Form 990

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.

EXTENDED TO NOVEMBER 15, 2017

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable

<table>
<thead>
<tr>
<th>Address change</th>
<th>Name change</th>
<th>Initial return</th>
<th>Final return</th>
<th>Amended return</th>
</tr>
</thead>
</table>

C Name of organization

SAFE & SOUND, INC.

Doing business as

D Employer identification number

39-1940292

E Telephone number

(414) 220-4797

F Name and address of principal officer: KATIE SANDERS

SAME AS C ABOVE

G Gross receipts

1,980,167.

H (a) Is this a group return for subordinates? ....... YES NO

(b) Are all subordinates included? ....... YES NO

If "No," attach a list. (see instructions)

J Website: WWW.SAFESOUND.ORG

K Form of organization: Corporation

L Year of formation: 1998

M State of legal domicile: WI

Part I | Summary

1 Briefly describe the organization's mission or most significant activities: SAFE & SOUND UNITES RESIDENTS, YOUTH, LAW ENFORCEMENT AND COMMUNITY RESOURCES TO BUILD SAFE AND

2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1a)

9 Program service revenue (Part VIII, line 2a)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

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)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f, 11g, 11h)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Prior Year | Current Year

1,769,185 | 1,977,115

0 | 0

24,128 | 3,042

1,793,332 | 1,980,167

0 | 0

1,315,348 | 1,451,144

0 | 0

142,673

360,305 | 494,250

1,675,653 | 1,945,394

117,670 | 34,773

965,597 | 1,004,780

318,269 | 322,679

647,328 | 682,101

Net assets or fund balances. Subtract line 21 from line 20

Part II | Signature Block

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

Signature of officer

KATIE SANDERS, EXECUTIVE DIRECTOR

Type or print name and title

Date

Print/Type preparer's name

DAVID A. GROTKIN

Prepare's signature

Date

6/11/17

Check if self-employed

PTIN

P00240470

Preparer Only

REILLY, PENNER & BENTON LLP

Firm's EIN

39-0747404

Phone no. (414) 271-7800

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2016)
Form 8868  
(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 990-T, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SAFE &amp; SOUND, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>File by the due date for filing your return. See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
</tr>
<tr>
<td>C/O RPB - 1233 N MAYFAIR RD STE 302</td>
</tr>
<tr>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
</tr>
<tr>
<td>MILWAUKEE, WI 53226</td>
</tr>
</tbody>
</table>

Enter filer's identifying number

- Employer identification number (EIN) or Social security number (SSN)

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
</tr>
</tbody>
</table>

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For

- Form 990 or Form 990-EZ
- Form 990-BL
- Form 4720 (individual)
- Form 990-PF
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)

Return Code

- 01
- 02
- 03
- 04
- 05
- 06

KATIE SANDERS
- The books are in the care of ➤ 801 WEST MICHIGAN ST. - MILWAUKEE, WI 53233
- Telephone No. ➤ (414) 220-4793
- Fax No. ➤

- If the organization does not have an office or place of business in the United States, check this box ➤
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ➤
- If this is for the whole group, check this box ➤
- If it is for part of the group, check this box ➤

1. I request an automatic 6-month extension of time until NOVEMBER 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☑ calendar year 2016
- ☐ tax year beginning , and ending .

2. If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3b. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3c. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

Form 8868 (Rev. 1-2017)

623881 01-11-17

36.1
Part 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:
SAFE & SOUND UNITES RESIDENTS, YOUTH, LAW ENFORCEMENT AND COMMUNITY RESOURCES TO BUILD SAFE AND EMPOWERED NEIGHBORHOODS

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ________
□ Yes X No
If “Yes,” describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services? ________
□ Yes X No
If “Yes,” describe these changes on Schedule O.

4. Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ __________) (Including grants of $ __________) (Revenue $ __________)
THEY ENGAGE RESIDENTS, YOUTH AND LAW ENFORCEMENT IN COMMUNITY PROGRAMMING AIMED AT BUILDING SAFE AND RESILIENT NEIGHBORHOODS. THROUGH GRASSROOTS ORGANIZING, POSITIVE YOUTH DEVELOPMENT AND PARTNERSHIPS WITH LAW ENFORCEMENT, SAFE & SOUND MOBILIZES RESIDENT ENGAGEMENT AND IMPROVES THE QUALITY OF LIFE IN MILWAUKEE NEIGHBORHOODS.

4b (Code: _____) (Expenses $ __________) (Including grants of $ __________) (Revenue $ __________)

4c (Code: _____) (Expenses $ __________) (Including grants of $ __________) (Revenue $ __________)

4d Other program services (Describe in Schedule O.)
(Expenses $ __________) (Including grants of $ __________) (Revenue $ __________)

4e Total program service expenses $ __________

1,654,431.