

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.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning **9/01**, 2016, and ending **8/31**, 2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C THE SOUND START BABIES FOUNDATION FOR DEAF AND HARD OF HEARING CHILDREN
 P.O. BOX 155
 MOUNTAIN LAKES, NJ 07046

D Employer identification number
 22-3473606

E Telephone number
 973-722-7981

G Gross receipts \$ **744,337.**

F Name and address of principal officer: **JESSICA GRIFFIN**
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Yes No
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.SOUNDSTARTBABIES.COM**


K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1996** **M** State of legal domicile: **NJ**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a).....	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	11
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a).....	5	0
	6 Total number of volunteers (estimate if necessary).....	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year 300,260.	Current Year 167,040.
	9 Program service revenue (Part VIII, line 2g).....		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	119,365.	66,139.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	158,403.	204,447.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	578,028.	437,626.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	280,311.	304,396.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....		
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,589.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	58,370.	63,921.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	338,681.	368,317.	
19 Revenue less expenses. Subtract line 18 from line 12.....	239,347.	69,309.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year 2,044,442.	End of Year 2,139,009.
	21 Total liabilities (Part X, line 26).....	7,208.	6,294.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	2,037,234.	2,132,715.

Part II Signature Block

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

Sign Here Signature of officer:  Date: **7/16/2018**
JESSICA GRIFFIN **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **JOHN CARRICO JR.** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00741048**
 Firm's name ▶ **CULLARI CARRICO, LLC** Firm's EIN ▶ **27-0623664**
 Firm's address ▶ **55 LANE ROAD STE. 300** Phone no. **973-406-3955**
FAIRFIELD, NJ 07004

May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes No