Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Form **990** (Rev. January 2020)

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.

20 9 Open to Public Inspection

OMB No. 1545-0047

Dep	artment nal Rev	of the Treasury enue Service Go to www.irs.gov/Form990 for instructions and the lat		Open to Public Inspection
and the second second			SEP 30, 2020	mspection
в	Check i applical	C Name of organization	D Employer identifica	ation number
X	Addr	HEARING HEALTH FOUNDATION		2. A.
	Nam	9	13-188210	7
	Initia			1
	Final			-6140
	termi ated	n-	G Gross receipts \$	5,655,813.
	Amer	NEW YORK, NY 10018	H(a) Is this a group ret	
	Appl	F Name and address of principal officer: ROBERT BOUCAL	for subordinates?	
	pend	SAME AS C ABOVE	H(b) Are all subordinates incl	
			527 If "No," attach a li	st. (see instructions)
		ite: WWW.HEARINGHEALTHFOUNDATION.ORG	H(c) Group exemption	
	orm o	f organization: X Corporation Trust Association Other ► L Y Summary	lear of formation: 1958 M	State of legal domicile: NY
	T			
e	1	Briefly describe the organization's mission or most significant activities: PREVENT 2 AND TINNITUS THROUGH GROUNDBREAKING RESEARCH.	AND CURE HEART	NG LOSS
Governance	2			-
veri	3	Check this box if the organization discontinued its operations or disposed of m Number of voting members of the governing body (Part VI, line 1a)	1 1	
	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>
s S	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	<u> </u>
Activities &	6	Total number of volunteers (estimate if necessary)	6	30
ctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		90,140.
4	b	Net unrelated business taxable income from Form 990-T, line 39		-1,500.
			Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	1,802,661.	2,462,773.
nue	9	Program service revenue (Part VIII, line 2g)	149,340.	90,140.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	634,739.	361,459.
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,237.	24,360.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,628,977.	2,938,732.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,242,240.	212,830.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	515,465.	761,985.
)en:	ioa b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 112,839.	0.	0.
EXT	17	Total fundraising expenses (Part IX, column (D), line 25) 112,839. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	006 426	702 274
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	806,436. 2,564,141	723,374.
		Revenue less expenses. Subtract line 18 from line 12	64,836.	1,240,543.
OL			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	8,412,239.	8,970,796.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	701,388.	171,326.
		Net assets or fund balances. Subtract line 21 from line 20	7,710,851.	8,799,470.
Contractor and the	irt II	Signature Block		
Unde	er pena	lities of perjury, declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my ki	nowledge and belief, it is
true,	correc	st, and complete! Declaration of preparer (other than officer) is based on all information of which prepa		121
<u>.</u>		Signature of officer	2 10/	1
Sigr Here		ROBERT BOUCAI, TREASURER	Date	
пет	3	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	1 PTIN
Paid		MARY ANTONETTI	if self-employed	P00431862
Ргер	arer	Firm's name MARCUM LLP		1-1986323
Use	Only	Firm's address 555 LONG WHARF DRIVE		
		NEW HAVEN, CT 06511	Phone no. (20	3) 781-9600
May	the IF	RS discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No
93200	1 01-2	1		Form 990 (2019)
	S	EE SCHEDULE O FOR ORGANIZATION MISSION STATEM	ENT CONTINUATIO	N

Form	990 (2019) HEARING HEALTH FOUNDATION	13-1882107	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
		URE HEARING	
		O PROMOTE	
		O HAVE A WORL	D
	WHERE PEOPLE CAN ENJOY LIFE WITHOUT HEARING LOSS AND TI	NNITUS.	
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	XNo
	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		XNo
3			21 INU
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ners, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$693,085. including grants of \$122,830.) (Rev)
	HEARING RESTORATION PROJECT AND EMERGING RESEARCH GRANT	S - HEARING	
	HEALTH FOUNDATION IS COMMITTED TO HEARING RESEARCH AND	SUPPORTS TWO	
	PILLAR RESEARCH PROGRAMS, EMERGING RESEARCH GRANTS (ERG) AND THE	
	HEARING RESTORATION PROJECT (HRP). UNTIL THIS POINT, TH	E FOUNDATION'	S
		OGRAM AND THE	
	HEARING RESTORATION PROJECT (HRP) RAN ON TWO DIFFERENT		
		NG IN FISCAL	<u>цр,</u>
	YEAR 2021, THE FOUNDATION'S GRANT YEARS (PROJECT YEARS)	WILL BE IN F	
	ALIGNMENT WITH THE FISCAL YEAR, WITH A START ON OCTOBER		E
	THAT THERE WAS NO GAP IN FUNDING, THE ORGANIZATION PROV		
	FUNDING TO EXTEND THEIR WORK THROUGH THE START OF THE N	EW FISCAL YEA	R.
	(SEE SCH. I FOR ADDITIONAL GRANT DETAIL AND SCH. O FOR	PROGRAMS).	
4b	(Code:) (Expenses \$ 494,724. including grants of \$) (Rev	venue \$ 114,	500.)
	HEARING HEALTH MAGAZINE (HHM) - HHM IS A QUARTERLY CONS	UMER EDUCATIO	NAL
	RESOURCE ON HEARING LOSS AND RELATED PRODUCTS PUBLISHED		
	HEALTH FOUNDATION. HHM IS THE ULTIMATE CONSUMER RESOURC		
	THIS POSITION OVER THE PAST 27 YEARS THROUGH STEADFAST		
	STAFF, QUALITY CONTRIBUTIONS FROM THE RESEARCH AND CLIN		
	AND COLLABORATIVE SUPPORT FROM ADVERTISERS. HHM'S GOAL		
		ECTS OF HEARI	NG
	LOSS ON HEALTH AND QUALITY OF LIFE, AND TO INCREASE AWA		
	REAL-WORLD SOLUTIONS BASED ON THE LATEST RESEARCH AND T	ECHNOLOGY.	
4c	(Code:) (Expenses \$ 255,617. including grants of \$) (Rev	venue \$)
	COMMUNICATION/EDUCATION - HEARING HEALTH FOUNDATION AIM		THE
	PUBLIC THROUGH A VARIETY OF DIFFERENT FORUMS. THROUGH C		
	ATTENDANCE AND EXHIBITING OPPORTUNITIES, THE FOUNDATION		
	PROFESSIONALS AND THOSE WITH HEARING LOSS PERSONALLY OR		
	FAMILIES. HEARING HEALTH FOUNDATION DISSEMINATES INFORM		EN.I.
	RESEARCH AND CUTTING EDGE TECHNOLOGIES RELATED TO HEARI	-	
	TINNITUS, AND OTHER HEARING CONDITIONS, AS WELL AS PROV		
	ABOUT THE FOUNDATION'S WORK. THE FOUNDATION SPONSORS RE		
	AT CONFERENCES TO BRING DEVELOPMENTS ON HEARING RESEARC	H TO NEW FORU	MS
	AND POPULATIONS. THE FOUNDATION'S E-NEWSLETTER (HEARING	HEALTH E-NEW	s),
	WEBSITE, BLOG, WEBINARS AND SOCIAL MEDIA CHANNELS ARE W	AYS TO	
	COMMUNICATE AND STAY ABREAST OF THE FOUNDATION'S WORK.		
4 d	Other program services (Describe on Schedule O.)		
τu		١	
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,443,426.)	
40	Total program service expenses ► 1,443,426.		
			990 (2019)
932002	01-20-20 SEE SCHEDULE O FOR CONTINUATION	(5)	

09360122	150872	171184

Form 990 (FOUNDATION
Part IV	Checklist o	of Required Sche	edules	

or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, VI, VII, VII, V				Yes	No
2 b the organization engage in the descendence of combinets? 2 X 3 D the organization engage in the descendence of the combinet of the organization to conditate for an expendence of the organization and the organization engage in lobbying activities, or have a section 501(h) election in effect 3 X 4 Section 501(c)(3) organizations. Duit the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization as defined in Reveaue Procedure 98-197 Y'esc, 'complete Schedule C, Parl I 5 X 6 Did the organization in estimut of nonurs this not funds or account? If Y'esc, 'complete Schedule D, Parl I 5 X 7 X T X 8 X 8 8 Did the organization measer that on account? If Y'esc, 'complete Schedule D, Parl I 7 X 8 Did the organization measer that on account? If Y'esc, 'complete Schedule D, Parl I 8 X 9 Did the organization measer that the index or account? If Y'esc, 'complete Schedule D, Parl V 8 X 9 Did the organization measer that the index or account? If Y'esc, 'complete Schedule D, Parl V 11 X 9 Did the organization	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Old the organization engage in direct or unliked campaign activities on behalf of or in opposition to candidates for public office? if "Yes," complete Schedule C, Part II 3 X 4 Section 501(b) organizations. Di ul to organization ingage in lobbying activities, or have a section 501(b) detection in effect of the section of the se		If "Yes," complete Schedule A			
public offen? <i>If 'Yes', complete Schedule C, Part I</i> 3 X 4 Section 501(k) organization. Bit the organization engage in hobbying activities, or have a section 501(k) election in effect 4 X 5 Is the organization a section 501(k)(A), 501(c)(B), or 501(c)(B) organization that receives membership dues, assessments, or animiz amounts as defined in Revenue Procedue B1871 if 'Yes, ' complete Schedule C, Part II 5 X 6 Did the organization or investment of assessments to prosence open space, the environment. historic land areas, or historic structures? If 'Yes, ' complete Schedule D, Part I 7 X 7 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts in soft horing subscript, debt areagonization, reportive condition conditions, and the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts in soft horing subscript, debt areagonization, report an amount for land, buildings, and equipment in Part X, line 12, ine 12, hart is 5% or more of its total assets report an amount for investments - other securities in Part X, line 12, ine 12, hart is 5% or more of its total assets report an amount for investments. Program related in Part X, line 12, ine 13, that is 5% or more of its total assets report an amount for investments. Program related in Part X, line 13, that is 5% or more of its total assets report an amount for investments. Program related in Part X, line 14, '''''''''''''''''''''''''''''''''''	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(kg) organizations. Did the organization inspace in tobying activities, or have a section 501(kg) election in effect during the tax year? // 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization a section 501(kg)(kg), c501(kg), c501(kg)(kg), c501(kg)(kg), c501(kg)(kg), c501(kg), c501(kg)(kg), c501(kg), c501	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year (II Yes, "complete Schedule C, Part II 4 X 5 is the organization a section 50 (10(4);50 (10(4);0) (10(4);0) (10(4);0) (10(4);0) (10(4);0) (10(4);0) (10(4);0) 5 6 Did the organization martains any done advised funds or any similar funds or accounts for which dones have the right to provide advised and on anounts in such funds or accounts [II Yes, "complete Schedule D, Part II 6 X 7 Z X Edu the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histoic lat accurate, and rivas, "complete Schedule D, Part II 7 X 8 Did the organization report an anourur in Part X, line 21, for sercow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit consating, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization report an anourur for land, buildings, and equipment in Part X, line 10? H "Yes," complete Schedule D, Part V 10 X 9 Did the organization report an anourur for investments - brogram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? H "Yes," complete Schedule D, Part VI 10 X 10 Did the organization report an anourur for lines schedule D, Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? H "Yes," complete Schedule D, Part X <t< td=""><td></td><td></td><td>3</td><td></td><td>_X</td></t<>			3		_X
5 Is the organization asciclon 501(c)(6), or 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 90197 if "Yes," complete Schedule C, Part II 5 X 6 Did the organization maintan any doore advised 90197 if "Yes," complete Schedule C, Part II 6 X 7 XX 8 6 X 6 X 7 XX 8 7 X 8 Did the organization maintan any doore advised in assement, including easements to preservo gene pace, the environment, historic atmosume assement, including easements to preservo gene pace, the any doore advised in the X, for provide credit counseling, dott management, credit repair, or dobt negolitation revices? 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amount not liado in Part X, or provide credit counseling, dott management, credit repair, or dobt negolitation revices? 8 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 11, "Yes," complete Schedule D, Part W 10 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in ParX, line 11, "Yes," complete Schedule D, Part W	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
eminiparamounts as defined in Revenue Procedure 98-192 # Yes,* complete Schedule Q, Part II 5 X 0 Did the organization marks any donor advised funds or any similar hands or accounts? If 'Yes,* complete Schedule D, Part II 6 X 7 Did the organization marks and areas, or historic strutures? If 'Yes,* complete Schedule D, Part II 7 X 8 Did the organization marks and areas, or historic strutures? If 'Yes,* complete Schedule D, Part II 8 X 9 Did the organization marks and collections of works of art, historical treasures, or other similar assets? If 'Yes,* complete Schedule D, Part II 8 X 9 Did the organization directly or through a nelated organization, hold assets in donor restricted endowments 9 X 10 Did the organization answer to any of the following questions is 'Yes,* then complete Schedule D, Part V 9 X 10 Did the organization report an amount for ind, buildings, and equipment in Part X, line 107 If 'Yes,* complete Schedule D, Part V 10 X 11 It he organization report an amount for investments - program related in Part X, line 107 If 'Yes,* complete Schedule D, Part V 11a X 2 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		during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 II I 7 X 8 Did the organization meants in collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 8 8 Did the organization maintain any donor advised funds or accounts? If 'Yes,' complete Schedule D, Part III 8 9 Did the organization meant in Part X, line 21, for secret or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for secret or custodial account liability, serve as a custodian for amounts on y of the following questions is 'Yes,' then complete Schedule D, Part IV 10 X 9 Did the organization meant in Part X, line 21, for secret or custodial account liability, serve as a custodian for a amount for land, buildings, and equipment in Part X, line 10? H'Yes,' complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments - order assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17 H'Yes,' complete Schedule D, Part X 11 X 11 Did the organization report an amount for investments - order assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17 H'Yes, 'complete Schedule D, Part X 114 X 11 <td>5</td> <td>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or</td> <td></td> <td></td> <td></td>	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part II 6 X 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts not listed in Part X, line 21, wes, "complete Schedule D, Part V 10 X 10 Did the organization identity or through a related organization, hold assets in donor-restricted andownents or in quasi admovements ("res," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - organ related in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - organ related in Part X, line 13? If "Yes," complete Schedule D, Part X 11 X 13 asset reported in Part X, line 16? If "Yes," complete Schedule D, Part X 114		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
7 Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintains oblections of voros of art, historical treasures, or order similar assets? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization neorem and in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 70, the second services? 9 X 10 Did the organization report an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for any other following questions in "Yes," then complete Schedule D, Part IV. 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 10 X 11 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 VI. 11a X 11 Did the organization report an amount for investments - brogram related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17. If "Yes," complete Schedule D, Part VI. 11a X 11 Did the organization report an amount for investments - brogram related in Part X, line 12, Irves, "complete Schedule D, Part	6				
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Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, fore secrew 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? 9 X 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 X 10 Did the organization, answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VII, VII, VI, VX, or X as applicable. 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X 11a X Did the organization report an amount for investments - other securities 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 VII 11a X 11b Did the organization report an amount for investments - orber assets in Part X, line 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11d X 11b Did the organization scholar exported in mandia statements for the tax year? 11d X 11c Did the organization asserder 'No' to line 12a, then completing Schedule D, Part X 11d			7		<u> </u>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 13 Did the organization report an amount for investments - other securities 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 V 11a X 14 Did the organization report an amount for there 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 V 11a X 11b X Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11c X Did the organization included in consolidated financial statements for the tax year? 11d X 11d X 11d X 11d X 1	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities 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 VII 11b X 13 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 XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
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 X 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, VIII, VII, VII, VII, VI		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X 11 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 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 VI 11b X c Did the organization report an amount for investments - program related in Part X, line 13? If Yes," complete Schedule D, Part VI 11c X d Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part XI 11d X e Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 11d X 11d X 11d X 12a Did the organization is asprate or consolidated financial statements for the tax year? 11f X 12b Was the organization asset? 11d X 11d X 12a X 11d X 11d X <t< td=""><td></td><td>If "Yes," complete Schedule D, Part IV</td><td>9</td><td></td><td><u> </u></td></t<>		If "Yes," complete Schedule D, Part IV	9		<u> </u>
11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VIII, VX, or X as applicable. 11 In the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI 11a X 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 VI 11a X c) 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 11d X c) 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 X 11d X e) Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11d X e) Did the organization's separate or consolidated financial statements for the tax year include a foothorte that addresses the organization a separate or consolidated financial statements for the tax year? 11f X 12b Was the organization asparate or consolidated, independent audited financial statements for the tax year? 11f X 12a X Was the organization and should describe an escion 170(b(I)(I)(I)(I) 'F'Yes,' complete Schedule D, Part X A and XII opti	10				
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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 X					<u></u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		<u> </u>
	C		24	x	
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			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		<u> </u>
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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16		100	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1o Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(aambling) winnings to prize winners?	4.	Х	
000000		1c		<u> </u> (2019)
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Form	990 (2019) HEARING HEALTH FOUNDATION 13-1882 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	107	Р	age 5
1 4	Statements negariting other into rinings and rax compliance (continued)		Vee	Na
20	Enter the number of employees reported on Form W.2. Transmittal of Wage and Tay Statements		Yes	No
Za	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 7			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
D.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b	1		
C 14a		14a		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		- 23
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

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Form 990 (2019)
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HEARING HEALTH FOUNDATION

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

<u>13-1882107</u> Page 6

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. X

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a15			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			\vdash
Ŭ	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<u> </u>
	(This Section & requests information about policies not required by the internal Revenue Code.)		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
10	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
			21	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	х	
~	in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14		
5	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?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
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).			
6a	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		-	77
7	List the states with which a copy of this Form 990 is required to be filed NY, AL, AK, CA, CO, CT, DC, FL, GA			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other <i>(explain on Schedule O)</i>			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finano	cial	
	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			
	HEARING HEALTH FOUNDATION - (212)257-6140			
	575 8TH AVENUE, SUITE 1201, NEW YORK, NY 10018			
	01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES			(20

Form 990	(2019)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate
	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)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week (list any	tor						from the	from related organizations	other compensation
	hours for	· direc				- R		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	e comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL NOLAN	line)	<u> </u>	lns	9ŧ	ξe	Ξ.E	Ъ			
SECRETARY	1.00	x		х				0.	0.	0.
(2) ROGER HARRIS	1.00	Λ		Δ					0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(3) ROBERT BOUCAI	1.00							Ŭ.		
TREASURER	1.00	x		х				0.	0.	0.
(4) JUDY DUBNO	1.00									
DIRECTOR		х						0.	0.	0.
(5) DAVID HAYNES	1.00									
DIRECTOR		х						0.	0.	0.
(6) ELIZABETH KEITHLEY	1.00									
CHAIR EMERITA		Х		х				0.	0.	0.
(7) PAUL ORLIN	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) ANIL LALWANI	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JASON FRANK	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) SOPHIA BOCCARD	1.00									-
DIRECTOR		Х						0.	0.	0.
(11) RUTH ANNE EATOCK	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(12) ROBERT SHANNON	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(13) JOHN DILLARD	1.00	77		v				_		<u>^</u>
CHAIR	40.00	X		Х		-		0.	0.	0.
(14) TIMOTHY L. HIGDON	40.00	v		v				121 710	0.	11 100
PRESIDENT & CEO (5/28/2019) (15) CARY KOPCZYNSKI	1.00	Х		Х		-		131,718.	0.	11,182.
DIRECTOR	1.00	x						0.	0.	0.
(16) JAY GRUNSKIN	1.00					-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
020007 01 00 00	1							1	I	Form 990 (2010)

932007 01-20-20

Form 990 (2019)

	<u>990 (2019) HEARING H</u>	IEALTH F	'OU	ND	AT	ΊC	N			13-18	821()7	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	(do box	not cl	(C Posi heck i ss per	C) itior more rson i	ר than one is both an or/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		Estin amou	F) nated unt of ner
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compe from organi and re	nsation the ization elated zations
1h	Subtotal								131,718.		0.	11.	,182.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A			· · · · · · · ·				0. 131,718.		0.		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		Y	1 es No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual								-		3	x
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4	x
	rendered to the organization? If "Yes," com											5	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for t	-	-								ensatio	n from	
	(A) Name and business			DNE			<u>, , , , , , , , , , , , , , , , , , , </u>		(B) Description of s		Con	(C) npensa	ation
2	Total number of independent contractors (ii		nt lin	niter	1 to 1	thor	یہ اند	ted	above) who received mo	re than			
<u> </u>	\$100,000 of compensation from the organiz			met		(Fc	orm 99	0 (2019)

Ра		• • • • •	Check if Schedule O c			onse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1	a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
S, G		с	Fundraising events		1c						
Sift: Jar /		d	Related organizations		1d						
imi imi		е	Government grants (contri	ibutic	ons) 1e						
tior S		f	All other contributions, gifts,								
ibu			similar amounts not included	above			2,462,773.				
ontr of O		g	Noncash contributions included in I				571,066.				
ŭ ĝ		h	Total. Add lines 1a-1f					2,462,773.			
							Business Code	00.140		00.140	
ice	2		PUBLISHING INCOME				511120	90,140.		90,140.	
er v		b									
n S Ven		c									
Program Service Revenue		d									
² roi		e f	All other program service	rovon							
-		ı q	Total. Add lines 2a-2f					90,140.			
	3		Investment income (includ								
	Ŭ		other similar amounts)	-				239,289.			239,289.
	4	Ļ	Income from investment o					,			, ,
	5		Royalties		-	-					
					(i) Re		(ii) Personal				
	6	i a	Gross rents	6a	18	,000.					
		b	Less: rental expenses	6b		0.					
			Rental income or (loss)	6c	18	,000.					
		d	Net rental income or (loss))			>	18,000.			18,000.
	7	'a	Gross amount from sales of		(i) Secu	rities	(ii) Other				
			assets other than inventory	7a	2,839	,251.					
		b	Less: cost or other basis								
anı			and sales expenses	7b	2,717						
Revenue		С	Gain or (loss)	7c	122	,170.					
Re			Net gain or (loss)				>	122,170.			122,170.
her	8	8 a	Gross income from fundraisin								
Oth			including \$								
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses								
	_		Net income or (loss) from t				····· ►				
	9	ра	Gross income from gamin								
			Part IV, line 19								
						·					
	40		Net income or (loss) from g			les	▶				
	10) a	Gross sales of inventory, le			10-					
		h	and allowances Less: cost of goods sold								
			Net income or (loss) from :								
		U		Salts	JIIIVefi		Business Code				
snu	11	a	OTHER INCOME				900099	6,360.	6,360.		
neo	. 1	b						,			
Miscellaneous Revenue		с С									
isc. Be		-	All other revenue								
Σ			Total. Add lines 11a-11d					6,360.			
	12		Total revenue. See instructio					2,938,732.	6,360.	90,140.	379,459.
93200							····· F		· ·	· ·	Form 990 (2019

HEARING HEALTH FOUNDATION

Form 990 (2019)

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Form 990 (2019)

HEARING HEALTH FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 212,830. 212,830. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 230,000. 195,500. 23,000. 11,500. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 381,032. 323,877. 38,103. 19,052. Other salaries and wages 7 8 Pension plan accruals and contributions (include 19,200. 16,320. 1,920. 960. section 401(k) and 403(b) employer contributions) 8,363. 83,630. 71,085. 4,182. Other employee benefits 9 48,123. 40,905. 4,812. 2,406. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 64,559. 47,981. 16,578. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 38,855. 38,855. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 91,592. 38,588. 130,180. column (A) amount, list line 11g expenses on Sch 0.) 957. 622. 335. Advertising and promotion 12 167,299. 152,999. 1,749. 12,551. Office expenses 13 35,315. 26,504. 1,731. 7,080. Information technology 14 15 Royalties 85,590. 4,755. 95,100. 4,755 16 Occupancy 27,668. 26,312. 370. 986. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 19,232. 18,696. 146. 390. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 6,914. 6,222. 346. 346. Depreciation, depletion, and amortization 22 8,448. 7,604. 422. 422. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 104,303. 104,303. EDITORIAL/ARTWORK/DESIG а BANK CHARGES AND FEES 11,248. 9,759. 1,489. h 6,591. 6,130. REGISTRATIONS AND STATE 461. С 4,949. 3,145. d DUES AND SUBSCRIPTIONS 225. 1,579. 1.756. 1,580. 88. 88. е All other expenses 1,698,189. 1,443,426. 141,924. 112,839. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

932010 01-20-20

10

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

Check here

09360122 150872 171184

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

HEARING HEALTH FOUNDATION

Cash hon interest bearing			•		
Savings and temporary cash investments	124,482.	2	760,348.		
Pledges and grants receivable, net	0.	3	222,500.		
Accounts receivable, net			0.	4	17,550.
Loans and other receivables from any current or					
trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
controlled entity or family member of any of thes	e persor	าร		5	
Loans and other receivables from other disqualif	ied pers	ons (as defined			
under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
Notes and loans receivable, net				7	
Inventories for sale or use				8	
			27,928.	9	28,670.
Land, buildings, and equipment: cost or other					
basis. Complete Part VI of Schedule D	10a	137,695.			
Less: accumulated depreciation		137,695. 64,116.	15,257.	10c	73,579.
Investments - publicly traded securities			8,045,170.	11	73,579. 7,608,566.
Investments - other securities. See Part IV, line 1				12	
Investments - program-related. See Part IV, line 1				13	
Intangible assets				14	
Other assets. See Part IV, line 11			41,515.	15	24,140.
Total assets. Add lines 1 through 15 (must equa			8,412,239.	16	8,970,796.
Accounts payable and accrued expenses			38,700.	17	54,499.
Grants payable			659,088.	18	0.
Deferred revenue			3,600.	19	0.
Tax-exempt bond liabilities				20	
Escrow or custodial account liability. Complete F				21	
Loans and other payables to any current or form					
trustee, key employee, creator or founder, subst					
controlled entity or family member of any of thes				22	
Secured mortgages and notes payable to unrela				23	
Unsecured notes and loans payable to unrelated	I third pa			24	
Other liabilities (including federal income tax, pay					
parties, and other liabilities not included on lines					
of Schedule D		· ·	0.	25	116,827.
			701,388.	26	<u>116,827.</u> 171,326.
Organizations that follow FASB ASC 958, che					
and complete lines 27, 28, 32, and 33.					
Net assets without donor restrictions			2,633,320.	27	3,539,280.
Net assets with donor restrictions		5,077,531.	28	5,260,190.	
Organizations that do not follow FASB ASC 9					
and complete lines 29 through 33.					
Capital stock or trust principal, or current funds			29		
Paid-in or capital surplus, or land, building, or eq	uipment	fund		30	
			·		
Retained earnings, endowment, accumulated ind		31			
Retained earnings, endowment, accumulated inc	-	other funds	7,710,851. 8,412,239.	31 32	8,799,470.

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(B) End of year

235,443.

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Liabilities

Net Assets or Fund Balances

Assets

(A) Beginning of year

157,887.

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Form	990 (2019) HEARING HEALTH FOUNDATION	13-188	2107	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	<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,938		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,698		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,240		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>7,710</u>	<u> </u>	
5	Net unrealized gains (losses) on investments	5	-209),09	<u>91.</u>
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	57	1,16	67.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	<u>8,799</u>),4	70.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		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 0).			
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	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 separate	basis,			
	consolidated basis, or both:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	L

Form **990** (2019)

SCH	EDU	LE	Α
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Department of the Treasury

Internal Revenue Service

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(Form	990	or	990-	EZ)
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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.

OMB No. 1545-0047
2019
Open to Public Inspection

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

men	iai nevei	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Nar	ne of t	he organization	Employer ide	entification numbe
		HEARING HEALTH FOUNDATION		1882107
Pa	art I	Reason for Public Charity Status (All organizations must complete this part.) See instructions	i.	
The	organ	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)		
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
4		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:		
5		An organization operated for the benefit of a college or university owned or operated by a governmental un	nit described in	1
		section 170(b)(1)(A)(iv). (Complete Part II.)		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the	e general publ	ic described in
		section 170(b)(1)(A)(vi). (Complete Part II.)		
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	land-grant colle	ege
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	the college or	
		university:		
10		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membersh	nip fees, and gr	oss receipts from
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of it	s support from	gross investment
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the org	anization after	June 30, 1975.
		See section 509(a)(2). (Complete Part III.)		
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).		
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to car	· · ·	
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 5		x the box in
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and \neg	•	
a	a 🗀	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), ty	pically by givir	ıg

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 of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

; [Type III functionally integrated. A supporting on	rganization operated in connection with, and functionally integrated with
	its supported organization(s) (see instructions).	You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information	n about the supporte	d organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))				
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 HEARING HEALTH FOUNDATION

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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.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3216409.	2859153.	1774098.	1802661.	2462773.	12115094.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3216409.	2859153.	1774098.	1802661.	2462773.	12115094.	
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)						1590171.	
	Public support. Subtract line 5 from line 4.						10524923.	
	ction B. Total Support					1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	3216409.	2859153.	1774098.	1802661.	2462773.	12115094.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	1.65 0.00	050 606	0.0.0			4400000	
	and income from similar sources	165,800.	252,636.	276,167.	263,863.	239,289.	1197755.	
9	Net income from unrelated business							
	activities, whether or not the	104 000	040 7 00	005 504	1 4 9 9 4 9		000 150	
	business is regularly carried on	184,280.	243,799.	225,591.	149,340.	90,140.	893,150.	
10	Other income. Do not include gain							
	or loss from the sale of capital		F4 001		40.007	24.200		
	assets (Explain in Part VI.)	33,732.	54,991.	85,402.	42,237.		240,722.	
	Total support. Add lines 7 through 10						14446721.	
12	,		,			12		
13	First five years. If the Form 990 is for	-			-			
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage			<u></u>		
				olump (f))		14	72.85 %	
	Public support percentage for 2019 (I Public support percentage from 2018		•			14	<u>72.85 %</u> 67.68 %	
15 16a	33 1/3% support test - 2019. If the o							
	stop here. The organization qualifies	-			14 13 33 17370 01 111			
b	33 1/3% support test - 2018. If the c		-					
~	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"			-	-	-		
b	10% -facts-and-circumstances test							
	more, and if the organization meets th	-						
	organization meets the "facts-and-circ							
18	Private foundation. If the organization			-			s >	
	Schedule A (Form 990 or 990-EZ) 2019							

Schedule A (Form 990 or 990-EZ) 2019 HEARING HEALTH FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here	<u></u>					
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			
93202	3 09-25-19				Sch	edule A (Form 99	0 or 990-EZ) 2019
			15	5			

Schedule A (Form 990 or 990-EZ) 2019 HEARING HEALTH FOUNDATION

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.)

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Schedule A (Form 990 or 990-EZ) 2019

10b

Yes No

1

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Schedule A (Form 990 or 990-EZ) 2019 HEARING HEALTH FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		L
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		Í
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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (0) did the exception of the relationship described in (0) and the exception of the relationship described in (0) and the exception of the relation of the relationship described in (0) and the exception of the relation of	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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.	2010/10/	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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1

Schedule A (Form 990 or 990-EZ) 2019 HEARING HEALTH FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distributions		2		
3 Other gross income (see instructions)		3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses paid or incurred	for production or			
collection of gross income or for management,	conservation, or			
maintenance of property held for production of	income (see instructions)	6		
7 Other expenses (see instructions)		7		
8 Adjusted 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 Aggregate fair market value of all non-exempt-u	se assets (see			
instructions for short tax year or assets held for	part of year):			
a Average monthly value of securities	1	a		
b Average monthly cash balances	1	b		
c Fair market value of other non-exempt-use asse	ets 1	lc		
d Total (add lines 1a, 1b, and 1c)	1	d		
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exe	empt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exempt use. Enter 1-1/20	% of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-use assets (subtract li	ne 4 from line 3)	5		
6 Multiply line 5 by .035.	i i i i i i i i i i i i i i i i i i i	6		
7 Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 to line 6)		8		
Section C - Distributable Amount	· · · · · ·			Current Year
1 Adjusted net income for prior year (from Section	n A, line 8, Column A)	1		
2 Enter 85% of line 1.		2		
3 Minimum asset amount for prior year (from Sec		3		
4 Enter greater of line 2 or line 3.		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5 from line	e 4, unless subject to			
emergency temporary reduction (see instruction	, ,	6		
7 Check here if the current year is the orga		arato		nization (soo

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 HEARING HEALTH FOUNDATION

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
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 th	e organization is responsive		
	(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			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	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:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	Form 990 or 990-EZ) 2019 HEARING HEALTH FOUNDA	TION 13-1882107	Page 8
Part VI	Supplemental Information. Provide the explanations required Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Al	by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C , 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part	С,
	(See instructions.)		
932028 09-25-1	20	Schedule A (Form 990 or 990-E	Z) 2019

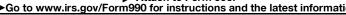
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SCHEDULE D)
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Department of the Treasury Internal Revenue Service

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

13-1882107

Namo	of the	organization
Name	or the	organization

HEARING HEALTH FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	ie 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	ised funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	e conferring	
_				No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	of a historically important land area	
	Protection of natural habitat	Preservation of	of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last	
	day of the tax year.		Held at the End of the Tax Y	'ear
а			2a	
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a	,		
_	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax	
	year ▶			
4	Number of states where property subject to conservation eas		-	
5	Does the organization have a written policy regarding the per			Na
e	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,			No
6	Stan and volunteer nours devoted to monitoring, inspecting,	fianding of violations, and emorcing con	iservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforcing conson	ation assempts during the year	
'			ation easements during the year	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	$\Omega(\mathbf{h})(\mathbf{A})(\mathbf{R})(\mathbf{i})$	
Ũ	and section 170(h)(4)(B)(ii)?			No
9	In Part XIII, describe how the organization reports conservation			
-	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	5		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works	
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in f	furtherance of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iter	ms.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	therance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		• • •	
	(ii) Assets included in Form 990, Part X		• • •	
2	If the organization received or held works of art, historical treater	asures, or other similar assets for financia	al gain, provide	
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
_HA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2	2019
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		HEALTH FOU				<u>3-1882</u>		Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar A	Assets (c	<u>ontinue</u>	d)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant use	of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's ex	empt purpose	in Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	llection?		🗌 Ye	s	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" o	n Form 990, P	art IV, line ?	€, or	
	reported an amount on Form 990, Par		0			,	,	
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for contributions	s or other assets no	t included			
	on Form 990, Part X?					Ye	es [No
b	If "Yes," explain the arrangement in Part XIII							
			ennig tablet			Am	ount	
c	Beginning balance				1c	,	ount	
	Additions during the year							
	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fo					Ye	as (No
	If "Yes," explain the arrangement in Part XIII.							
Par		f the organization and	swered "Yes" on Fo	rm 990. Part IV. line	e 10.		<u></u>	
		(a) Current year	(b) Prior year	(c) Two years back		rs back (e)	Four ve	ars back
1a	Beginning of year balance	5,614,652.	5,480,862.	5,439,571.				14,074.
b	Contributions	, ,	, ,	, ,	,	<u>′</u>		, 39,136.
c c	Net investment earnings, gains, and losses	-169,591.	133,790.	41,291.	. 222	,898.		33,463.
о Ь	Grants or scholarships			,				,
	Other expenditures for facilities							
e								
f	Administrative expenses							
		5,445,061.	5,614,652.	5,480,862.	5,439	571	5 21	16,673.
g 2	End of year balance Provide the estimated percentage of the curr			, ,	0,100	, , , , , , , , , , , , , , , , , , , ,		
2 a	Board designated or quasi-endowment	7.90	%	Tield as.				
b	Permanent endowment 92.10	%						
		⁹⁰						
C	The percentages on lines 2a, 2b, and 2c sho							
20	Are there endowment funds not in the posse	-	tion that are hold on	d administered for	the organizatio			
Ja		ssion of the organizat	lion that are held a	iu auministereu ior	ine organizatio	Л	Ye	
	by: (i) Unrelated organizations					5	a(i)	es No X
							a(i) a(ii)	X
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as require	nd on Schodulo P2				3b	
4	Describe in Part XIII the intended uses of the					L	30	
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered		Part IV line 11a S	on Form 000 Part)	(line 10			
	Description of property	(a) Cost or ot				(4)	Book v	alua
	Description of property	basis (investm	• •		Accumulated lepreciation	(a)	BOOK V	alue
4-	Land	· · · · · · · · · · · · · · · · · · ·						
	Land							
	Buildings		Λ	5,224.	2,146	-	13	078.
	Leasehold improvements			2,471.	$\frac{2,140}{61,970}$			501.
	Equipment			<u>4,4/10</u>	01,970	, •	50,	JUT •
	Other		, , , ,			+	72	579.
iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990. Part X</u>	<u>(, column (B), line 1</u>	<u>()c.)</u>			-	
					Sc	hedule D (F	orm 9	90) 2019

Schedule D (Form 990) 2019 HEARING HEALTH FOUNDATIO

Part VII Investments - Other Securities.

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		
(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. (Column (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.	
(a) Description of liability	(b) Book value

<u>1.</u>	(a) Description of hability	(b) BOOK value
(1)	Federal income taxes	
(2)	PPP LOAN	116,827.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	116,827.

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 ... X

Schedule D (Form 990) 2019

932053 10-02-19

Sche	edule D (Form 990) 2019 HEARING HEALTH FOUNDATION				1882107 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,690,786.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-209,091.		
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			2e	-209,091.
3	Subtract line 2e from line 1			3	2,899,877.
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	38,855.		
	Other (Describe in Part XIII.)	4b			
b				4c	38,855.
b c	Add lines 4a and 4b			10	
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,938,732.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ments With		5	2,938,732. n.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ments With		5	n.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ments With ^{2a.}	Expenses per I	5	2,938,732. n. 1,602,167.
c 5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With ^{2a.}	Expenses per I	5 Retur	n.
с 5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ments With	Expenses per I	5 Retur	n.
c 5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ments With 2a.	Expenses per I	5 Retur	n.
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a 2a	Expenses per I	5 Retur	n.
c 5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b 2c	Expenses per I	5 Retur	n.
c 5 Pai 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c 2d	Expenses per I	5 Retur	n. <u>1,602,167.</u> 0.
c 5 Pai 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	Expenses per I	5 Return	n.
c 5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per l	5 Return 1 2e 3	n. <u>1,602,167.</u> 0.
c 5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2a 2b 2c 2d	Expenses per F	5 Return 1 2e 3	n. <u>1,602,167.</u> 0.
c 5 Pai 1 2 a b c d 8 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 2d	Expenses per l	5 Return 1 2e 3	n. <u>1,602,167.</u> 0. <u>1,602,167.</u>
c 5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2b 2c 2d 2d 2d	Expenses per F	5 Return 1 2e 3	n. <u>1,602,167.</u> <u>0.</u> <u>1,602,167.</u> 96,022.
c 5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2c 2d 2d 4a 4b 4b	Expenses per F	5 Return 1 2e 3	n. <u>1,602,167.</u> 0. <u>1,602,167.</u>

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.

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM

FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE

CODE.

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS

OF SEPTEMBER 30, 2020 AND 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR

EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR

ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS

SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE

CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

932054 10-02-19

Schedule D (Form 990) 2019

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PRIOR YEAR GRANTS RETURNED

57,167.

PART V, LINE 4:

THE ENDOWMENT CORPUS FROM THE HEARST FOUNDATION PROVIDES INVESTMENT INCOME TO FUND THE HEARST ENDOWED OTOLOGIC FELLOWSHIP. THE ENDOWMENT CORPUS FROM C.H.E.A.R. INC. PROVIDES INVESTMENT INCOME TO FUND THE CHILDREN'S HEARING EDUCATION AND RESEARCH ("C.H.E.A.R.") ENDOWMENT GRANT. THE ENDOWMENT CORPUS FROM THE LIVERMORE FUND PROVIDES INVESTMENT INCOME TO FUND RESEARCH INTO THE CAUSE AND CURE OF HEARING PROBLEMS, FOR HELPING THE HARD OF HEARING AND DEAF ADJUST TO LIFE, FOR HELPING THEIR FAMILIES ADJUST TO THEM OR FOR ANY COMBINATION OF SUCH PURPOSES.

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		2019
Department of the Treasury	Comp		Attach to For				Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization HEARING H	EALTH FOU	NDATION					Employer identification number $13 - 1882107$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	c Governments. C	Complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.		1	1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE							
ONE BAYER PLAZA, BCM310							
HOUSTON, TX 77030-3411	47-1613878	501(C)(3)	16,871.	٥.			RESEARCH GRANTS
BOARD OF TRUSTEES OF THE LELAND							
STANFORD JUNIOR - 3160 PORTER							
DRIVE, SUITE 100 - PALO ALTO, CA							
94304	94-1156365	501(C)(3)	33,250.	٥.			RESEARCH GRANTS
OREGON HEALTH & SCIENCE UNIVERSITY 3181 S.W. SAM JACKSON PARK ROAD							
PORTLAND, OR 97239	93-1176109	501(C)(3)	28,374.	0.			RESEARCH GRANTS
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE - 620 WEST LEXINGTON STREET, 4TH FLOOR - BALTIMORE, MD							
21201	52-6002033	501(C)(3)	85,389.	0.			RESEARCH GRANTS
UNIVERSITY OF SOUTHERN CALIFORNIA 2001 N SOTO STREET, SSB 205							
LOS ANGELES, CA 90089-9235	95-1642394		48,946.	0.			RESEARCH GRANTS
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				•5.
3 Enter total number of other organization	s listed in the line 1	I table					

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

(e) Method of valuation

(book, FMV, appraisal, other)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

(b) Number of

recipients

PART I, LINE 2:

GRANTEES ARE REQUIRED TO SUBMIT THEIR EXPENDITURE OR TERMINAL REPORT AT THE

END OF THE FOUNDATION'S FUNDING SUPPORT, WITH A FINAL BUDGET. REGULAR

NOTICES ARE SENT TO GRANTEES TO REMIND THEM WHEN THEIR REPORTS ARE DUE. ALL

UNEXPENDED FUNDS MUST BE RETURNED WITH THE REPORT. BEFORE THE END OF THE

GRANT YEAR, GRANTEES HAVE THE OPTION TO ASK FOR A NO-COST EXTENSION TO

EXTEND THE TERM OF THEIR GRANT AWARD. GRANT EXTENSIONS ARE REVIEWED AND

APPROVED BY THE FOUNDATION'S SCIENTIFIC DIRECTOR.

(f) Description of noncash assistance

Page 2

Schedule I (Form 990) (2019) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

HEARING	HEALTH	FOUNDATION
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PART II

STARTING IN FISCAL YEAR 2021, THE FOUNDATION'S GRANT YEARS (PROJECT YEARS) WILL BE IN FULL ALIGNMENT WITH THE FISCAL YEAR, WITH A START ON OCTOBER 1. UNTIL THIS POINT, THE FOUNDATION'S TWO GRANT PROGRAMSTHE EMERGING RESEARCH GRANTS (ERG) PROGRAM AND THE HEARING RESTORATION PROJECT (HRP) RAN ON TWO DIFFERENT 12-MONTH CYCLES, BOTH DISTINCT FROM THE FOUNDATION'S FISCAL YEAR:

ERG: JULY 1 THROUGH TO JUNE 30 OF THE FOLLOWING YEAR;

HRP: JUNE 1 THROUGH TO MAY 31 OF THE FOLLOWING YEAR.

ALIGNING THE GRANT YEARS WITH THE FISCAL YEAR WILL SIGNIFICANTLY IMPROVE TRANSPARENCY AND EFFICIENCY IN MANAGING THE FOUNDATION'S FUNDING STREAMS AND SIMPLIFY REPORTING, WITH ALL GRANT EXPENDITURES PER PROJECT MADE IN ONE SINGLE FISCAL YEAR, AS OPPOSED TO ACROSS TWO.

Schedule I (Form 990) HEARING HEALTH FOUNDATION	13-1882107	Page 2
Part IV Supplemental Information		
GRANT YEAR AND ARE LIMITED TO ONE YEAR OF FUNDING, THE ERG 2	2019 GRANT	
YEAR ENDED AS PLANNED ON 06/30/2019, AND THE NEW RECIPIENTS	OF FUNDING	
FOR THE ERG 2020-2021 GRANT YEAR WILL RECEIVE THEIR FIRST PA		
FOR THE ERG 2020-2021 GRANT YEAR WILL RECEIVE THEIR FIRST PA	ATMENT ON	
OCTOBER 1, 2020.		
AS A RESULT, THERE IS NO GRANTS PAYABLE AS OF SEPTEMBER 30,	2020.	

Schedule I (Form 990)

932291 04-01-19

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization	
Name of the organization	

Employer identification number 13-1882107

HEARING	HEALTH	FOUNDATION
Types of Property		

Pa	rt I Types of Property				ł		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	x	5	571,606.	FAIR MARKET	VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ► ()						
27	Other ► ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions			
	for which the organization completed Form 82					0	
	°					Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31							X
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
						32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is chec	ked,		
	describe in Part II.						
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990). 	Schedule N	1 (Form 990) 2019

Schedule M (Form 990) 2019 HEARING HEALTH FOUNDATION Part II Supplemental Information. Provide the information required to

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT REPORTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF

CONTRIBUTIONS.

Schedule M (Form 990) 2019

932142 09-27-19

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.



13-1882107

HEARING HEALTH FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEARING HEALTH FOUNDATION'S VISION IS TO HAVE A WORLD WHERE PEOPLE CAN

ENJOY LIFE WITHOUT HEARING LOSS AND TINNITUS. SINCE 1958, HEARING

HEALTH FOUNDATION HAS BEEN THE LEADING NONPROFIT FUNDER FOR FUNDING FOR

CLINICAL AND TRANSLATIONAL RESEARCH IN HEARING AND BALANCE BASIC,

SCIENCE, AND A LEADER IN DRIVING NEW INNOVATIONS AND TREATMENTS FOR

TINNITUS, THIS PEOPLE WITH HEARING LOSS, AND OTHER HEARING CONDITIONS.

INCLUDES FUNDING RESEARCH THAT LED TO THE DEVELOPMENT OF COCHLEAR

IMPLANTS AND MANY OF TODAY'S STANDARD TREATMENTS FOR OTOSCLEROSIS

(ABNORMAL BONE GROWTH IN THE EAR) AND EAR INFECTIONS. IN THE 1990'S

HEARING HEALTH FOUNDATION ADVOCATED IN WASHINGTON, DC, FOR THE

UNIVERSAL NEWBORN HEARING SCREENING LEGISLATION, TO DETECT HEARING LOSS

AT BIRTH. TODAY. 97% OF NEWBORNS ARE TESTED (UP FROM 4% IN 1994).

PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, LINE 4A,

THE ERG PROGRAM CULTIVATES EMERGING RESEARCHERS NEW TO THE FIELD OF

HEARING AND BALANCE SCIENCE. SINCE 1958, HEARING HEALTH FOUNDATION

THROUGH ERG HAS, AND CONTINUES TO FINANCE PROMISING RESEARCH PROJECTS

THAT SHOW HIGH SCIENTIFIC MERIT AND CLEAR IMPORTANCE TO THE ADVANCEMENT

OF BASIC, CLINICAL AND TRANSLATIONAL RESEARCH AND WILL LEAD TO

INNOVATIVE MEDICAL THERAPIES AND TREATMENTS. THE SECOND RESEARCH

WAS FOUNDED IN 2011 AND IS A CONSORTIUM OF LEADING PROGRAM, THE HRP,

SCIENTISTS ORGANIZED BY AND FUNDED BY HHF TO CURE HEARING LOSS AND

TINNITUS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

MANAGEMENT PREPARES FORM 990 WITH THE ASSISTANCE OF AN OUTSIDE CPA FIRM. A

SUBSTANTIALLY COMPLETE DRAFT OF THE RETURN IS REVIEWED BY THE AUDIT

COMMITTEE. A COMPLETE COPY OF FORM 990 IS PROVIDED TO THE FULL BOARD OF

DIRECTORS PRIOR TO FILING.

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

EACH MEMBER OF THE BOARD OF DIRECTORS IS ASKED TO SIGN A CONFLICT OF

INTEREST ("COI") POLICY ANNUALLY, AND LIST ALL OTHER ORGANIZATIONS WHERE

THEY VOLUNTEER OR SIT ON A BOARD OF DIRECTORS. THE COI POLICIES ARE

REVIEWED BY THE CEO AND AUDIT COMMITTEE OF THE BOARD ANNUALLY. ANY

INDIVDIUAL WHO HAS A POTENTIAL CONFLICT WOULD BE EXCLUDED FROM DISCUSSION

OF THE MATTER.

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

EMPLOYEE COMPENSATION WAS DETERMINED BY REVIEWING COMPENSATION SURVEY CONDUCTED BY "PROFESSIONALS FOR NONPROFITS (PNP)" AT THE TIME EACH EMPLOYEE WAS HIRED. CURRENTLY, ONE OFFICER IS COMPENSATED. IN THE FUTURE, IF ANY OTHER OFFICERS OR KEY EMPLOYEES ARE HIRED THEY WILL UNDERGO THE SAME COMPENSATION REVIEW PROCESS AS THE TOP MANAGEMENT OFFICIALS. ALL OFFICER COMPENSATION IS APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NY,AL,AK,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM,NC,ND OH,OK,OR,PA,RI,SC,SD,TN,UT,VA,WA,WV,WI

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

 THE 990 IS AVAILABLE AS A PDF DOCUMENT ON OUR WEBSITE, UPON REQUEST, AND IN

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2					
Name of the organization HEARING HEALTH FOUNDATION	Employer identification number 13-1882107					
THE HEARING HEALTH FOUNDATION OFFICES. THE 990 IS ALSO AVA	ILABLE ON					
WWW.GUIDESTAR.ORG. THE AUDITED FINANCIAL STATEMENTS ARE AV	AILABLE IN OUR					
OFFICE AND UPON REQUEST, AND ARE INCORPORATED IN THE ANNUA	L REPORT, WHICH					
IS PUBLISHED ON HEARING HEALTH'S FOUNDATION WEBSITE. THE GOVERNING						
DOCUMENTS AND CONFLICT OF INTEREST (AND OTHER) POLICIES ARE AVAILABLE IN						
THE HEARING HEALTH FOUNDATION'S OFFICE AND UPON REQUEST.						
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:						
PRIOR GRANTS RETURNED	57,167.					
FORM 990, PART XII, LINE 2C						
HEARING HEALTH FOUNDATION HAS AN AUDIT COMMITTEE THAT ASSU	MES					
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINAN	CIAL					
STATEMENTS AND FOR THE SELECTION OF THE INDEPENDENT AUDITO	RS, NO CHANGE					

IN THIS PROCESS FROM THE PRIOR YEAR.