	138,48 <u>4.</u>				
		b	Less direct expenses	9b	62,870.				
		С	Net income or (loss) from gaming a	ctivities	<u> </u>	75,614.			75,614.
	10	а	Gross sales of inventory, less return						ļ
			and allowances	10a	<u> 256,959.</u>]
		b	Less cost of goods sold	10b	0.]
		c	Net income or (loss) from sales of in	ventory	<u> </u>	256,959.	256,959.		
S					Business Code				<u> </u>
eou Te	11	а					 	 	
scellaneo Revenue		b			 		<u> </u>		
Miscellaneous Revenue		С	All all and an annual and					 	
ž	l		All other revenue					 	
	12	ť	Total. Add lines 11a-11d Total revenue See instructions			2,284,158.	1,167,558	0.	82,151.
93200		20-						·	Form 990 (2019)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and Program service 7b, 8b, 9b, and 10b of Part VIII expenses expenses general 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 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 412,133. 336,555. 53,592. 21,986. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,094,743. 893,985. 142,356. 58,402. 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 192,718. 157,377. 25,060. 10,281. Other employee benefits 115,266. 141,151. 18,355. 7,530. 10 Payroll taxes Fees for services (nonemployees) a Management 1,239. 1,239. b Legal 4,300. 4,300. c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, 130,708. 8,901. 161,305. 21,696. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 64,896. 52,995. 8,439. 3,462. 13 Office expenses Information technology Royalties 57,287. 46,782. 7,449. 3,056. 16 Occupancy 44,872. 36,643. 5,835. 2,394. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 12,382. 1,972. 809. 15,163. 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 16,627. 13,578. 2,162. 887. 22 Depreciation, depletion, and amortization 35,599. 29,071. 4,629. 1,899. 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) PROGRAM SUPPLIES 137,069. 73,326. 58,949. 4,794. b MISCELLANEOUS 32,806. 26,789. 4,266. 1,751. d e All other expenses 2,411,908. 1,930,996. 354,760. 126,152. 25 Total functional expenses Add lines 1 through 24e 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 I If following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 262,832. 106,059. Cash - non-interest-bearing 1,211,805. 1,395,954. Savings and temporary cash investments Pledges and grants receivable, net 185,881. 88,204 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 8 Inventories for sale or use 246. 7,628. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 3,412,853. basis Complete Part VI of Schedule D 1,506,044. 1,910,983. 1,906,809. b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 3,317,297. 3,759,104. 16 Total assets. Add lines 1 through 15 (must equal line 33) 11,257. 25,690. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 17,631 711,422. of Schedule D 737,112. 28,888. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,283,409. 2,962,814. 27 Net assets without donor restrictions 27 5,000. 28 59.178. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 3,288,409. 3,021,992. 32 Total net assets or fund balances 32 3,759,104. 317,297. Total liabilities and net assets/fund balances Form **990** (2019)

932011 01-20-20

13371116 758871 090218.01

Form	990 (2019) SOUND GENERATIONS (SENIOR CENTERS ONLY)	<u>91</u> .	<u>-1870</u>	<u> 393</u>	Pag	ge 12
Pai	TXI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 284		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,411		
3	Revenue less expenses Subtract line 2 from line 1	3		-127		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	, 288	3,4	<u>09.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-138	3,6	<u>67.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3	,021	L,9	<u>92.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				ــــــا	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
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				1
	separate basis, consolidated basis, or both					1
	Separate basis Consolidated basis Both consolidated and separate basis			.		1
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				1
	consolidated basis, or both					1
	Separate basis X Consolidated basis Both consolidated and separate basis			-		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,				1
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C)	_		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	tit			
	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 requi	red aud	lit			ĺ
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization SOUND GENERATIONS (SENIOR CENTERS ONLY) Employer identification number 91-1870393

-		D	N 'L - O4 - 4	(
	ırt I	Reason for Public (e instructions	
The	organi	zation is not a private found	ation because it is (l	For lines 1 through 12, c	heck only	one box)		
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(I)(A)(ı).	~ 1
2		A school described in secti	ion 170(b)(1)(A)(ıı). (Attach Schedule E (Forn	n 990 or 99	90-EZ))		()
3		A hospital or a cooperative	hospital service orga	inization described in si	ection 170	(b)(1)(A)(i	ii).	\bigcup '
4	$\overline{\Box}$	A medical research organiz					•	the hospital's name.
·	_	city, and state		,				
5		An organization operated for	or the benefit of a col	lege or university owner	or operate	ed by a go	vernmental unit describ	ed in
3				loge or aniversity owner	гогорогах	co by a go	Verrimental anni desente	SG III
_		section 170(b)(1)(A)(iv). (C			4:4	-0/L-V4V4	6.3	
ь ~		A federal, state, or local gov	_				• •	
7	X	An organization that norma	·	ntial part of its support fi	rom a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8		A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Par	t II)			
9		An agricultural research org	janization described	m section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the I	name, city	, and state of the college	e or
		university						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	ontributio	ns, membership fees, ar	nd gross receipts from
		activities related to its exen	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975
		See section 509(a)(2). (Con				•	, ,	
11		An organization organized a	•	vely to test for public sa	fetv See	section 50	09(a)(4).	
12	一	An organization organized a	*		•			purposes of one or
-		more publicly supported or		=				
		lines 12a through 12d that	_				, ,, ,	onoun and box m
-		Type I. A supporting orga	• •	,				awana
а						_		
		the supported organization			majority o	ii iiie uiiei	iors or trustees or the st	apporting
		organization You must o	•					
b	· L	Type II. A supporting org						- .
		control or management o			ame perso	ns that co	ntrol or manage the sup	ported
	_	organization(s) You mus	•					
С	. L		grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
	_	its supported organization	n(s) (see instructions	You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a distr	bution red	quirement and an attenti	veness
		requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation		
f	Ente	r the number of supported o	organizations					
q	Prov	ride the following information	about the supporte	d organization(s)				•
	(1) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				,,				
		_						
					.			
								_
		 .			 		·	
					_			

Schedule A (Form 990 or 990-EZ) 2019 SOUND GENERATIONS (SENIOR CENTERS ONLY) 91-1870393 Page 2

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)

	fails to qualify under the tests	- IIsteu below, piea-	se complete rait i	·· <i>)</i>			
Sec	tion A. Public Support						· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		,				
	include any "unusual grants ")	3816721.	1758950.	2009780.	1753977.	1034449.	10373877.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						1
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	376,184.	539,540.	182,290.	182,290.	182,290.	1462594.
4	Total, Add lines 1 through 3	4192905.	2298490.	2192070.	1936267.	1216739.	11836471.
	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)						104,686.
6	Public support, Subtract line 5 from line 4						11731785.
	tion B. Total Support	<u> </u>			<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	4192905.	2298490.	2192070.	1936267.	1216739	11836471.
	Gross income from interest,	11323031	2230130.	21320701	13302071	12207030	
0	*						
	dividends, payments received on						
	securities loans, rents, royalties,	2,006.	2,059.	3,299.	4,825.	13,760.	25,949.
_	and income from similar sources	2,000.	2,033.	3,277.	+,023.	13,700.	23,545.
9	Net income from unrelated business						
	activities, whether or not the	33,279.	33,208.	12,974.	11,560.		91,021.
	business is regularly carried on	33,213.	33,200.	12,3/4.	11,300.		91,021.
10	Other income Do not include gain						
	or loss from the sale of capital	10 010			7,970.		26,980.
	assets (Explain in Part VI)	19,010.			7,970.		
	Total support. Add lines 7 through 10	<u> </u>		<u> </u>	<u> </u>	45	11980421.
	Gross receipts from related activities,	•	•				,404,672.
13	First five years. If the Form 990 is for	-	s tirst, second, thir	a, rourth, or fifth ta	ix year as a section	1 50 1 (C)(3)	▶ —
<u> </u>	organization, check this box and storetion C. Computation of Public	n here	centage				P
							97.92 %
	Public support percentage for 2019 (olumn (f))		14	07.70
	Public support percentage from 2018						97.72 %
16a	33 1/3% support test - 2019. If the	•		n line 13, and line 1	14 IS 33 1/3% or m	ore, cneck this bo	
	stop here. The organization qualifies						▶ 🗓
b	33 1/3% support test - 2018. If the	-			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						▶Ш
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	theck a box on line	e 13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstant	ces" test, check th	is box and stop h	iere. Explain in Pai	rt VI how the orga	
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a p	oublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	theck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s 🕨
				<u> </u>			or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 SOUND GENERATIONS (SENIOR CENTERS ONLY) 91-1870393 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (e) 2019 (c) 2017 (f) Total (d) 2018 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons h Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support **(b)** 2016 (a) 20,15 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6 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 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section, D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2018 Schedule A, Part III, line 17 % 19a/33 1/3% support tests - 2019. 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 - 2018. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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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)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	-		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2_		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
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	3с		
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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination			
Ī	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
04	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,	-	i	.
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		i	
	was accomplished (such as by amendment to the organizing document)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	- 50		
U	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	- 50		
6	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.	6		
,	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	- 0		<u> </u>
7	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
		7		
P	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			<u> </u>
8		8		
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		<u> </u>
94	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	• • • • • • • • • • • • • • • • • • • •	9a		
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	34		
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ob		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
_	supporting organizations)? If "Yes," answer 10b below	10a	_	<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	_ 10b		

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

Schedule A (Form 990 or 990-EZ) 2019 SOUND GENERATIONS (SENIOR CENTERS ONLY) 91-1870393 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 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 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior 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) 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) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 035 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

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instructions)

Schedule A (Form 990 or 990-EZ) 2019 SOUND GENERATIONS (SENIOR CENTERS ONLY) 91-1870393 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 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 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2019 Pre-2019 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018

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e Excess from 2019

Part VI 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)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
INTERCOMPANY ALLOCATION
MISCELLANEOUS CENTERS
-

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 Open to Public Inspection

Name of the organization

SOUND GENERATIONS (SENIOR CENTERS ONLY)

Employer identification number 91-1870393

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes I
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes r
Pa	rt II Conservation Easements. Complete if the or		Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	, , , , , , , , , , , , , , , , , , ,	
	Preservation of land for public use (for example, recrea	. —	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Ye
a			
b	Total acreage restricted by conservation easements		<u>2b</u>
C	Number of conservation easements on a certified historic str	• •	2c
đ	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	Number of states where property subject to conservation on	coment is located	
4	Number of states where property subject to conservation ea: Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	
5	violations, and enforcement of the conservation easements i		☐ Yes ☐ ħ
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Land volunteer riburs devoted to morntoning, inspecting,	Than along or violations, and emoraling com	sorvation casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
•	▶ \$	sing or violations, and ornereing consults	ation date me me year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	,	Yes I
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footi		
	organization's accounting for conservation easements		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items		
	(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, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 20

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

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Sche		ENERATIONS						<u>70393</u>	Page 2	
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or	Other	<u>Simila</u>	<u>r Assets</u>	(continu	ied)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	make si	gnificant i	use of its			
	collection items (check all that apply)									
а	Public exhibition	d	Loan or ex	change progra	ım					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further	the organizatio	n's exen	npt purpo	se in Part	XIII		
5	During the year, did the organization solicit of	r receive donations o	f art, historical tre	asures, or othe	r sımılar	assets		_	_	
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custode	an or other intermedi	ary for contribution	ns or other ass	ets not i	ncluded	_	_		
	on Form 990, Part X?							_ Yes	L∐ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					<u>_1f</u>		<u> </u>		
	Did the organization include an amount on F					rty?		Yes	⊢ No	
	If "Yes," explain the arrangement in Part XIII							.		
Pai	t V Endowment Funds. Complete			1						
	Demonstrate the large	(a) Current year	(b) Prior year 2,125,600	(c) Two year 2,646		(d) Three y	71 874.		years back 295,791.	
1a	· · · ·	2,047,711.			,400.	2,0	71,074.	,,,	24,000.	
b	Contributions	407,122.	51,202 -82,890	+	,112.	1	74,614.		447,917.	
c	Net investment earnings, gains, and losses	407,122.	-02,030	. 223	,,112.		74,014.		147,317.	
	Grants or scholarships				-					
е	Other expenditures for facilities	49,491.	46,201	750	,000.	Δ	00,000.			
	and programs	35,351.	10,201	+	,,,,,,,,		,	1		
	Administrative expenses End of year balance	3,545,591.	2,047,711	2 125	5,600.	2 6	46,488.	2 8	871,874.	
g	Provide the estimated percentage of the curi				,,,,,,			L <u>-,</u> ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Board designated or quasi-endowment	1.40	%	ajj rielu as						
a b	06 10	 %								
	Term endowment 12.48									
·	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse		tion that are held a	and administer	ed for th	e organiza	ation			
	by	3				3	-	- F	Yes No	
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations								X	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as require	ed on Schedule R1	,					X	
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds				_			
Par	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a	See Form 990	Part X,	line 10				
	Description of property	(a) Cost or of	ther (b) Co	st or other	(c) A	ccumulate	ed	(d) Book	value	
		basis (investm		s (other)	dep	preciation				
1a	Land			11,140.					,140.	
b	Buildings			94,372.		348,0		1,546		
С	Leasehold improvements			98,536.	1	110,0			<u>,470.</u>	
d	Equipment			76,459.		47,9	50.		,509.	
e	Other			32,346.					,346.	
Total	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part)	X. column (B), line	10c.)				<u>1,906</u>	<u>,809.</u>	

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 SOUND GENER Part VIII Investments - Other Securities.	RATIONS (SENIC	OR CENTERS ONLY)	91-1870393 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b See Form 990, Part X, line 12	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost	
(1) Financial derivatives			
(2) Closely held equity interests		<u> </u>	
(3) Other		<u> </u>	
(A)			
(B)	<u> </u>		
(C)	 		
(D)	 		
(E)	 	 	
(F)	 	 	
(G)	 	 	
(H)	 	 	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation Cost	
	(D) DOOR VAILE	(e) moniou of valuation Cos	to. one or year market value
(1)	 	 	
(3)	 	 	
(4)	 	 	
(5)			
(6)		 	
(7)	 	 	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line) Description	e 11d See Form 990, Part X, line 15	(b) Book value
(1)	,		(2, 233, 333
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	-		
(8)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.			>
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	e i ie or i it. See Form 990, Part X,	(b) Book value
(1) Federal income taxes			
(2) DUE TO OTHER FUNDS			711,422.
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			711,422.
<u>Total. (Column (b) must equal Form 990. Part X. col. (B) lin</u> 2. Liability for uncertain tax positions In Part XIII, providi	e the text of the footnote to		nents that reports the
organization's liability for uncertain tax positions unde	r FASB ASC 740 Check h	nere if the text of the footnote has b	een provided in Part XIII Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 SOUND GENERATIONS (SEN	IOR CENTERS ONLY) 91-1870393 _{Pa}
Part XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	per Return.
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
 Donated services and use of facilities 	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5
Part XII Reconciliation of Expenses per Audited Financial S	Statements With Expense	s per Return.
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	_2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line	18.)	5
Part XIII Supplemental Information.		
nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide PART V, LINE 4:	any additional information	
HE EARNINGS CAN BE USED TO SUPPORT GENE	RAL OPERATIONS OF	THE CENTERS.
HE CORPUS CAN NEVER BE SPENT, AND THERE	FORE THEIR INTENI	DED USE IS
NVESTMENT.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019
Open to Public Inspection

Name of the organization	<u> </u>						ntification number	
	ENERATIONS (SENIOR					<u>91-1870</u>		
Part I Fundraising Activities. required to complete this part	Complete if the organization answet	red "Y	es" or	Form 990, Part IV, I	ine 17	Form 990-EZ	filers are not	
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr riduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover using of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	— · · ·	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) fundraiser ed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total			•					
3 List all states in which the organization or licensing	n is registered or licensed to solicit o	ontrib	utions	or has been notified	ıt ıs e	exempt from reg	gistration	

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

Schedule G (Form 990 or 990-EZ) 2019

		e G (Form 990 or 990-EZ) 2019 SOUND G						
Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and gr						
		or lundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	1		
			(a) Event in t	(5) 21011112	(0) Outlos oronto	(d) Total events		
			NWSC CONCERT		19	(add col (a) through		
			(event type)	(event type)	(total number)	col (c))		
Jue .					-			
Revenue	1	Gross receipts	72,189.		<u> 182,157.</u>	254,346.		
_			CE 530		160 500	229 067		
	2	Less Contributions	65,539.		162,528.	228,067.		
	3	Gross income (line 1 minus line 2)	6,650.		19,629.	26,279.		
	4	Cash prizes						
	5	Noncash prizes	5,419.		335.	5,754.		
SS		Noncasii prizes	3,113.		3331	37,311		
eus	G	Rent/facility costs	1,625.			1,625.		
Direct Expenses			·					
ect	7	Food and beverages	2,500.		12,990.	15,490.		
۵			750		6 270	7 020		
	8	Entertainment Other direct expenses	750. 530.		6,270. 3,083.	7,020. 3,613.		
	10	Direct expense summary Add lines 4 through			3,003.	33,502.		
	!	Net income summary Subtract line 10 from I	, ,		•	-7,223.		
Pa	irt I	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than			
		\$15,000 on Form 990-EZ, line 6a		r		1		
e e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
Revenue				bingo/progressive bingo		cor (a) through cor (c))		
Pe	4	Gross revenue	138,484.			138,484.		
	Ť	aroso revenue						
s	2	Cash prizes	26,199.			26,199.		
nse								
Direct Expenses	3	Noncash prizes	2,600.			2,600.		
ct		Darakta alah sasah						
<u>D</u>	4	Rent/facility costs						
	5	Other direct expenses	34,071.			34,071.		
	Ť		X Yes90.00 %	Yes %	Yes %			
	6	Volunteer labor	No	No No	No No			
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	62,870.		
	Net gaming income summary. Subtract line 7 from line 1, column (d)							
						75,614.		
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities W	A				
a is the organization licensed to conduct gaming activities in each of these states?								
b If "No," explain								
	_							
102	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	rear?	Yes X No		
		Yes," explain						
-								
								

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 SOUND GENERATIONS (SENIOR CENTERS ONLY) 91-	1870393 Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity conducted in	1 60000
a The organization's facility	13a 100.00 %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	
Name ► MINDIE RIBAIL, CARLYE TEEL, NICOLE KNOWLES, DIAN FERGUSS	ON
Address ► 2208 SECOND AVENUE - SEATTLE, WA 98121	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party	
Name ►	
Address ▶	
16 Gaming manager information	
Name None	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	X Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year > \$ 75,614.	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part IV	art III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
	<u> </u>

Schedule G	(Form 990 or 990-EZ)	SOUND	GENERATIONS ntinued)	(SENIOR	CENTERS	ONLY)	91-1870393	Page 4
Partiv	Supplemental in	ormation (co	ntinued)					
			_					
					• • • • • • • • • • • • • • • • • • • •			
								·
								
								
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			· · · · ·			 		
 								
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SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

SOUND GENERATIONS (SENIOR CENTERS ONLY)

Employer identification number 91-1870393

Pa	art I Questions Regarding Compensation			
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			1
	First-class or charter travel Housing allowance or residence for personal use			l ,
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	l	l	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study		ľ	
	Form 990 of other organizations Approval by the board or compensation committee		Ì	
			İ	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
				'
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 SOUP

Part iis Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	_	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	1	(E) Total of columns	(F) Compensation
		(i) Base	(II) Bonus &	(iii) Other	other deferred	benefits	(B)(I)-(D)	in column (B)
(A) Name and Title		compensation	incentive compensation	reportable compensation	compensation			reported as deferred on prior Form 990
(1) JIM WIGFALL	Ξ		0	0	0	0.	0.	0.
CEO	(ii)	187,241	0	0		2,647.	189,888.	0.
(2) BRITTANY BLUE	Ξ	0		• 0	0	0	• 0	0
CHIEF MARKETING & PHILANTHROPY OFFIC	(iii)	133,791	0	0		22,991.	156,782.	0.
(3) JOANNE DONOHUE	Ξ	0	0	0	0	0	0	0.
000	(ii)	141,762	0	0	0	11,798.	153,560.	0
	Ξ							
	l (ii)							
	Ξ							
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Schedule J (Form 990) 2019

SCHEDULE 0

(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 Open to Public Inspection

Name of the organization

SOUND GENERATIONS (SENIOR CENTERS ONLY)

Employer identification number 91-1870393

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MARGINALIZED, AND UNDERSERVED POPULATIONS NAVIGATE THE RESOURCES THEY
NEED IN A COMMUNITY THAT AFFIRMS AND RESPECTS THE AGING PROCESS.
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS ARE ENTITLED TO A DISCOUNTED FEE FOR PROGRAMS AND CLASSES AT THE
SENIOR CENTERS. THE MEMBERSHIP FEE IS NOMINAL.
FORM 990, PART VI, SECTION A, LINE 7A:
CERTAIN BOARD MEMBERS OF EACH CENTER ARE ELECTED BY MEMBERS OF THE CENTER.
FORM 990, PART VI, SECTION B, LINE 11B:
DRAFT 990 IS PRESENTED TO SOUND GENERATIONS' BOARD OF DIRECTORS FOR
APPROVAL. APPROVAL IS DOCUMENTED IN BOARD OF DIRECTORS (BOD) MEETING
MINUTES.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH EMPLOYEE SIGNS A CONFLICT OF INTEREST STATEMENT AT THE TIME OF HIRE.
EACH SENIOR CENTER BOD HANDLES THE PROCESS DIFFERENTLY - SOME USE A
STATEMENT DEVELOPED BY SENIOR SERVICES FOR ITS OWN BOARD MEMBERS AND SOME
USE THEIR OWN INTERNALL DEVELOPED STATEMENT.
FORM 990, PART VI, SECTION B, LINE 15A:
DURING 2018, THE ORGANIZATION EMBARKED ON A SEARCH FOR A NEW CEO, WHO
STARTED IN APRIL, 2018. THE SEARCH FOR THE NEW EXECUTIVE WAS CONDUCTED BY
AN OUTSIDE EXECUTIVE RECRUITING FIRM; THE SERVICES PROVIDED INCLUDED
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

SOUND GENERATIONS (SENIOR CENTERS ONLY)

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

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OMB No 1545-0047

Topen to Public ...

Employer identification number 91-1870393

Direct controlling End-of-year assets Total income ਉ Legal domicile (state or , Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

Schedule R (Form 990) 2019 (g) Section 512(b)(13) Š × pelloquoo entity? Yes SOUND GENERATIONS Direct controlling (AGENCY) Public charity status (if section 501(c)(3)) LINE 7 Exempt Code section 501(C)(3) € Legal domicile (state or foreign country) <u>છ</u> WASHINGTON Primary activity SOCIAL SERVICE SOUND GENERATIONS (AGENCY EXCLUDING SENIOR CENTERS) - 91-0823767, 2208 SECOND AVENUE, Name, address, and EIN of related organization WA 98121 SEATTLE,

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

Partil

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

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SOUND GENERATIONS (SENIOR CENTERS ONLY) Schedule R (Form 990) 2019

[part ill organization of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

1	eg œ	١			Ì							
æ	General or Percentage managing ownership		 									
3	seneral or nanaging partner?	Yes No						 				
3	Code V-UBI	K-1 (Form 1065) N										
(F)	onate Is?	Yes No										
(6)		doscio										
£	Shai								•			
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)						 •				
(p)	rolling											
(c)	Legal domicile (state or	country)										
(a)	Primary activity											
(a) (b) (c)	Name, address, and EIN of related organization											

'part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related

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Percentage (2,12) (1) (2,12) (2,12) (2,12) (3,12) (
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(h) rcentz vnersł				
e of year yes				
(g) Share of end-of-year assets				
f total ne	,			
(f) lare o				
Share of total income				
entity corp. st)				
(e) be of e orp, S or trus				
(d) (e) Direct controlling Type of entity Step, (C corp., S corp., or trust)				
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icile (
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(b) Primary activity				
(b) Imary a				
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(a) ress, a organi				
(a) Name, address, and EIN of related organization		-		
Name of rel				$ \ \ $

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Schedule R (Form 990) 2019

Yes No

×××××

Schedule R (Form 990) 2019 SOUND GENERATIONS (SENIOR CENTERS ONLY)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II:IV?			
æ				5		×
b Giff, grant, or capital contribution to related organization(s)				1 p		×
c Gift, grant, or capital contribution from related organization(s)				1		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				1e		×
f Diudende from related organization(s)				*		×
Dividence in officered organization (s)				-		<u> </u>
g Sale of assets to related organization(s)				5		4
h Purchase of assets from related organization(s)				ŧ		×
 Exchange of assets with related organization(s) 				=		×
J Lease of facilities, equipment, or other assets to related organization(s)				÷		×
				=		*
 K Lease of facilities, equipment, of other assets from related organization(s) 1 Deformance of sequipment or membership or fundament colorisations for related programments 	orzation(e)			¥ =	×	4
m Performance of services or membership or fundaising solicitations by related organization(s)	nization(s)			Ę	×	
n Sharing of facilities equipment mailing lists or other assets with related organization(s)	on(s)			۽	×	
				٩	×	
				2		
 Peimbursement paid to related organization(s) for expenses 				Đ	×	
 Reimbursement paid by related organization(s) for expenses 				5	×	
r Other transfer of cash or property to related organization(s)				+	×	
s Other transfer of cash or property from related organization(s)				15	×	
2 If the answer to any of the above is "Yes," see the instructions for information on wi	ho must complete th	is line, including covered	for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(2)						
(3)						
[4]						
(5)						
(6)						
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Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a felated organization. See instructions regarding exclusion for certain investment partnerships	Structions regarding exclus	sion for certain inve	- 1]		;	
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Name, address, and EIN of entity	Frimary activity	eg g	Predominant income (related, unrelated, excluded from tax under	partners sec 501(c)(3) orgs	Share of total	Snare of end-of-year	Uispropor- tionale allocations?	amount in box 20 managing ownership of Schedule K-1	managing partner?	Percentage
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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Part VII	(Form 990) 2019 Supplemental Info	rmation						
	Provide additional inform	nation for resp	onses to questions on S	Schedule R See	instructions			
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