

# Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2016 calendar year, or tax year beginning <u>January 01</u> , 2016, and ending <u>December 31</u> , 2016																												
<b>B</b> Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <u>Austin Speech Labs</u></td> <td><b>D</b> Employer identification number <u>26-2137242</u></td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td>Doing business as</td> <td rowspan="2"><b>E</b> Telephone number <u>512-992-0575</u></td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td><u>7800 Shoal Creek Blvd</u> <u>136-S</u></td> <td rowspan="2"><b>G</b> Gross receipts \$ <u>774,073</u></td> </tr> <tr> <td><input type="checkbox"/> Final return/terminated</td> <td>City or town, state or province, country, and ZIP or foreign postal code</td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td><u>Austin, TX 78757</u></td> <td rowspan="2"><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td><b>F</b> Name and address of principal officer: <u>Shilpa Shamapant</u> <u>3209 Lating Stream Ln, Austin, TX 78746</u></td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <u>austinspeechlabs.org</u></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: <u>2008</u> <b>M</b> State of legal domicile: <u>TX</u></td> </tr> </table>	<b>C</b> Name of organization <u>Austin Speech Labs</u>		<b>D</b> Employer identification number <u>26-2137242</u>	<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <u>512-992-0575</u>	<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	<input type="checkbox"/> Initial return	<u>7800 Shoal Creek Blvd</u> <u>136-S</u>	<b>G</b> Gross receipts \$ <u>774,073</u>	<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	<input type="checkbox"/> Amended return	<u>Austin, TX 78757</u>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <u>Shilpa Shamapant</u> <u>3209 Lating Stream Ln, Austin, TX 78746</u>	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <u>austinspeechlabs.org</u>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <u>2008</u> <b>M</b> State of legal domicile: <u>TX</u>
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Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Provide intensive speech, language and cognitive therapy for under-served and uninsured stroke survivors</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>7</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>7</u>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<u>5</u>	<u>11</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	<u>133</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <u>510,587</u>	Current Year <u>598,829</u>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>189,445</u>	<u>203,955</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,283</u>	<u>8,362</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>(30,864)</u>	<u>(37,073)</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>671,451</u>	<u>774,073</u>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>56,995</u>	<u>56,225</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>497,905</u>	<u>647,672</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>50,847</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>178,526</u>	<u>224,839</u>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>733,426</u>	<u>928,736</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>(61,975)</u>	<u>(154,663)</u>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <u>1,293,125</u>	End of Year <u>1,143,589</u>
	<b>21</b> Total liabilities (Part X, line 26)	<u>18,819</u>	<u>23,944</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>1,274,306</u>	<u>1,119,645</u>

## 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	<u>Shilpa Shamapant</u> Signature of officer	<u>11/2/17</u> Date
	<u>Shilpa shamapant</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed <b>PTIN</b>
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no.		

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