Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

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



AF	or the	2019 calendar year, or tax year beginning and	ending		
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Address	SOUND EQUINE OPTIONS			
	Name Change	Doing business as	27-106443	31	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return/	P.O. BOX 1150	503-489-9		
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	534,643.
	Amende	GRESHAM, OK 57050-0240		H(a) Is this a group re	turn
	Applica tion pending	F Name and address of philipal officer. It In MODILITIN		for subordinates	
		PO BOX 1150, GRESHAM, OR 97030		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527		list. (see instructions)
		e: ► WWW.SOUNDEQUINEOPTIONS.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2009 M	State of legal domicile: OR
Pa		Summary			
e	1 E	Briefly describe the organization's mission or most significant activities: SAVI	NG EQU	INE LIVES TI	HROUGH
Activities & Governance		SUPPORT, EDUCATION, REHABILITATION AND T			
/err		Check this box if the organization discontinued its operations or dispo			sets. 3
g					3
<u>مە</u>		Number of independent voting members of the governing body (Part VI, line 1b)		·····	4
tie		Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)			
ž		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)		178,911.	443,554.
Revenue		Program service revenue (Part VIII, line 2g)		9,486.	9,589.
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		29.	32.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		52,960.	48,374.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		241,386.	501,549.
		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)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		62,425.	90,255.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25) 42, 6	62.		
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		206,458.	307,804.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		268,883.	398,059.
	19 F	Revenue less expenses. Subtract line 18 from line 12		-27,497.	103,490.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
ssett alar	20 T	Fotal assets (Part X, line 16)		96,881.	219,803.
it As		Fotal liabilities (Part X, line 26)		4,369.	23,801.
		Net assets or fund balances. Subtract line 21 from line 20		92,512.	196,002.
D		Signature Block			

Part II | Signature BIOCK

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

Sign Here	Signature of officer KIM MOSIMAN, EXECUTIVE DIRECTOR Type or print name and title	Date							
		Date Check DI PTIN							
	Print/Type preparer's name Preparer's signature								
Paid	TODD D. MASSINGER TODD D. MASSINGER	self-employed P00075883							
Preparer	Firm's name 🕨 HOFFMAN, STEWART & SCHMIDT, PC	Firm's EIN ▶ 93-0743240							
Use Only	Firm's address 3 CENTERPOINTE DRIVE, SUITE 300								
	LAKE OSWEGO, OR 97035-8663	Phone no. 503 - 220 - 5900							
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-2	32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)								

Form	1990 (2019) SOUND EQUINE OPTIONS	27-1064431 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: SAVING EQUINE LIVES THROUGH SUPPORT, EDUCATION, REHABI	
	TRAINING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	
•	If "Yes," describe these new services on Schedule O.	es? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others, the total expenses, and
	revenue, if any, for each program service reported.	C C C C C
4a		evenue \$ 9,589.)
	SEO OPERATES A FOSTER HORSE PROGRAM WHEREBY THE ORGANI	
	OWNERSHIP OF HORSES THAT HAVE BEEN NEGLECTED OR SURREN	
	MEDICAL/FINANCIAL/DEATH OF OWNER REASONS. SEO PROVIDES	
	NUTRITION, VETERINARY CARE AND TRAINING SO THE HORSES	
	OUT TO GOOD HOMES. SEO ALSO SUPPORTS LOCAL LAW ENFORED	CEMENT BY HAULING,
	HOUSING, AND CARING FOR THEIR EQUINE CASES.	
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
4.		
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e		,
		Form 990 (2019)

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
5	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
-	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	•		
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	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	10		
	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,			<u> </u>
	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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

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 OPTIONS

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		- 23
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
•	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	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		
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?		37	
Dai	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
	(gambling) winnings to prize winners?	1c	Λ	

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Part V	State

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 4								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v					
5a		5a		X X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>л</u>					
C Go	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a		6a		x					
h	any contributions that were not tax deductible as charitable contributions?	0a							
D	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	00							
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
-	to file Form 8282?	7c		х					
d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b								
122	amounts due or received from them.) <u>11b</u> 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	12.0							
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.	100							
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	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	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.								

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Form 990 (2	2019)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b						
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		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x				
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		x				
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official	15a	Х				
b	Other officers or key employees of the organization	15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OR						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(s)s only) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finai	ncial				
<i></i>	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 ► KIM MOSIMAN - 503-328-9053						
	PO BOX 1150, GRESHAM, OR 97030						
	TO DOW TION ONDOWNIN ON DIADA						

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week				II ECIU	1/11/13		from	from related	other
	(list any	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation
	hours for related	e or d	tee			sated		(W-2/1099-MISC)	(1099-10130)	from the organization
	organizations	truste	al trus		yee	mpen		(11 2/1000 11100)		and related
	below	d ual 1	Institutional trustee	-	Key employee	est co o yee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) ELISABETH WOLFF	15.00									
PRESIDENT		X		Х				0.	0.	0.
(2) KIM MOSIMAN	40.00									
EXECUTIVE DIRECTOR		X		Х				43,588.	0.	0.
(3) MARIE NAUGHTON	5.00									
VP & ACTING SECRETARY		Х						0.	0.	0.
(4) ANIKA MOJE	5.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		1								

	n 990 (2019) SOUND EQU	JINE OPI	CIC	ONS	3					27-10	644	31	Pag	e 8
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghes	t C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	box, offic	not c , unle	ss pei	tion more rson i recto	than c is both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estir amo of compe		
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS((ز. 	orgar and i	n the nization relatec ization	k
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							43,588. 0. 43,588.		0. 0. 0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	ove	e) wh	o r	eceived more than \$100	0,000 of reportable	•			0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			-	•	-		Ŭ	ghest compensated emp			3 Y		No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl),000? <i>If</i> "Yes,	le co " <i>coi</i>	ompo mple	ensa ete S	ition Sche	and Adule	otl <i>J f</i>	her compensation from for such individual	the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i> ction B. Independent Contractors								ed organization or indiv			5		x
1	Complete this table for your five highest con the organization. Report compensation for t										pensa	tion fro	m	
	(A) Name and business			ONE					(B) Description of s		Со	(C) mpens	ation	
								_						
2	Total number of independent contractors (ir	•	ot lir	nite	d to	tho:	-	tec	d above) who received n	nore than				

	1 990 (OPTIONS			27-1064	431 Page 9
Pa	rt VII						
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII	(D)		
				(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded
its	1 a	Federated campaigns 1a					
aran oun		Membership dues 1b					
Am S, O	с	Fundraising events 1c					
lar İar	d	Related organizations 1d					
js,	е	Government grants (contributions) 1e					
er S	f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f	443,554.				
nd	-	Noncash contributions included in lines 1a-1f					
<u>a O</u>	h	Total. Add lines 1a-1f		443,554.			
•	0.0	SEIZURE AND ADOPTION F	Business Code 900099	9,589.	9,589.		
vice	2 a		500055	9,309.	9,309.		
Ser	b c						
Ne la	d						
Program Service Revenue	e						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f		9,589.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		32.			32.
	4	Income from investment of tax-exempt bond p	proceeds 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
	b	· · · · · · · · · · · · · · · · · · ·					
		Rental income or (loss) 6c Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>1</i> u	assets other than inventory 7a	(
	b	Less: cost or other basis					
Ine		and sales expenses 7b					
venue	с	Gain or (loss)					
Å	d	Net gain or (loss)	►				
Other Re	8 a	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See	78,924.				
	h	Part IV, line 18 8a Less: direct expenses 8b					
			►	45,830.			45,830.
		Gross income from gaming activities. See	F				
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
			►				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	a				
		Less: cost of goods sold 10t					
	С	Net income or (loss) from sales of inventory					
sn	44 -	MISCELLANEOUS	Business Code 900099	2,544.			2,544.
Miscellaneous Revenue	וו a b			4,544.			2,544.
ella »ver	а 2					<u> </u>	<u> </u>
lis B	-	All other revenue					<u> </u>
2		Total. Add lines 11a-11d	····· ►	2,544.			
	12	Total revenue. See instructions		501,549.	9,589.	0.	48,406.

	990 (2019) SOUND EQUINE			27-10	64431 Page
	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	omplete column (A)	
	Check if Schedule O contains a response		-	,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	43,588.	21,794.	10,897.	10,89
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	39,408.	19,704.	9,852.	9,85
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	7,259.	3,629.	1,815.	1,81
1	Fees for services (nonemployees):				
а	Management				
b	Legal	1,751.	875.	438.	43
с	Accounting	3,617.	1,809.	904.	90
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	373.	186.		18
13	Office expenses	11,561.	5,171.	3,195.	3,19
		6 5 2 5	2 262	1 6 2 1	1 62

6,525.

4,108.

7,176.

16,290.

237,779.

5,088.

5,000.

1,140.

398,059.

7,396.

3,263.

2,054.

3,588.

8,145.

3,698.

237,779.

5,088.

1,140.

317,923.

1,631

1,027.

1,794.

4,072.

1,849.

37,474.

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.

if following SOP 98-2 (ASC 958-720)

Information technology

Royalties

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials ...

Conferences, conventions, and meetings Interest

Payments to affiliates

Depreciation, depletion, and amortization

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 0.) FOSTER HORSE EXPENSES

FACILITIES AND EQUIPMEN

d ADOPTION EXPENSES

.....

14

15

16

17

18

19

20

21

22

23

24

а

b

с

25

26

Insurance

FEES

e All other expenses

Check here

1,631.

1,027.

1,794.

4,073.

1,849.

5,000.

42,662.

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	rt X	Balance Sheet	_				
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			34,324.	1	122,591.
	2	Savings and temporary cash investments			8,811.	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			104.	4	435.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4,670.	8	4,670.
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	108,396. 16,289.			
	b	Less: accumulated depreciation	10b	16,289.	48,972.	10c	92,107.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq			96,881.	16	219,803.
	17	Accounts payable and accrued expenses	4,369.	17	23,801.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	mer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub					
iab		controlled entity or family member of any of the		22			
	23	Secured mortgages and notes payable to unre		23			
	24	Unsecured notes and loans payable to unrelat	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
				······ -	4 2 6 2	25	00.001
	26	Total liabilities. Add lines 17 through 25			4,369.	26	23,801.
S		Organizations that follow FASB ASC 958, ch	eck her	e 🕨 🔟			
nce		and complete lines 27, 28, 32, and 33.			00 510		100.000
ala	27	Net assets without donor restrictions			92,512.	27	196,002.
d B	28	Net assets with donor restrictions				28	
'n		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🛄			
ъ		and complete lines 29 through 33.					
ets.	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	ļ
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	100.000
ž	32	Total net assets or fund balances			92,512.	32	196,002.
	33	Total liabilities and net assets/fund balances			96,881.	33	219,803.
							Form 990 (2019)

Form 990 (2	019
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Form	990 (2019) SOUND EQUINE OPTIONS	27	-1064431	Pag	ge 12		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			49.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			59.		
3	Revenue less expenses. Subtract line 2 from line 1	3			90.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	92	2,5	12.		
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				02.		
	column (B))						
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Ai	udit				
	Act and OMB Circular A-133?				X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2019)

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	F7)
	390	U	220-	ᄄᄼ

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.

2019
Open to Public Inspection

Name of the organization	
--------------------------	--

Employer identification number 27 - 1061131

			D EQUINE O						7-1064431		
Pai	τI	Reason for Public (Charity Status (/	All organizations must co	mplete th	is part.) Se	ee instructions	S.			
The o 1 2 3 4	organ	 anization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 									
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental u	init descrik	bed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).				
7	Х	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from th	ne general	public described in		
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe									
9		An agricultural research org				-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of	the colleg	e or		
10		university:	II		a aut fuana			hin face a	und average upperiets for m		
10		An organization that norma activities related to its exen									
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organization organized a	•	ively to test for public sa	fety. See :	section 50)9(a)(4).				
12		An organization organized a	-	•	•			arry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section \$	509(a)(2).	See section 5	6 09(a)(3). (Check the box in		
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and corr	nplete lines	s 12e, 12f, and	d 12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	y giving		
					a majority o	of the dire	ctors or truste	es of the s	supporting		
	_	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
b		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having									
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported		
с		organization(s). You mus Type III functionally inte	-		in connec	tion with	and functional	ly integrat	ed with		
C		its supported organization						ly integration	eu with,		
d		Type III non-functionally						ted organi	zation(s)		
		that is not functionally int						-			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v.				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III			
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.					
		er the number of supported o	•								
g		vide the following informatior i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the oroa	nization listed	(v) Amount of	monotony	(vi) Amount of other		
	(organization		(described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	ng document? No	support (see in	,	support (see instructions)		
Tete	1										
Tota											

Schedule A (Form 990 or 990 EZ) 2019 SOUND EQUINE OPTIONS

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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.)

Calendar year (or fiscal year beginning in) → I Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total membership fees received. (Do not not unclude any "unusual grants.") 2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 128, 923. 101, 554. 180, 538. 178, 911. 443, 554. 103348 3 The value of services or facilities furnished by a governmental unit to the organization without charge 128, 923. 101, 554. 180, 538. 178, 911. 443, 554. 103348 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 128, 923. 101, 554. 180, 538. 178, 911. 443, 554. 103348 6 Public support. Submact line 5 mine 4. 983, 113 Section B. Total Support 128, 923. 101, 554. 180, 538. 178, 911. 443, 554. 103348 6 ross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources activities, whether or not the business is regularly carried on or loss from the sale of capital 12. 29. 32.	
membership fees received. (Do not include any "unusual grants.") 128,923. 101,554. 180,538. 178,911. 443,554. 103348 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 128,923. 101,554. 180,538. 178,911. 443,554. 103348 3 The value of services or facilities furnished by a governmental unit to the organization without charge dependent of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f) 128,923. 101,554. 180,538. 178,911. 443,554. 103348 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f) 50,36 6 Public support. Subtract line 5 from line 4. 983,11 Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 128,923. 101,554. 180,538. 178,911. 443,554. 103348 128,923. 101,554. 180,538. 178,911. 443,554. 103348 103488 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 12. 29. 32. 7 7 9 Net income from unrelated business activities, whether or not the business is regularly carried on 49,401. 39,859. 66,336. 52,135. 45,830. 253,56 49,401. 39,859. 66,336. 52,135. 45,830. 253,56 10 Other income. Do not include gain	
include any "unusual grants.") 128,923. 101,554. 180,538. 178,911. 443,554. 103348 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 1 3 The value of services or facilities furnished by a governmental unit to the organization without charge 128,923. 101,554. 180,538. 178,911. 443,554. 103348 4 Total. Add lines 1 through 3 128,923. 101,554. 180,538. 178,911. 443,554. 103348 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 50,366 6 Public support. Subtract line 5 tom line 4. 50,366 7 Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 128,923. 101,554. 180,538. 178,911. 443,554. 103348 128,923. 101,554. 180,538. 178,911. 443,554. 103348 8 Gross income from interest, dividends, payments received on securities loans, ents, royalties, and income from similar sources 12. 29. 32. 7 9 Net income from interest, activities, whether or not the business activities, whether or not the business is regularly carried on the business is regularly c	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalt	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalt	0.
ization's benefit and either paid to or expended on its behalf furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	
or expended on its behalf	
3 The value of services or facilities furnished by a governmental unit to the organization without charge 128,923.101,554.180,538.178,911.443,554.103348 4 Total. Add lines 1 through 3 128,923.101,554.180,538.178,911.443,554.103348 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 128,923.101,554.180,538.178,911.443,554.103348 6 Public support. Subtract line 5 from line 4. 983,111 Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 128,923.101,554.180,538.178,911.443,554.103348 128,923.101,554.180,538.178,911.443,554.103348 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 12.29.32.77 9 Net income from unrelated business activities, whether or not the business is regularly carried on 49,401.39,859.666,336.52,135.45,830.253,56 10 Other income. Do not include gain 49,401.39,859.666,336.52,135.45,830.253,56	
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10 Other income. Do not include gain	1.
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10 128711	4.
12 Gross receipts from related activities, etc. (see instructions) 12 97,10	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
Section C. Computation of Public Support Percentage	<u> </u>
	0/
	%
	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization gualifies as a publicly supported organization	v
	Δ
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	_
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	_
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 SOUND EQUINE OPTIONS

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(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.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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							
	Amounts included on lines 1, 2, and							
	3 received from disgualified persons							
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support			•	•			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9	Amounts from line 6							
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
ł	• Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
Ċ	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
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, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
		-						
Se	ction C. Computation of Publi							· · ·
15	Public support percentage for 2019 (li	ine 8, column (f),	divided by line 13,	column (f))		15		%
	Public support percentage from 2018					16		%
	ction D. Computation of Inves							
	Investment income percentage for 20		•			17		%
	Investment income percentage from 2		B			18		%
	a 33 1/3% support tests - 2019. If the						and line 1	
	more than 33 1/3%, check this box ar	-						
ł	33 1/3% support tests - 2018. If the						33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	nization qualifies	as a publicly supp	orted orga	anization	
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	103	
1		
2		
0-		
3a		
3b		
0-		
3c		
4a		
41-		
4b		
4c		
5a		
5b		
50 50		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

			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?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations	110		
			Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NO
1				
	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			
	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		
Sec	tion D. All Type III Supporting Organizations	•		
000			Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NU
1				
	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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	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 yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	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 ins	tructions	s).	
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			
	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			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2	-	20		
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 tructors of each of the supported ergenizations? <i>Provide details in</i> Part VI	0-		
Ŀ.	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OL.		
	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 EQUINE OPTIONS

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

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

Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Ot	her gross income (see instructions)	3		
4 Ad	ld lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
со	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Ot	her expenses (see instructions)	7		
8 Ad	Ijusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Av	erage monthly value of securities	1a		
b Av	erage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other			
fac	ctors (explain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	ultiply line 5 by .035.	6		
7 Re	coveries of prior-year distributions	7		
8 Mi	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	ljusted net income for prior year (from Section A, line 8, Column A)	1		
	ter 85% of line 1.	2		
3 Mi	nimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 En	ter greater of line 2 or line 3.	4		
5 Inc	come tax imposed in prior year	5		
6 Di	stributable Amount. Subtract line 5 from line 4, unless subject to			
err	nergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 SOUND EQUINE OPTIONS

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able 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.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019		_	Farme 000 ar 000 FZ) 0040

Schedule A (Form 990 or 990-EZ) 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 B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

27	-1()64	43	1

S	OUND I	EQUINE	OPTIONS

Organization type (check one):						
Section:						
X 501(c)(3) (enter number) organization						
4947(a)(1) nonexempt charitable trust not treated as a private foundation						
527 political organization						
501(c)(3) exempt private foundation						
4947(a)(1) nonexempt charitable trust treated as a private foundation						
501(c)(3) taxable private foundation						

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SOUND EQUINE OPTIONS

Name of organization

Employer identification number

27-1064431

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X OREGON COMMUNITY FOUNDATION Person Payroll 17,500. 1221 SW YAMHILL ST #100 Noncash \$ (Complete Part II for PORTLAND, OR 97205 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 X LINDA RAE HICKEY Person Payroll 5,000. 30625 SE 30TH STREET Noncash \$ (Complete Part II for WASHOUGAL, WA 98671 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X DAVID P WATSON FOUNDATION Person Payroll PO BOX 2848 20,000. Noncash (Complete Part II for EL SEGUNDO, CA 90245 noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 CAROL ANN LARSON CHARITABLE FUND Х Person Pavroll 610 ESTHER ST. SUITE 201 20,000. Noncash \$ (Complete Part II for VANCOUVER, WA 98660 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 ANIMAL LEGAL DEFENSE FUND X Person Payroll 525 E COTATI AVE 10,000. Noncash (Complete Part II for COTATI, CA 94931 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 JERRY & BETTY MARGUTH X Person Pavroll Noncash 24570 SCHULTZ RD 25,000. \$ (Complete Part II for JUNTION CITY, OR 97448 noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

SOUND EQUINE OPTIONS

27-1064431

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 4

Name of or	rganization				Employer identification number			
SOUND	EQUINE OPTIONS				27-1064431			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line charitable, etc., contributions of \$1,000	entry For or	nanizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
-		(e) Transfer of g	gift					
-	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of tra	nsferor to transferee			
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
ŀ	(e) Transfer of gift							
	Transferee's name, address, a			ationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
-		(e) Transfer of g	gift					
-	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
-								
		(e) Transfer of g	gift					
F	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of tra	nsferor to transferee			

SCHEDULE	D
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Department of the Treasury Internal Revenue Service

(Form 990)

Part I

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.



Employer identification number

27-1064431

Name of the organization

SOUND EQUINE OPTIONS	27-106443
Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.	

	organization answered Tes Ontoinn 990, Faithy, iin		
	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year Aggregate value of contributions to (during year)		
2 3			
3 4	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in	writing that the access held in depart advised fur	ada
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati		,
	Preservation of land for public use (for example, recrea		orically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
с	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organ	nization during the tax
	year ►		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on easements during the year
_	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	asements during the year
•	► \$	\sim action the maximum and a fact that $170/b/(4)/f$	
8	Does each conservation easement reported on line 2(d) above and easting 170(b)(4)(D)(ii)2		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	-	
	organization's accounting for conservation easements.		lat describes the
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in furthera	ince of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheranc	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. ▶ \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		. 🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 SOUND E	QUINE OPTI	ONS					27-10	6443	1 _{Pa}	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures,	or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, check	any of the	following that	at make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🛄 ı	oan or exc	hange progra	am					
b	b Scholarly research e Other										
с	c Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	ion's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		-
	to be sold to raise funds rather than to be ma								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, Part X, line 21.										
1a	Is the organization an agent, trustee, custod		•						1		1
	on Form 990, Part X?							L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					•		
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
† 29	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par											
		(a) Current year		rior year	(c) Two yea			ears back	(e) Four	vears	back
1a	Beginning of year balance	(-,	(-,	,	(-))		() ;		(-)	5	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	ered for t	he organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the		owment f	unds.							
Fai	t VI Land, Buildings, and Equipm			line 11 - C			line 10				
	Complete if the organization answere							al I			
	Description of property	(a) Cost or o basis (investr		. ,	or other (other)		ccumulate preciation	a	(d) Boo	k value	;
1a	Land										
b	Buildings										
с	Leasehold improvements				5,974.		1,1			$\frac{4}{7}$	
d	Equipment				4,022.		6,8			7,2	
	Other				8,400.		8,2	90.		0,1	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colurr	nn (B), line 1	0c.)				9	2,1	J7.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other

(3) Other	
(A)	
(B)	
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Book value
(1) F	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Sche	dule D (Form 990) 2019 SOUND EQUINE OPTIONS		27-1064431 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	-	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047		
(Form 990 or 990-EZ)			tion answered "Yes" n entered more that					or if the	2019
Department of the Treasury Internal Revenue Service		_	Attach to Form						Open to Public Inspection
Name of the organization		to www.ir	s.gov/Form990 for i	nstruction	ns and	the latest informat			ntification number
Name of the organization		QUINE	OPTIONS					27-1064	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 									
(i) Name and addres or entity (fund			(ii) Activity	or co	Did raiser sustody ntrol of outions?	(iv) Gross receipts from activity	tò (or fi	amount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total									
3 List all states in whi or licensing.	ch the organizatio	on is registe	red or licensed to so	licit contril	oution	s or has been notifie	d it is e	exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2019 SOUND EQUINE OPTIONS

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

		of fundraising event contributions and g	-		,	ots greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			MANE EVENT	HORSE SHOW	3	(add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
nue					(/			
Revenue	1	Gross receipts	70,279.	5,985.	2,660.	78,924.		
щ								
	2	Less: Contributions						
	_		70 270	E 0.9E	2 660	70 004		
	3	Gross income (line 1 minus line 2)	70,279.	5,985.	2,660.	78,924.		
	4	Cash prizes						
	7							
	5	Noncash prizes						
ses								
pen	6	Rent/facility costs						
Direct Expenses	_							
irec.	7	Food and beverages						
	٥	Entortainmont						
	8 9	Entertainment Other direct expenses	23,701.	9,392.		33,093.		
	10	Direct expense summary. Add lines 4 throug			•	33,093.		
	11	Net income summary. Subtract line 10 from				45,831.		
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than			
		\$15,000 on Form 990-EZ, line 6a.	1					
ne			(a) Bingo (b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue				Singo, progressive singe				
Re	1	Gross revenue						
	·							
ş	2	Cash prizes						
Direct Expenses								
adx:	3	Noncash prizes						
ect E								
Dire	4	Rent/facility costs						
	5	Other direct expenses						
	-		Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No	No			
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►			
	•							
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)					
9	Ent	ter the state(s) in which the organization cond	ucts gaming activities:					
	a Is the organization licensed to conduct gaming activities in each of these states?							
		No," explain:						
		ere any of the organization's gaming licenses r				Yes No		
b	If "	Yes," explain:						

Sch	edule G (Form 990 or 990-EZ) 2019 SOUND EQUINE OPTIONS 27-	-1064	431	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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	No No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	. 13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	····· □ ·	Yes	No 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 ►\$			
	b If "Yes," enter name and address of the third party:			
-				
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
47				
	Mandatory distributions: It is the organization required under state law to make charitable distributions from the gaming proceeds to			
d		, []	Yes	
h	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		103	
L				
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III lir	105 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art m, m	163 3,	30, 100,

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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.

Inspection Employer identification number 27-1064431

OMB No 1545-0047

Open to Public

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SOUND EQUINE OPTIONS

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS DISTRIBUTED TO EACH BOARD MEMBER WITH A REQUEST AND DEADLINE

FOR FEEDBACK.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST

ON ANY SEO SITUATIONS AND / OR VOTES.

SEO UNDERTAKES A PERIODIC REVIEW OF TRANSACTIONS INVOLVING ANY SIGNIFICANT

EXPENDITURE OF ORGANIZATIONAL FUNDS TO ENSURE ANY COMPENSATION PAID

CONTINUES TO BE REASONABLE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST

PART XII, LINE 1

THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING.