### \*\* PUBLIC DISCLOSURE COPY \*\*

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

and ending

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

<b>3</b> C	heck if pplicab	FOUNDATION FOR HEARING AND SPEECH		D Employer identific	cation number
	Addre			26 60000	1.0
LX.	Name ]chanç ⊓Initial			36-60828	
	]Initial ]return ]Fiṇal		om/suite	E Telephone numbe (773)769	
	Final return termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	886,026.
	∏Amen	nded CUTCACO TT 60619		H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·
	⊒return ⊒Appli	•		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
ı T	37-67	tempt status: X 501(c)(3) 501(c) ( )	527		list. See instructions
		ite: WWW.FHSR.ORG	<i>021</i>	H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	I Year o		1 State of legal domicile: IL
	rt I	Summary	<b>L</b>   Our C	or formation, = = = =	Ciato or logal dollilollo, ==
	1	Briefly describe the organization's mission or most significant activities: <b>FUNDIN</b>	IG FO	R THE MOST	INNOVATIVE
Governance		HEARING AND SPEECH PROGRAMS IN AMERICA.			
/er	2	Check this box  if the organization discontinued its operations or disposed		1 1	ssets.
ĝ	3			3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
ţie	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			32
Activities &	6	Total number of volunteers (estimate if necessary)			0.
٩		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	
	8	Contributions and grants (Part VIII line 1h)		129,857.	Current Year 299,763.
ηne	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)		32,310.	185,928.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-8.
	11 12			162,167.	485,683.
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 1-3)		53,661.	89,064.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
se		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)  55,604	i		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		116,550.	128,106.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		170,211.	217,170.
		Revenue less expenses. Subtract line 18 from line 12		-8,044.	268,513.
or Ses				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,359,415.	2,685,405.
ASS d Ba	21	Total liabilities (Part X, line 26)		56,867.	58,121.
	22	Net assets or fund balances. Subtract line 21 from line 20		2,302,548.	2,627,284.
	rt II				
Jnde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the best of m	y knowledge and belief, it is
rue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	
Sigr	1	Signature of officer		Date	
Here	е	▶ HEATHER BENNETT, CO-CHAIR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	I .	oate Check	PTIN
Paid		CHRISTOPHER STRAUB	0	8/12/22 if self-employ	P01278490
Prep	arer	Firm's name ► WARADY & DAVIS LLP		Firm's EIN ▶	36-2170602
Use	Only	Firm's address 1717 DEERFIELD RD SUITE 300S			
		DEERFIELD, IL 60015		Phone no. (8	47)267-9600
Mav	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:  RAISE FUNDS TO SUPPORT PROGRAMS WHICH ASSURE THAT INDIVIDUALS W	ITH
	HEARING AND COMMUNICATION DISORDERS HAVE THE OPPORTUNITY TO DEV	
	THEIR FULL POTENTIAL, ENJOY THE SAME SOCIAL AND EDUCATIONAL	
	OPPORTUNITIES AS THEIR PEERS, AND LEAD HEALTHY AND FULFILLING L	IVES.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a		)
	SUPPORT OF INNOVATIVE CLINICAL SERVICES, RESEARCH AND TRAINING	
	THAT ENABLE INDIVIDUALS WITH COMMUNICATIVE DISORDERS TO PARTICI	PATE
	FULLY IN SOCIETY.	
	F1 1C1 F1 1C1	
4b		T DIIOOD )
	MUSIC ENRICHMENT PROGRAMS AND INSTRUMENT LESSONS TUITION SCHOLA FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE.	KOUILO
	FOR CHILDREN BORN WITH HEARING LOSS OF TO FOUR TEARS OF AGE.	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	1
+0	(Code:) (Expenses a) (nevenue a	,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 139,162.	
	· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2021)

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		<del></del>
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	41	<u> </u>

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			
04 -	Schedule J	23		X
24 a	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	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		
25 a	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<del></del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	00-		X
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$25,000 in non-cash contributions: in ros, complete conclude in	23		<del></del>
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	24		X
35.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<u> </u>
	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		Х
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 on Schedule O for Part VI, lines 11b and 19?		\ <sub>37</sub>	
Pa	Note: All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı a	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Confedure Confeding a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			1
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			١				
	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).			37				
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		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		l 🕶				
	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	01						
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	70						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del></del>				
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h						
_	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	· · · · · · · · · · · · · · · · · · ·							
а	Gross income from members or shareholders							
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						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40						
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.							
D	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  Enter the amount of reserves on hand  13b  13c							
		14a		X				
	16 N 4 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1	14a 14b		<del>  ^</del>				
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדו						
10	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5						
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.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes." complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 16			
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	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			
18	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	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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			
	KRISTEN VAN DYKE - (312)519-5400			
	PO BOX 180018, CHICAGO, IL 60618			

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### Form 990 (2021) RE

36-6082810

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	Ĭ		((	C)	•		(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) HEATHER BENNETT	6.00	,,		,,					0	0
CO-CHAIR/VICE CHAIR THROUGH 6/15/21	C 00	Х		Х				0.	0.	0.
(2) ROBERT RADASEVICH	6.00	X		x				0.	0.	^
CO-CHAIR/SECRETARY THROUGH 6/15/21	1.50	^		Λ				0.	0.	0.
(3) DAN LOCKWOOD	1.50	x		x				0.	0.	0.
TREASURER (4) STEVEN SALZMAN	3.00	^		Δ				0.	0.	0.
(4) STEVEN SALZMAN DIRECTOR/CO-CHAIR THROUGH 6/15/21	3.00	X		x				0.	0.	0.
(5) ROBERT HANDLER	1.00	^		Δ				0.	0.	•
DIRECTOR/CO-CHAIR THROUGH 6/15/21	1.00	Х		Х				0.	0.	0.
(6) JAMES G. BOROVSKY	5.00							•	•	
DIRECTOR		x						0.	0.	0.
(7) DAVID GELFAND	1.50	<del> </del>							<u> </u>	
DIRECTOR		Х						0.	0.	0.
(8) ELLEN BABBITT	2.00									
DIRECTOR		Х						0.	0.	0.
(9) PAUL LURIE	2.00									
DIRECTOR		Х						0.	0.	0.
(10) CAREY R. GELFAND	1.50									
DIRECTOR		Х						0.	0.	0.
(11) JENNIFER EVANGELIDES	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(12) STEVE HALLENBECK	3.00	l								
DIRECTOR		Х						0.	0.	0.
(13) ERIK KESSLER	2.00									•
DIRECTOR	2 00	Х						0.	0.	0.
(14) LINDSEY SAXON	3.00	,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(15) ANNA TESS	2.00	X						0.	0.	0.
OIRECTOR (16) SCOTT MURRAY	2.00	^						0.	0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(17) LOUISE HART	0.50							0.	0.	
DIRECTOR THROUGH 5/21	0.30	X						0.	0.	0.
DIRECTOR THROUGH 5/21		122							<b>U•</b>	<u>0 •</u>

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Part VII   Section A. Officers, Directors, Trus		ploy	ees			ighe	st C					<b>(F)</b>	
(A)	(B) Average			Pos	C) sition	1		(D)	(E)			(F)	, al
Name and title	hours per	(do not check more than				than		Reportable compensation	Reportable compensation			stimate nount	
	week					or/trus		from	from related		u,	other	01
	(list any	ector						the	organizations			pensa	
	hours for related	or dir	8			ated		organization	(W-2/1099-MIS	iC/		om the	
	organizations	rustee	trust		e e	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	er	1033 (420)				anizati	
	line)	Indiv	Instit	Officer	Key e	Highe	Form						
(18) JEFF GRAUNKE	2.00												
DIRECTOR THROUGH 6/15/21		Х						0.		0.			0.
(19) AMANDA BIEDRON LONG	2.00	,,								^			^
DIRECTOR THROUGH 6/15/21	2.00	Х			_	-		0.		0.			0.
(20) BENJAMIN KANTERS DIRECTOR THROUGH 6/15/21	2.00	X						0.		0.			0.
(21) KRISTEN VAN DYKE	30.00	^			$\vdash$	$\vdash$		0.		0.			0.
EXECUTIVE DIRECTOR	30.00	1		x				55,000.		0.			0.
Indeed I v Divide let				<del> </del>				3370001		•			
		1											
		-											
					-	-							
		1											
1b Subtotal	<u> </u>					<u> </u>	<b></b>	55,000.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							<b></b>	55,000.		0.			0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportabl	е			
compensation from the organization												V	0
O Diel de consciention l'et au four en effect	-11						. 1- 1-		Inches and			Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•		•		•		•		3		Х
4 For any individual listed on line 1a, is the si											3		
and related organizations greater than \$15			-					· · · · · · · · · · · · · · · · · · ·	aro organization		4		Х
5 Did any person listed on line 1a receive or									dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										pens	ation '	from	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ithir I		year.				
(A) Name and business	address	N	INC	FI:				<b>(B)</b> Description of s	ervices	С	<b>))</b> eamo	<b>ز)</b> nsatio	n
				_				'			•		
							-						
2 Total number of independent contractors (	includina but n	ot li	mite	d to	tho	se li	ı sted	d above) who received m	ore than				
\$100,000 of compensation from the organi						0	_	,					
											Form	990 (2	2021)

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Га	1 L V	•••		o or note to ony lin	o in this Dort VIII			
			Check if Schedule O contains a respons	e or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under sections 512 - 514
S S	_	_	Foderated compaigns					000000000000000000000000000000000000000
ant			Federated campaigns 1a					
اع ق			Membership dues 1b	15,300.				
rts,			Fundraising events 1c	13,300.				
ia'g			Related organizations 1d					
Contributions, Gifts, Grants   and Other Similar Amounts			Government grants (contributions) 1e					
e ti			All other contributions, gifts, grants, and	204 462				
를 된			similar amounts not included above 1f	284,463.				
ont		_	Noncash contributions included in lines 1a-1f 1g \$		200 762			
<u>a</u> C		h	Total. Add lines 1a-1f		299,763.			
				Business Code				
<u>ic</u>	2	а						
er Te		b						
n S		С						
Jrar Rev		d						
Program Service Revenue		е						
ъ			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte		40 240			40 240
			other similar amounts)	T T	49,349.			49,349.
	4		Income from investment of tax-exempt bond	•				
	5		Royalties					
			(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities					
			assets other than inventory 7a 536,914	•				
•			Less: cost or other basis					
ng			and sales expenses 76 400,335	•				
er Revenue			Gain or (loss) 7c 136,579		126 550			126 550
ığ			Net gain or (loss)	<b>&gt;</b>	136,579.			136,579.
	8		Gross income from fundraising events (not					
₹			including \$ 15 , 300 . of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses8					
		С	Net income or (loss) from fundraising events	<b></b>	-8.			-8.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
				b				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold10					
		С	Net income or (loss) from sales of inventory					
SI				Business Code				
Miscellaneous Revenue	11	а		.				
lan en		b		.				
<b>€</b> €		С						
≅		d	All other revenue					
		е	Total. Add lines 11a-11d	<b>&gt;</b>			_	405 411
	12		Total revenue. See instructions	▶│	485,683.	0.	0.	185,920.

### 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).

ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.  Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  Grants and other assistance to domestic	Total expenses 82,520.	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
and domestic governments. See Part IV, line 21	82 520			
• • • • • • • • • • • • • • • • • • • •	87 570.1	00 500		
Grants and other assistance to domestic	02,520.	82,520.		
	6 544	C 544		
individuals. See Part IV, line 22	6,544.	6,544.		
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				
Compensation of current officers, directors,				
trustees, and key employees				
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
F				
•				
Other employee benefits				
Fees for services (nonemployees):				
Management				
Legal				_
Accounting	4,721.		4,721.	
Lobbying				
Professional fundraising services. See Part IV, line 17				
Investment management fees				
Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)		40,333.		45,449 2,099
Advertising and promotion				2,099
Office expenses				1,218
Information technology	13,693.	6,729.	171.	6,793
Royalties				
Occupancy				
Travel	45.			45
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	323.		323.	
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization	317.		317.	
Insurance	1,781.		1,781.	
Other expenses. Itemize expenses not covered				
amount, list line 24e expenses on Schedule 0.)				
PROGRAM EVENT ENTERTÁIN	2,500.	2,500.		
BANK CHARGES AND CREDIT	1,479.		1,479.	
FOOD AND BEVERAGE	637.		637.	
DUES	25.		25.	
All other expenses				
·	217,170.	139,162.	22,404.	55,604
	•	-	·	<u> </u>
, , ,				
. 🗀				
TO FIGURE OF THE CONTRACT OF T	persons described in section 4958(c)(3)(B)  Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits Payroll taxes Fees for services (nonemployees):  Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PROGRAM EVENT ENTERTAIN BANK CHARGES AND CREDIT FOOD AND BEVERAGE DUES	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PROGRAM EVENT ENTERTAIN BANK CHARGES AND CREDIT FOOD AND BEVERAGE DUES All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	persons described in section 4958(c)(3)(B)  Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits Payroll taxes Fees for services (nonemployees):  Management Legal Accounting Acco	persons described in section 4958(c)(3)(B)  Other salaries and wages Person plan accurals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits Payroll taxes  Fees for services (nonemployees):  Management Legal  Accounting  Accounting

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Part X | Balance Sheet

Part		Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			77,489.	1	56,434
	2	Savings and temporary cash investments		405,706.	2	173,233	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren	r officer, director,				
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ន្ទ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<b>▼</b>	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		3,165.			
	b	Less: accumulated depreciation		317.	0.	10c	2,848
	11	Investments - publicly traded securities			1,876,220.	11	2,452,890
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0 050 445	15	0 605 405
	16	Total assets. Add lines 1 through 15 (must e		1	2,359,415.	16	2,685,405
	17	Accounts payable and accrued expenses	8,617.	17	9,871		
	18	Grants payable	48,250.	18	48,250		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
<u> </u>	22	Loans and other payables to any current or for					
Ĭ		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				22	
- 13	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
- 13	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24	). Complete Part X			
		of Schedule D			56,867.	25	58,121
+	26	Total liabilities. Add lines 17 through 25			30,007.	26	30,121
8		Organizations that follow FASB ASC 958, o	neck ner	e P A			
<u>آ</u> ا	07	and complete lines 27, 28, 32, and 33.			2,211,700.	27	2 436 435
Sale Sale	27 20				90,848.	28	2,436,435 190,849
ַם   י	28	Net assets with donor restrictions			70,040.	20	170,047
Ī		Organizations that do not follow FASB ASC	, 956, CH	eck nere			
ᡖ │	20	and complete lines 29 through 33.	do			20	
Sie	29 20	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or				29 30	
ASS	30 21					31	
* I	31 22	Retained earnings, endowment, accumulated			2,302,548.	31	2,627,284
	32 33	Total liabilities and not assets/fund balances			2,359,415.	32	2,685,405
	33	Total liabilities and net assets/fund balances			4,333,413.	აა	Eorm <b>990</b> (202

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				Ш		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,6			
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,1			
3	Revenue less expenses. Subtract line 2 from line 1	3	26	8,5	13.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,30	<u>2,5</u>	<u>48.</u>		
5	Net unrealized gains (losses) on investments	5	5	<u>6,2</u>	23.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,62	7,2	84.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				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 on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		1		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	-	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
	, , , , , , , , , , , , , , , , , , , ,		Form	990	(2021)		

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### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
FOUNDATION FOR HEARING AND SPEECH

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

RESOURCES 36-6082810 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 general public 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 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, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized 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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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 organization 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) 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	51,878.	153,045.	117,394.	129,857.	299,763.	751,937.
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	51,878.	153,045.	117,394.	129,857.	299,763.	751,937.
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)						335,824.
6	Public support. Subtract line 5 from line 4.						416,113.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	51,878.	153,045.	117,394.	129,857.	299,763.	751,937.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	44,705.	39,039.	44,611.	38,735.	49,350.	216,440.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						968,377.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	24,719.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (	line 6, column (f), d	livided by line 11,	column (f))		14	42.97 %
	Public support percentage from 2020					15	46.97 %
16a	33 1/3% support test - 2021. If the o	-					
	<b>stop here.</b> The organization qualifies						
b	<b>33 1/3% support test - 2020.</b> If the o	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			=	•	VI how the organiz	ation
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the		·		•		
	organization meets the facts-and-circ						<b>&gt;</b>
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s ▶∟

### 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	assumed after lune 00 1075						
	acquired after June 30, 1975						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504( )(0)	<u>.</u>
14	First 5 years. If the Form 990 is for the	-			-		ion,
50	check this box and stop here ction C. Computation of Publ	io Support Do	roontogo				<b>P</b>
						Laci	0.4
	Public support percentage for 2021 (					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Investigation					16	%
	•					T .= T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶Ш

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### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
_		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
lule A (Forr	n 990	2021

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1. Has the organization accepted a gift or contribution from any of the following persons?  a. A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b below. The governing body of a supported organization?  b. A family member of a person described on line 11a above?  c. A 35% controlled entity of a person described on line 11a above?  c. A 35% controlled entity of a person described on line 11a above?  b. A family member of a person described on line 11a above?  c. A 35% controlled entity of a person described on line 11a for 11b above? If vest to line 11a, 11b, or 11c, provide of the line of lin	Par	t IV   Supporting Organizations (continued)			
1 Sebetion B. Type I Supporting Organizations  1 Did the governing body, members of a person described on line 11 a brow?  2 A 35% controlled antity of a person described on line 11 a brow?  3 A 35% controlled antity of a person described on line 11 a brow?  4 A 35% controlled antity of a person described on line 11 a brow?  5 Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of the supported organizations have the power to regularly appoint or elect at least a majority of the organizations of the supported organizations have the power to regularly appoint or elect at least a majority of the organizations of the supported organization have the power to regularly appoint or elect at least a majority of the organizations of the supported organization of the supported organization and what conditions or restrictions, if any, applied to such powers duming the tax year.  2 Did the organization operated for the benefit of any supported organization? If "tes," explain in Part VI how providing such benefit carried out the supposes of the supported organization? If "No," describe in Part VI how control or management of the supporting Organizations or trustees of each of the organization supported organization was vested in the same persons that controlled or managed the supported organization and the supported organization and the supported organization or the supported organization or the organization or the organization or provide to each of its supported organizations, by the last day of the fifth month of the organization organization organization and the supported organization organi				Yes	No
11c below, the governing body of a supported organization?  A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail to Part VI.  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail to Part VI.  Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or efect at least a majority of the organization's officers, directors, or trustees at all times during the tax year if "No." discolate in "Part VI in the organization of serior discription of the properties of programs of the supported organization of the supported organization of the properties of the supported organization of the supported organization of the properties of the properties of the supported organization of the supported organization of the properties of the supported organization of the than the supported organization of the than the supported organization of the third than the supported organization of the supported organization or the supported organization organiza	11	Has the organization accepted a gift or contribution from any of the following persons?			
b. A family member of a person described on line 11a above?  A 35% controlled withly of a person described on line 11a or 11b above?!  **Yes* to line 11a, 11b, or 11c, provide detail in Part VI.  **Section B. Type I Supporting Organizations**    Did the greening body, members of the governing body, officers acting in their efficial capacity, or membership of one or or one supported organization have the power to exploit a greening body and the supported organization or the organization or the organization or supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operated, supervised, or controlled the organization settleties. If the organization have more supported organizations and what conditions or restrictions, if any, applied to such powers during the fax year.  2 Did the organization operated, supervised, or controlled the supported organization other than the supported organization operated, supervised, or controlled the supported organization other than the supported organization operated by the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how control or management of the organization's supporting Organizations.  1 Were a majority of the organization's supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, or the seath of previously provided?  1 Did the organization provide to each of its supported organiza	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
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3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).  a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).  2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization determined that these activities constituted substantially all of its activities. b Did the activities constituted substantially all of its activities. b Did the activities constituted substantially all of its activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  2 b Job the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of		organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
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b	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instr	uctions).		
c	а				
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trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			0-		
			3h		

Schedule A (Form 990) 2021

36-6082810 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	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 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

, a.	t i pe in Non i anodonany integrated eee	(u)(o) Supporting Sign		uea)	
Secti	on D - Distributions		•	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

## FOUNDATION FOR HEARING AND SPEECH

36-6082810 Page 8 RESOURCES Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

**Schedule of Contributors** 

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

FOUNDATION FOR HEARING AND SPEECH

RESOURCES

Employer identification number

36-6082810

Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Employer identification number

36-6082810

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Hame, address, and En T T	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll

Name of organization
FOUNDATION FOR HEARING AND SPEECH
RESOURCES

Employer identification number
36-6082810

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

Schedule B (Form 990) (2021) Name of organization **Employer identification number** FOUNDATION FOR HEARING AND SPEECH 36-6082810 RESOURCES Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Inspection

Name of the organization

FOUNDATION FOR HEARING AND SPEECH RESOURCES

**Employer identification number** 36-6082810

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Deliei da lieca la liec	(2), and and one document
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	L	ad funde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pul		•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		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		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

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	dule D (Form 990) 2021 RESOURCE							-608.			age <b>2</b>
Pai	rt III   Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Other	Similar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at make sig	nificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how tl	hey further t	he organizat	on's exem	pt purpose ir	n Part X	III.		
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	er similar a	ssets				
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's co	ollection?				Yes		No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the	e organizatio	n answered	"Yes" on F	orm 990, Pa	rt IV, lin	e 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
		•	· ·					A	mount		
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year							-			
f	Ending balance							-			
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai											
	'	(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d	) Three years	back (d	<b>e)</b> Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1	a, column (a	a)) held as:	I					
а		,	%	<b>3</b> , (	"						
b	Permanent endowment	%									
С	Term endowment > 9										
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
За	Are there endowment funds not in the posses	•	ation th	at are held a	and administe	ered for the	e organization	n			
	by:	J					J		Γ	Yes	No
	(i) Unrelated organizations							Γ	3a(i)		
	(ii) Related organizations							·····	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	Schedule R?					3b	1	
4	Describe in Part XIII the intended uses of the										
	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered		), Part I	V, line 11a. S	See Form 990	), Part X, li	ne 10.				
	Description of property	(a) Cost or o			or other		umulated	(c	d) Book	value	====== e
		basis (investr			(other)		eciation	``	, _ 551		
1a	Land	<u> </u>			•						
	Buildings										
	Leasehold improvements							+			
	Equipment				3,165.		317.			2,8	48.
u	Othor				, = 5 - 5			+		, -	

Schedule D (Form 990) 2021

2,848.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 RESOURCES		30	-000Z0IU Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of		-	d -6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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.	F 000 D+ IV/ I'	44 - 0 - 5 000 Part V Ha - 40	
Complete if the organization answered "Yes" of			-1 -4
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-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.	5 000 D 1 11 / 11		
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(h) Dealcuelus
	escription		(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.)	<b>_</b>	
Part X Other Liabilities.			_
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<u> </u>	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's financial statements	that reports the

Schedule D (Form 990) 2021

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..

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
h	Other (Describe in Part XIII.)	4b		
	Other (Describe in Fait Alli.)			
c	Add lines 4a and 4b	<u> </u>	4c	
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18</i>			
5	Add lines <b>4a</b> and <b>4b</b>			
5 Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18</i>	3.)	5	,
<b>5 Pa</b> Prov	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line 18</i> rt XIII Supplemental Information.	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	,

### **SCHEDULE G** (Form 990)

Department of the Treasury

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. FOUNDATION FOR HEARING AND SPEECH Employer identification number Name of the organization RESOURCES 36-6082810 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

List all states in which the organization is registered or licensed to solicit contributions or or licensing.	has been notified	it is exempt from re	gistration

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

Pá	art I		•	•		•		
			oss income on Form 990 (a) Event #1 CHEERS & BEERS FOR EA	<b>(b)</b> Event #2	(c) Other events NONE	pts greater than \$5,000.  (d) Total events (add col. (a) through col. (c))		
Revenue			(event type)	(event type)	(total number)			
Rev	1	Gross receipts	15,300.			15,300.		
	2	Less: Contributions	15,300.			15,300.		
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
m	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
irect E	7	Food and beverages						
՝	8	Entertainment Other direct expenses				8.		
	10					8.		
		Direct expense summary. Add lines 4 through				-8.		
D	11 art I	Net income summary. Subtract line 10 from li				1 0.		
Г	11 L I		answered tes on Forn	1990, Part IV, line 19, 0	or reported more than			
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(a) Tatal manaina (a dal		
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue				Singo, progressive singe		coi. (a) through coi. (c)		
Re	١.							
_	1	Gross revenue						
ses	2	Cash prizes						
Exper	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	% Yes%			
	6	Volunteer labor	☐ No	☐ No	☐ No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		_			
_		Net garning income summary. Subtract line r	nomine i, column (a)					
		er the state(s) in which the organization condu he organization licensed to conduct gaming a	-	states?		Yes No		
		No," explain:						
		ere any of the organization's gaming licenses re		-	•	Yes No		
K		Yes," explain:						

132082 10-21-21

### FOUNDATION FOR HEARING AND SPEECH

Sch	edule G (Form 990) 2021	RESOURCES		36-	6082	810	Page 3
	Does the organization conduct g		nembers?			Yes	□ No
	Is the organization a grantor, ber	neficiary or trustee of a trus	st, or a member of a partnership	or other entity formed			
	to administer charitable gaming?	<b>)</b>			, Ш	Yes	└── No
	Indicate the percentage of gamir	•			1		
	The organization's facility						<u>%</u>
	An outside facility				13b		%
14	Enter the name and address of t	ne person wno prepares tr	ne organization's gaming/specia	l events books and records:			
	Name						
	Address >						
15a	Does the organization have a co	ntract with a third party fro	om whom the organization receiv	es gaming revenue?		Yes	☐ No
k	If "Yes," enter the amount of gar	ning revenue received by t	the organization > \$	and the amount			
	of gaming revenue retained by the						
c	If "Yes," enter name and address	s of the third party:					
	Name ►						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	<b>&gt;</b> \$	_				
	Description of services provided	<b>&gt;</b>					
	Director/officer	Employee	Independent contracto	ır			
17	Mandatory distributions:						
	Is the organization required under	er state law to make charit	able distributions from the gamin	na proceeds to			
	retain the state gaming license?					Yes	☐ No
k	Enter the amount of distributions						
_	organization's own exempt activ						
Pa			planations required by Part I, line		'art III, lii	nes 9,	9b, 10b,
	15D, 15C, 16, and 17D, a	s applicable. Also provide	any additional information. See	instructions.			

### FOUNDATION FOR HEARING AND SPEECH

Schedule G (Form 990) RESOURCES	36-6082810 Page 4
Schedule G (Form 990) RESOURCES  Part IV Supplemental Information (continued)	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

FOUNDATION FOR HEARING AND SPEECH Name of the organization Employer identification number RESOURCES 36-6082810 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) SALARY SUPPORT OF SEVERAL ANN & ROBERT H. LURIE CHILDREN'S POSITIONS - AUDIOLOGY HOSPITAL OF CHICAGO - 225 E. SOCIAL WORKERS, AUDIOLOGY TECHNICIAN, AND THE CHICAGO AVE. - CHICAGO, IL 60611 36-2170833 501 (C) (3) 22,653 0 THE CHICAGO HEARING SOCIETY 2001 N. CLYBOURN AVE. CHICAGO, IL 60614 36-2244895 501 (C) (3) 15,250 LITERACY PROGRAM MERIT SCHOOL OF MUSIC PROVIDE MUSIC LESSONS TO 38 SOUTH PEORIA STREET HEARING IMPAIRED STUDENTS CHICAGO, IL 60607 36-3028768 501 (C) (3) 44,617 0 AT VARIOUS SCHOOLS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

0.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
MUSIC TO MY EARS SCHOLARSHIPS	12	6,544.	0.						
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.					
PART II, LINE 1, COLUMN (H):									
NAME OF ORGANIZATION OR GOVERNMENT	1:								
ANN & ROBERT H. LURIE CHILDREN'S H	OSPITAL	OF CHICAGO	)						
(H) PURPOSE OF GRANT OR ASSISTANCE: SALARY SUPPORT OF SEVERAL POSITIONS									
- AUDIOLOGY SOCIAL WORKERS, AUDIOLOGY TECHNICIAN, AND THE COCHLEAR									
IMPLANT EDUCATION COORDINATOR.									

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FOUNDATION FOR HEARING AND SPEECH RESOURCES

**Employer identification number** 36-6082810

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS DAVID AND CAREY GELFAND ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 3:

KRISTEN VAN DYKE, WHO IS THE EXECUTIVE DIRECTOR, RECEIVES MANAGEMENT FEES FROM THE ORGANIZATION FOR HER SERVICES TO THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

DRAFT COPY OF THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT. THE AUDIT COMMITTEE TAKES RESPONSIBILITY FOR THE PREPARATION AND DISTRIBUTION OF THE ANNUAL 990 FILING.

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

THE CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM IS DISTRIBUTED TO ALL OF THE DIRECTORS ON AN ANNUAL BASIS FOR REVIEW, AND SUBMISSION OF THE EXECUTED FORM IS REQUIRED BY EACH DIRECTOR, WITH ALL POTENTIAL CONFLICTS ANY DISCLOSED CONFLICT WOULD BE ADDRESSED BY THE BOARD. LISTED. THERE ARE NO KEY EMPLOYEES.

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

A FULL SEARCH WAS CONDUCTED IN REGARDS TO THE COMPENSATION OF THE EXECUTIVE DIRECTOR IN 2016. A BOARD MEMBER OVERSAW THE SEARCH COMMITTEE. THIS WAS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021		Page 2
Name of the organization FOUNDATION FOR HEAR RESOURCES	NG AND SPEECH	Employer identification number 36-6082810
FURTHER VOTED ON, APPROVED AND DOO	CUMENTED BY THE BOARD OF	F DIRECTORS. THE
BOARD TAKES INTO CONSIDERATION THE	PERFORMANCE OF THE EXI	ECUTIVE DIRECTOR
AND THE PROPOSED CONTRACT IS DISSE	MINATED ANNUALLY FOR CO	ONSIDERATION
SEVERAL WEEKS PRIOR TO THE MEETING	AT WHICH TIME A VOTE	IS EXPECTED. THE
DISCUSSION AND VOTE TAKE PLACE IN	EXECUTIVE SESSION OF TH	HE BOARD.
LINE 15B: THERE ARE NO OTHER COMP	ENSATED OFFICERS OR KEY	EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE	19:	
THE ORGANIZATION'S GOVERNING DOCUM	ENTS, CONFLICT OF INTER	REST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE	TO THE PUBLIC UPON REC	QUEST.
FORM 990, PART IX, LINE 11G, OTHER	R FEES:	
CONSULTANT:		
PROGRAM SERVICE EXPENSES		38,062.
MANAGEMENT AND GENERAL EXPENSES		11,729.
FUNDRAISING EXPENSES		39,299.
TOTAL EXPENSES		89,090.
GRANT CONSULTANT:		
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		6,150.
TOTAL EXPENSES		6,150.
INTERPRETER/TRANSLATION:		
PROGRAM SERVICE EXPENSES		351.
MANAGEMENT AND GENERAL EXPENSES		0.
132212 11-11-21		Schedule O (Form 990) 2021

Form AG990-IL

	ice Use Only	-	ORGANIZATION ANNUA			Revised 1/1
PMT	#		KWAME RAOUL State of		., 01	
			Bureau, 100 West Rand , Chicago, Illinois 60601	ioibu CC		001287
				v	i	all items attached:
AMT		Report for	the Fiscal Period:	X		f IRS Return
		Reginning	01/01/2021	Make Checks Payable to		I Financial Statements f Form IFC
INIT		Degiiiiiig	01/01/2021	the Illinois 🕱		Annual Report Filing Fee
HALL		& Ending	12/31/2021	Charity Bureau Fund		O Late Report Filing Fee
Feder	al ID# 36-6082810	ox <b>=</b> 1101 <b>3</b>	MO DAY YR	Duicau i unu		MO DAY YR
	ontributions to the organization t	tax deductible? X Yes	No Date (	Organization was create		01/11/1956
		N FOR HEARING AND		Year-end		
	NAME RESOURCES			amounts		
	MAIL			A) ASSETS	A) \$	2,685,405
	DRESS PO BOX 180			B) LIABILITIES	B) \$	58,121
	STATE CHICAGO,	ΓL		C) NET ASSETS	C) \$	2,627,284
ZI	P CODE 60618					
I.		REVENUE ITEMS DURING		PERCENTAGE		AMOUNT
	,	RIBUTIONS & PROGRAM SERVICE RE	V. (GROSS AMTS.)	61.719%	D) \$	299,763
	E) GOVERNMENT GRANTS &	MEMBERSHIP DUES		%	E) \$	105 000
	F) OTHER REVENUES			38.281%	F) \$	185,928
	O) TOTAL DEVENUE INCOME	E AND CONTRIBUTIONS DESCRIPTO (A	DD D E 0.5)	400.0/	G) \$	10E 601
III.	,	E AND CONTRIBUTIONS RECEIVED (AI <b>EXPENDITURES DURING</b>	,	100 %	(d) φ	485,691
<b>''</b> '-	H) OPERATING CHARITABLE		INE TEAK:	26.081%	H) \$	56,642
	n) UPENATING UNANTIABLE	PROGRAMI EXPENSE		20.001%	<u>ПП) Ф</u>	30,042
	I) EDUCATION PROGRAM SI	FRVICE EXPENSE		%	l) \$	
	1) EBOOM TOWN TOWN OF	ENVIOL EN ENOL		70	Ι'' Ψ	
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I	)	26.081%	J) \$	56,642
	,				ĺ	
	J1) JOINT COSTS ALLOCATED	D TO PROGRAM SERVICES (INCLUDED	O IN J):			
				25 226		00 500
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS		37.996%	K) \$	82,520
	I TOTAL QUADITABLE BBQ	ACDAM OF DAIGE EXPENDITURE (ADD	1.0.17)	64.077%		139,162
	L) TOTAL CHARITABLE PRO	IGRAM SERVICE EXPENDITURE (ADD	J&K)	04.077%	L) \$	139,102
	M) MANAGEMENT AND GENE	EDAL EYDENGE		10.316%	M) \$	22,404
	IVI) IVIANAGLIVILINI AND GLINE	THAL LAFLINGE		10.310%	Ψ (ΝΙ) Φ	22,404
	N) FUNDRAISING EXPENSE			25.607%	N) \$	55,612
	,			,,	1., 4	
	0) TOTAL EXPENDITURES TI	HIS PERIOD (ADD L, M, & N)		100 %	0) \$	217,178
<b> </b>		PAID FUNDRAISER AND C	ONGLIL TANT ACTIVITIES	2.		
<b>''''</b> .		rt of Individual Fundraising Campaign-		3.		
	PROFESSIONAL FUNDRAISER		,		l	
	P) TOTAL AMOUNT RAISED I	BY PAID PROFESSIONAL FUNDRAISE	RS	100 %	P) \$	0
					l	
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES		%	Q) \$	
	D) NET DECEMED BY THE CL	HADITY (D MINHE O. D.)		0/	R) \$	
	R) NET RECEIVED BY THE CH	,		%	η) φ	
	PROFESSIONAL FUNDRAISING	<u>G CONSULTANTS:</u> PROFESSIONAL FUNDRAISING CONS	III TANTS		S) \$	0
IV.	,	THE (3) HIGHEST PAID F		/EAR:	-, Ψ	
	T) NAME, TITLE: NONE	(5)		· <del></del>	T) \$	
	U) NAME, TITLE:				U) \$	
	V) NAME, TITLE:				V) \$	
v.	<del></del>	RAM DESCRIPTION: CHARIT	TABLE PROGRAM (3 HIGHEST BY \$ EXPEN	DED)	List o	n back side of instructions
l						CODE
04-01		ING OF MEDICAL RE			W)#	150
198091 04-01-21		ICES FOR THE HEAR	ING AND SPEECH IN	MPAIRED.	X) #	125
198	Y) DESCRIPTION:				Y) #	

1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? 1.	X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY	
COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2.	X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,	
DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,	
DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE	
ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3.	Х
ANT THING OF TALL OF THE COMM ENGINEERS.	
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE	
·	Х
THAN 10% OF THE OUTSTANDING SHARES? 4.	_ A
E LO ANY PROPERTY OF THE ORGANIZATION HELD IN THE MANE OF OR COMMUNICIES WITH THE PROPERTY OF ANY OTHER REPORTS	
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON	37
OR ORGANIZATION? 5.	X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6.	X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS	
BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7.	Х
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	
ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND	
GENERAL \$ ; AND (iv) THE AMOUNT ALL OCATED TO FUNDRAISING \$	
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? 8.	Х
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR	
REVOKED BY ANY GOVERNMENTAL AGENCY? 9.	Х
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,	
COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? 10.	Х
OUNINITING OF WHOOSE OF OHGANIZATIONAL FONDS:	
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS	
THREE LARGEST ACCOUNTS:	
CHARLES SCHWAB, 114 WEST 47TH ST., NEW YORK, NY 10036-1525	
CHARDES SCHWAD, 114 WEST 47TH ST., NEW TORK, NT 10030-1323	
BMO HARRIS BANK N.A., PO BOX 94033, PALATINE, IL 60094	
bio marris biar reme, to box 94055, inmittal, in 00074	
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KRISTEN VAN DYKE - (312)519-5400	
ALL ATTACHMENTS MILET ACCOMPANY THIS DEDODT. SEE INSTRICTIONS	

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

#### BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

### HEATHER BENNETT

PRESIDENT or TRUSTEE (PRINT NAME) **SIGNATURE** DATE ROBERT RADASEVICH SIGNATURE TREASURER or TRUSTEE (PRINT NAME) DATE

## CHRISTOPHER STRAUB

198101 04-01-21

PREPARER (PRINT NAME)

**SIGNATURE** 

DATE

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

<b>~</b> .	01 111	e 2021 Calendar year, or tax year beginning	enung		
<b>3</b> C	Check if pplicab  Addre	FOUNDATION FOR HEARING AND SPEECH		D Employer identific	cation number
x	Name Chang			36-60828	10
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
H	Final return		noon/suite	(773)769	
	⊣return termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	886,026.
	Amen return	ded CHICAGO, IL 60618		· ·	
H	⊒return Application			H(a) Is this a group re for subordinates	
	tion pendi	SAME AS C ABOVE			····· — —
			or 527	H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) of te: $WWW \cdot FHSR \cdot ORG$	01 321	-1 '	list. See instructions
		forganization: X Corporation Trust Association Other	I Veer	H(c) Group exemptio	n number ► ✓ State of legal domicile: IL
	rt I	Summary	L Year	or formation. 1950 N	A State of legal doffliche. II
Га	_	Briefly describe the organization's mission or most significant activities: FUND:	TNC EC	ор тит мост	TNNOVATIVE
Activities & Governance	1	HEARING AND SPEECH PROGRAMS IN AMERICA.			
ern	2	Check this box  if the organization discontinued its operations or dispose	sed of more	e than 25% of its net as	
Š	3			3	16
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	0
Νİ	6	Total number of volunteers (estimate if necessary)			32
<b>∆ct</b>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		129,857.	299,763.
enr	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		32,310.	185,928.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-8.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		162,167.	485,683.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		53,661.	89,064.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)  55,6	04.		
Ú		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		116,550.	128,106.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		170,211.	217,170.
	19	Revenue less expenses. Subtract line 18 from line 12		-8,044.	268,513.
ces			Be	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,359,415.	2,685,405.
l AS Id B	21	Total liabilities (Part X, line 26)		56,867.	58,121.
		Net assets or fund balances. Subtract line 21 from line 20		2,302,548.	2,627,284.
	ırt II				
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
rue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparei	has any knowledge.	
Sigr	า	Signature of officer		Date	
Her	е	HEATHER BENNETT, CO-CHAIR			
		Type or print name and title		Data t	DTIN.
	_	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		CHRISTOPHER STRAUB	[C	08/12/22 off-employ	P01278490
-	arer	Firm's name WARADY & DAVIS LLP		Firm's EIN ▶	36-2170602
Use	Only	Firm's address 1717 DEERFIELD RD SUITE 300S			40.000 0000
		DEERFIELD, IL 60015		Phone no. (8	47)267-9600
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	$\Box$
1	Briefly describe the organization's mission:  RAISE FUNDS TO SUPPORT PROGRAMS WHICH ASSURE THAT INDIVIDUALS WITH	
	HEARING AND COMMUNICATION DISORDERS HAVE THE OPPORTUNITY TO DEVELOP TO	
	THEIR FULL POTENTIAL, ENJOY THE SAME SOCIAL AND EDUCATIONAL	
	OPPORTUNITIES AS THEIR PEERS, AND LEAD HEALTHY AND FULFILLING LIVES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	—
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	10
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	۸I۵
3	If "Yes," describe these changes on Schedule O.	NO
	· · · · · · · · · · · · · · · · · · ·	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		<u>~</u> )
	SUPPORT OF INNOVATIVE CLINICAL SERVICES, RESEARCH AND TRAINING PROGRAM	<u>S</u> _
	THAT ENABLE INDIVIDUALS WITH COMMUNICATIVE DISORDERS TO PARTICIPATE	
	FULLY IN SOCIETY.	
4b	(Code: ) (Expenses \$ 51,161. including grants of \$ 51,161.) (Revenue \$	
	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES AN EARLY CHILDHOOD	_ '
	MUSIC ENRICHMENT PROGRAMS AND INSTRUMENT LESSONS TUITION SCHOLARSHIPS	
	FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE.	_
		_
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 139,162.	
	Form <b>990</b> (20	)21)

# FOUNDATION FOR HEARING AND SPEECH RESOURCES

Form 990 (2021)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
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	

132003 12-09-21

Page 4

# FOUNDATION FOR HEARING AND SPEECH RESOURCES

Form 990 (2021)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		<del></del>
С		00-		X
00	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
0.4	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		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<b>.</b>
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		₩
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1,7
	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 on Schedule O for Part VI, lines 11b and 19?		.,,	1
D-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

132004 12-09-21

Form **990** (2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

filed b If at Not 3a Did b If "\ 4a At a fina b If "\ 4a Doe 5a Was b Did c If "\ 6a Doe 6a any b If "\ c Did f Sec b Gro a Initi b Gro 11 Sec a Gro b Gro a Is to b Ente orgs c Ente	ter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, and for the calendar year ending with or within the year covered by this return	2b 3a 3b 4a 5a 5b 5c 6a	X X
b If at Not 3a Did b If "\ 4a At a fina b See 5a Was 5b Did c If "\ 6a Doe 6a any b If "\ c Did b If "\ c Did f Did g If th h If th 8 Spo 9 a Did b Did 10 Sec 5a Gro 11 Sec 5a Intit b Entre c Entre	at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Interest the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.  In the organization have unrelated business gross income of \$1,000 or more during the year?  In the organization have unrelated business gross income of \$1,000 or more during the year?  In the organization have unrelated business gross income of \$1,000 or more during the year?  In the organization on Schedule O  In this year? If "No" to line 3b, provide an explanation on Schedule O  In the during the calendar year, did the organization have an interest in, or a signature or other authority over, a ancial account in a foreign country (such as a bank account, securities account, or other financial account)?  In the organization of the foreign country to the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  In the organization a party to a prohibited tax shelter transaction at any time during the tax year?  In the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  In the organization of the organization that it was or is a party to a prohibited tax shelter transaction?  In the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit by contributions that were not tax deductible as charitable contributions?  In the organization include with every solicitation an express statement that such contributions or gifts are not tax deductible?	3a 3b 4a 5a 5b 5c	
Not 3a Did b If "\ 4a At a fina b If "\ 5ee 5a Was any b If "\ 6a Did to fi Did f Did f Did f Did g If th 8 Spo 9 Spo a Did b Did 10 Sec a Initi b Gro 11 Sec a Initi b Gro 11 Sec a Initi b Gro 11 Sec a Initi b Gro a Initi b In	ote: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.  If the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  ancial account in a foreign country (such as a bank account, securities account, or other financial account)?  If Yes," enter the name of the foreign country   The instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  The instruction a party to a prohibited tax shelter transaction at any time during the tax year?  The day taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  The structions for filing requirements for FinCEN 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 8886-T?  The structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts for Structions for filing requirements for FinCEN Form 114, Report	3a 3b 4a 5a 5b 5c	
3a Did b If "\ 4a At a fina b If "\ 5e 5a Was b Did c If "\ 6a Doe any b If "\ c Did to fi d If "\ e Did f Did g If th h If th 8 Spo a Did b Did 10 Seo a Initi b Gro 11 Seo a Initi c Did b Did c If "\ 13 Seo a Initi c Orga c Ente	d the organization have unrelated business gross income of \$1,000 or more during the year?  "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a ancial account in a foreign country (such as a bank account, securities account, or other financial account)?  "Yes," enter the name of the foreign country  be instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  as the organization a party to a prohibited tax shelter transaction at any time during the tax year?  d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  "Yes" to line 5a or 5b, did the organization file Form 8886-T?  be the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit yo contributions that were not tax deductible as charitable contributions?  "Yes," did the organization include with every solicitation an express statement that such contributions or gifts are not tax deductible?	3b 4a 5a 5b 5c	
b If "\ 4a At a fina b If "\ See 5a Was Did c If "\ 6a Doe any b If "\ c Did to fi d If "\ c Did f Did f Did f Did f Did f Did f Did Sec a Did b Groot a Groot a Groot a Italian Sec a Is the b Enter organ c Enter	Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a ancial account in a foreign country (such as a bank account, securities account, or other financial account)?  Yes," enter the name of the foreign country  ele instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  as the organization a party to a prohibited tax shelter transaction at any time during the tax year?  d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  Yes" to line 5a or 5b, did the organization file Form 8886-T?  best he organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit y contributions that were not tax deductible as charitable contributions?  Yes," did the organization include with every solicitation an express statement that such contributions or gifts are not tax deductible?	3b 4a 5a 5b 5c	
4a At a final fina	any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a ancial account in a foreign country (such as a bank account, securities account, or other financial account)?  Yes," enter the name of the foreign country  et instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  as the organization a party to a prohibited tax shelter transaction at any time during the tax year?  d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  Yes" to line 5a or 5b, did the organization file Form 8886-T?  best he organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit y contributions that were not tax deductible as charitable contributions?  Yes," did the organization include with every solicitation an express statement that such contributions or gifts ere not tax deductible?	4a 5a 5b 5c	X
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6a Doe any b If "\ very 7 Org a Did b If "\ c Did to fi d If "\ e Did f Did g If th h If th 8 Spo 9 Spo a Did b Did 10 Seo a Initi b Gro 11 Seo a Gro b Gro and 12a Seo b If "\ 13 Seo a Is th Not b Ent- org; c Ent-	bes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit y contributions that were not tax deductible as charitable contributions?  'Yes," did the organization include with every solicitation an express statement that such contributions or gifts ere not tax deductible?	_	X
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b If "\ wer 7 Org a Did to fi b If "\ c Did f Did g If th h If th 8 Spo a Did b Did 10 Sec a Initi b Gro a Gro b Gro a Is th Not b Enter orga c Enter sec b If "\ Sec a Is the Is the sec a	'Yes," did the organization include with every solicitation an express statement that such contributions or gifts ere not tax deductible?	6a	
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7 Orga Did of If "\ C Did to fi of If "\ C Did f Did f Did g of If the S Spot a Did b Did 10 Sect a Grob Grob Grob Grob I11 Sect a Grob I12 Sect a Is the Not b Enter orga c Enter Individual section of Its organ c Enter Individual section organ c Enter Individual section of Its			
a Did b If "\ c Did to fi d If "\ e Did f Did g If th h If th 8 Spo a Did b Did 10 Sec a Initi b Gro 11 Sec a Gro b Gro a Int 13 Sec a Is th Not b Ente	ganizations that may receive deductible contributions under section 170(c).	6b	
b If "\ c Did to fi d If "\ e Did f Did g If th h If th 8 Spo a Did b Did 10 Sec a Initi b Gro 11 Sec a Gro b Gro a Instri th Not b Ente	• • • • • • • • • • • • • • • • • • • •		
c Did to fi to fi d If "\ e Did g If the h If the spood point of the spood point of the hold of the spood point of the spood po	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	<u> </u>
to fi d If "Y e Did f Did g If th h If th 8 Spo a Did b Did 10 Sec a Initi b Gro a Gro b Gro a Gro a Is th Not b Ente	'Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
d If "Ye Did f Did g If the h If the spood p Spood a Did b Did 10 Second a Initi b Grown amount of the hold of the hold b If "Ye Table to	d the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		77
e Did f Did g If th h If th 8 Spo a Did b Did 10 Sec a Initi b Gro a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Ente	file Form 8282?	7с	X
f Did g If th h If th 8 Spo spo 9 Spo a Did b Did 10 Sec a Initi b Gro a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Ente	'Yes," indicate the number of Forms 8282 filed during the year		37
g If the h If the spoot	d the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
h If the Spot spot spot spot spot spot spot spot s	d the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
8 Spot spot spot spot spot spot spot spot s	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
spool	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
9 Spot a Did b Did 10 Sect a Initi b Gro amo 12a Sect b If "\ 13 Sect a Is the Not b Enter organic c Enter b Did not b Did n	consoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	
a Did b Did 10 Sec a Initi b Gro a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Ente	onsoring organization have excess business holdings at any time during the year?	8	
b Did 10 Sec a Initi b Gro a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Ente orgs c Ente	onsoring organizations maintaining donor advised funds.  d the sponsoring organization make any taxable distributions under section 4966?	9a	
a Initi b Gro a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Ente orgs c Ente	d the sponsoring organization make any taxable distributions under section 4966?  d the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
a Initi b Gro 11 Sec a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Ente orgs c Ente	ection 501(c)(7) organizations. Enter:		
b Gro a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Enter orgs c Enter	tiation fees and capital contributions included on Part VIII, line 12		
a Gro b Gro amo 12a Sec b If "\ 13 Sec a Is th Not b Entu- orgs c Entu-	oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
a Gro b Gro amo  12a Sec b If "Y  13 Sec a Is th Not b Ente	ection 501(c)(12) organizations. Enter:		
b Gro amo  12a Sec b If "\ 13 Sec a Is th Not b Ente orgs c Ente	oss income from members or shareholders		
b If "\ 13 Sec a Is th Not b Enture orga c Ente	oss income from other sources. (Do not net amounts due or paid to other sources against		
b If "\\ 13 Sec a Is th Not b Ente orga c Ente			
a Is the Note organic C Enter	nounts due or received from them.)	12a	
a Is the Note b Enter organic c Enter	nounts due or received from them.)  ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b Enter			
<b>b</b> Enterorga	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a	
orga <b>c</b> Ente	cection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	104	
<b>c</b> Ente	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	iou	
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	iou	
14a Did	cection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	iou	37
	cection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year		 X
	cetion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	
	cection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year		
	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	14a 14b	Y
	cection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	Х
	cection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	14a 14b 15	
	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	14a 14b	X
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  PYes," enter the amount of tax-exempt interest received or accrued during the year 12b  Pection 501(c)(29) qualified nonprofit health insurance issuers.  The organization licensed to issue qualified health plans in more than one state?  Pote: See the instructions for additional information the organization must report on Schedule O.  Pote: See the instructions for additional information the organization must report on Schedule O.  Pote: See the instructions for additional information the organization must report on Schedule O.  Pote: See the instructions of additional information the organization must report on Schedule O.  Pote: See the instructions and must report to maintain by the states in which the granization is licensed to issue qualified health plans 13b  Pote: See the instructions and payments for indoor tanning services during the tax year?  Pote: Tyes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Pote: The amount of reserves on hand 13c  Pote: The amount of reserves on hand 13	14a 14b 15	
If "\	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Yes," enter the amount of tax-exempt interest received or accrued during the year	14a 14b 15	

ane 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.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 16			
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	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			
18	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	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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			
	KRISTEN VAN DYKE - (312)519-5400			
	PO BOX 180018, CHICAGO, IL 60618			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	l	211120		C)	про	iioui	(D)	(E)	(F)
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	_					Ĺ	from the	from related organizations	other compensation
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HEATHER BENNETT	line) 6 • 0 0	Ĕ	ü	₽	δ.	主旨	요			
CO-CHAIR/VICE CHAIR THROUGH 6/15/21	0.00	Х		x				0.	0.	0.
(2) ROBERT RADASEVICH	6.00							0.	•	
CO-CHAIR/SECRETARY THROUGH 6/15/21	0.00	х		x				0.	0.	0.
(3) DAN LOCKWOOD	1.50							0.		
TREASURER	<del></del>	x		x				0.	0.	0.
(4) STEVEN SALZMAN	3.00							•		
DIRECTOR/CO-CHAIR THROUGH 6/15/21		х		x				0.	0.	0.
(5) ROBERT HANDLER	1.00									
DIRECTOR/CO-CHAIR THROUGH 6/15/21		Х		х				0.	0.	0.
(6) JAMES G. BOROVSKY	5.00									
DIRECTOR		Х						0.	0.	0.
(7) DAVID GELFAND	1.50									
DIRECTOR		Х						0.	0.	0.
(8) ELLEN BABBITT	2.00									
DIRECTOR		Х						0.	0.	0.
(9) PAUL LURIE	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) CAREY R. GELFAND	1.50									
DIRECTOR		Х						0.	0.	0.
(11) JENNIFER EVANGELIDES	2.00									
DIRECTOR	2 00	Х						0.	0.	0.
(12) STEVE HALLENBECK	3.00	,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(13) ERIK KESSLER	2.00	\ \							0	0
DIRECTOR	3.00	Х						0.	0.	0.
(14) LINDSEY SAXON	3.00	Х						0.	0.	0.
DIRECTOR	2.00	^						0.	0.	0.
(15) ANNA TESS DIRECTOR	4.00	Х						0.	0.	0.
(16) SCOTT MURRAY	2.00	^						0.	0.	<u>.</u>
DIRECTOR	2.00	Х						0.	0.	0.
(17) LOUISE HART	0.50	<del> </del>				$\vdash$			<u> </u>	
DIRECTOR THROUGH 5/21	3.30	х						0.	0.	0.
	I .				<u> </u>					- 000

Form **990** (2021)

Form 990 (2021)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	compensated Employe	es (continued)			
(A)	(B)			((	•			(D)	(E)		(F)	
Name and title	Average		not c		more	than		Reportable	Reportable		Estimat	
	hours per week					is bot or/trus		compensation	compensation	6	amount other	
	(list any	-io:					Ė	from the	from related organizations		mpens	
	hours for	Individual trustee or director				- O		organization	(W-2/1099-MISC/		from th	
	related	tee or	stee			en sa te		(W-2/1099-MISC/	1099-NEC)	0	rganiza	
	organizations	trust	Institutional trustee		Key employee	ompe		1099-NEC)	·	a	nd rela	ted
	below	vidua	tutior	er	oldme	nest c loyee	ner			or	ganizat	ions
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forr			$\perp$		
(18) JEFF GRAUNKE	2.00											_
DIRECTOR THROUGH 6/15/21		Х						0.	0	•		0.
(19) AMANDA BIEDRON LONG	2.00								_			_
DIRECTOR THROUGH 6/15/21		Х						0.	0	•		0.
(20) BENJAMIN KANTERS	2.00											_
DIRECTOR THROUGH 6/15/21		Х						0.	0	•		0.
(21) KRISTEN VAN DYKE	30.00								_			_
EXECUTIVE DIRECTOR				Х				55,000.	0	•		0.
										$\perp$		
									_	$\perp$		
1b Subtotal							ightharpoons	55,000.	0			0.
c Total from continuation sheets to Part V	I, Section A						ightharpoons	0.	0			0.
d Total (add lines 1b and 1c)							<u> </u>	55,000.	0	•		0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			_
compensation from the organization												0
										_	Yes	No
3 Did the organization list any former officer,	•		•		•		_		•			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization			
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual		4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch <sub>I</sub>	pers	son .				. 5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	nsation	n from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	/ear.			
(A)				_				(B)		_	(C)	
Name and business	address	N	INC	5			_	Description of s	ervices	Comp	ensatio	on
							_					
							_					
							$\dashv$					
2 Total number of independent contractors (		ot li	mite	d to		se lis N	stec	a above) who received m	ore than			

Form **990** (2021)

36-6082810 RESOURCES Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b 15,300. c Fundraising events ..... d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 284,463. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 299,763. h Total. Add lines 1a-1f ... **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 49,349. 49,349. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of <sub>7a</sub> 536,914. assets other than inventory b Less: cost or other basis 76 400,335 Other Revenue and sales expenses c Gain or (loss) 7c 136, 579. 136,579. 136,579. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 15,300. of contributions reported on line 1c). See 0 Part IV, line 18 8. **b** Less: direct expenses ..... -8. -8. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory **Business Code** 11 a

12 132009 12-09-21

00060021

485,683.

Total revenue. See instructions

d All other revenue e Total. Add lines 11a-11d .....

### 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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Total expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 82,520 82,520. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 6,544 6,544 individuals. See Part IV, line 22 ..... 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 ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): Management Legal 4,721. 4,721. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 97,511. 40,333. 11,729 45,449. column (A), amount, list line 11g expenses on Sch O.) 3,170. 1,071. 2,099. Advertising and promotion 12 1,904 536. 150. 1,218. Office expenses 13 13,693 6,729. 171 6,793. Information technology 14 Royalties 15 16 Occupancy 45. 45. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 323. 323. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 317. 317. Depreciation, depletion, and amortization ..... 22 1,781. 1,781. 23 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 O.) PROGRAM EVENT ENTERTAIN 2,500. 2,500. 1,479, BANK CHARGES AND CREDIT 1,479. FOOD AND BEVERAGE 637. 637. DUES 25. 25. d All other expenses е 217,170. 139,162. 22,404. 55,604. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Part X | Balance Sheet

ra	IL A	balance Sheet					
		Check if Schedule O contains a response or	note to a	any line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			77,489.	1	56,434.
	2	Savings and temporary cash investments			405,706.	2	173,233.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, si					
		controlled entity or family member of any of	these pe	rsons		5	
	6	Loans and other receivables from other disq	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri		6			
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		3,165.			
	b	Less: accumulated depreciation			0.	10c	2,848.
	11	Investments - publicly traded securities			1,876,220.	11	2,452,890.
	12	Investments - other securities. See Part IV, li			12		
	13	Investments - program-related. See Part IV, I	The state of the s		13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must			2,359,415.	16	2,685,405.
	17	Accounts payable and accrued expenses			8,617.	17	9,871.
	18	Grants payable		48,250.	18	48,250.	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, so					
abi		controlled entity or family member of any of				22	
=	23	Secured mortgages and notes payable to ur		_		23	
	24	Unsecured notes and loans payable to unre		_		24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	lines 17-2	4). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			56,867.	26	58,121.
		Organizations that follow FASB ASC 958,					
Ses		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions			2,211,700.	27	2,436,435.
Ba	28	Net assets with donor restrictions			90,848.	28	190,849.
P L		Organizations that do not follow FASB AS	C 958, c	heck here 🕨 🗌			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulate				31	
Ret	32	Total net assets or fund balances			2,302,548.	32	2,627,284.
	33	Total liabilities and net assets/fund balances			2,359,415.	33	2,685,405.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			83.
2	Total expenses (must equal Part IX, column (A), line 25)	2			70.
3	Revenue less expenses. Subtract line 2 from line 1	3			13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,30		
5	Net unrealized gains (losses) on investments	5	5	6,2	23.
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,62	7,2	84.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

FOUNDATION FOR HEARING AND SPEECH **Employer identification number** Name of the organization RESOURCES 36-6082810 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 general public 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 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, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized 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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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 organization 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) 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

00060021

Total

## 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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	51,878.	153,045.	117,394.	129,857.	299,763.	751,937.		
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	51,878.	153,045.	117,394.	129,857.	299,763.	751,937.		
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)						335,824.		
6	Public support. Subtract line 5 from line 4.						416,113.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	51,878.	153,045.	117,394.	129,857.	299,763.	751,937.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	44,705.	39,039.	44,611.	38,735.	49,350.	216,440.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	<b>Total support.</b> Add lines 7 through 10						968,377.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	24,719.		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
	organization, check this box and stop	here					<b>&gt;</b>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2021 (	line 6, column (f), d	livided by line 11,	column (f))		14	42.97 %		
	Public support percentage from 2020					15	46.97 %		
16a	33 1/3% support test - 2021. If the o	-							
	<b>stop here.</b> The organization qualifies								
b	<b>33 1/3% support test - 2020.</b> If the o	-							
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fact			=	•	VI how the organiz	ation		
	meets the facts-and-circumstances to	-			-				
b	10% -facts-and-circumstances tes	-					10% or		
	more, and if the organization meets the		·		•				
	organization meets the facts-and-circ						<b>&gt;</b>		
<u>18</u>	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	ciow, picase com	piete i urt ii.j				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1		
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	<del>                                     </del>					
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
							<del>                                     </del>
	Add lines 10a and 10b  Net income from unrelated business						_
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain				<del> </del>		
_	or loss from the sale of capital						
13	assets (Explain in Part VI.)				<del> </del>		
	First 5 years. If the Form 990 is for th	e organization's f	irst second third	fourth or fifth tax	vear as a section	1 501(c)(3) organizat	ion
•	check this box and <b>stop here</b>	· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>21</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2020</b> Schedule A,	Part III, line 17			18	%
198	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box are	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiz	ation	▶□
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	ınization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

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# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
_		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
lule A (Forr	n 990	2021

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	_	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
Sec		vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
-		7. Type it 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		163	140
•		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	U	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
S00		rted organizations played in this regard.  Type III Functionally Integrated Supporting Organizations	3		<u> </u>
		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
1 a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio	ns).	
2		ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		abstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, 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 V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b>^</b> 1		
	OT ITS S	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus	t complet	te Sections A through E.				
Sect	ion 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					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	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 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ılly integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990) 2021

, a.	t i pe in Non i anodonany integrated eee	(u)(o) Supporting Sign		uea)	
Secti	on D - Distributions		•	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	ıs	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

# FOUNDATION FOR HEARING AND SPEECH RESOURCES

36-6082810 Page 8 RESOURCES Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Inspection

Name of the organization

FOUNDATION FOR HEARING AND SPEECH RESOURCES

**Employer identification number** 36-6082810

Schedule D (Form 990) 2021

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	r Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d 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		eld in donor advised	funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	nistorically important land area
	Protection of natural habitat		Preservation of a c	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the or	rganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conser	vation easements during the year
-		dition of circlestons and on	£	and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and er	forcing conservation	n easements during the year
8	▶ \$ Does each conservation easement reported on line 2(d) above	vo patiofy the requiremen	to of acotion 170/h)	(4\/D\/i\
0				
9	and section 170(h)(4)(B)(ii)?			
3	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	note to the organization s	ililailciai stateilleili	to that describes the
Par	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	-	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement and	I balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	·	•	•
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>L</b> 4
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			· ·
а	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$
b	Assets included in Form 990, Part X			

132051 10-28-21

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

	t III Organizations Maintaining Co	ollections of Ar	t, His	torical Tr	easures,	or Othe	r Simila	r Asse	ts(conti	nued)	<u>.gc                                    </u>
3	Using the organization's acquisition, accession	n, and other record	s, chec	k any of the	following tha	at make si	gnificant ι	use of its	3		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	llections and explair	n how tl	ney further t	he organizati	ion's exen	npt purpo	se in Paı	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, h	istorical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be mai	intained as part of t	he orga	nization's c	ollection?			$\square$	Yes		No
Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	te if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, o	ſ	
	reported an amount on Form 990, Part	: X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for	contribution	ns or other as	ssets not i	included				
	on Form 990, Part X?							$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo							<u></u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	on has beer	provided on	Part XIII					
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.				
	·	(a) Current year	(b) F	rior year	(c) Two yea	rs back (	<b>d)</b> Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (	a)) held as:				•		
а	Board designated or quasi-endowment	•	%	•	"						
	Permanent endowment	%									
С	Term endowment > %	<del></del>									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administe	ered for th	e organiza	ation			
	by:	•					Ü			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on S	Schedule R?	)				3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	, Part I	V, line 11a. 9	See Form 990	0, Part X, I	line 10.				
	Description of property	(a) Cost or ot	ther	(b) Cost	t or other	(c) Ac	cumulated	ı L	(d) Boo	k valu	<u> </u>
	,	basis (investm		basis	(other)	dep	reciation		. ,		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				3,165.		31	.7.		2,8	48.
	Other										
	. Add lines 1a through 1e. (Column (d) must eq		X, colur	nn (B), line	10c.)	-		ightharpoonup		2,8	48.

Schedule D (Form 990) 2021 RESOURCES			-6082810 <sub>Page</sub> :
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
•		44 - O Farma 000 Back V. Back 40	
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-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" of	on Form 900 Part IV line	11d Soc Form 990 Part V line 15	
	Description	Tru. See Form 990, Fart X, line 13.	(b) Book value
	езсприон		(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" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	5
(a) Description of lightlife.	111 0111 000, 1 411 14, 1110	7 17 6 7 1 11. GGG 1 61111 GGG, 1 411 X, 1111 Z	(b) Book value
·· · · · · · · · · · · · · · · · · · ·			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
			Heat was auto Mr
2. Liability for uncertain tax positions. In Part XIII, provide	THE TEXT OF THE TOOTHOUGH	o une organization s ilhancial statements	шалеропз те

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...

	rt XI Reconciliation of Revenue per Audited Financial	Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	***************************************			
С	1 , 0			
d	/	2d		
е	J			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	امدا		
a	, , , ,			
b			4c	
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			
_	art XII Reconciliation of Expenses per Audited Financial			
	Complete if the organization answered "Yes" on Form 990, Part I	•		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	5	2a		
b				
С				
d	1 Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , ,			
	Other (Describe in Part XIII.)	4b		
_	Add lines 4a and 4b			
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.	ne 18.)	5	
ı u				
Drov		and 4: Part IV lines 1h and 2h: E	Part V. line 4: Part V. line 2: Part	<u></u>
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΧI,
			Part V, line 4; Part X, line 2; Part	ΚI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚΙ,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚΙ,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	KI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚΙ,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚΙ,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚΙ,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	KI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	KI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚΙ,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	KI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	KI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚΙ,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	KI,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	ΚΙ,

### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Schedule G (Form 990) 2021

FOUNDATION FOR HEARING AND SPEECH Employer identification number Name of the organization RESOURCES 36-6082810 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

F	ırt I	of fundraising events. Complete if the of fundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1 CHEERS & BEERS FOR EA	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	15,300.			15,300.
	2	Less: Contributions	15,300.			15,300.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
kpenses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				8.
	10	Direct expense summary. Add lines 4 throug				8.
Da	11	Net income summary. Subtract line 10 from I				-8.
Pa	ırt I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	activities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·		year?	Yes No
1320	82 10	0-21-21			Sche	edule G (Form 990) 2021

# FOUNDATION FOR HEARING AND SPEECH

Sch	ledule G (Form 990) 2021 RESOURCES	36-60	1878T0	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility		13a	%
b	o An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
	organization's own exempt activities during the tax year > \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	: III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				_

# FOUNDATION FOR HEARING AND SPEECH

Schedule G	(Form 990) RESOURCES	36-6082810 Page 4
Part IV	(Form 990) RESOURCES Supplemental Information (continued)	ŭ
1 di tit	Cappionional information (continued)	
•		
<u></u>		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

FOUNDATION FOR HEARING AND SPEECH Name of the organization Employer identification number RESOURCES 36-6082810 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) SALARY SUPPORT OF SEVERAL ANN & ROBERT H. LURIE CHILDREN'S POSITIONS - AUDIOLOGY HOSPITAL OF CHICAGO - 225 E. SOCIAL WORKERS, AUDIOLOGY TECHNICIAN, AND THE CHICAGO AVE. - CHICAGO, IL 60611 36-2170833 501 (C) (3) 22,653 0 THE CHICAGO HEARING SOCIETY 2001 N. CLYBOURN AVE. CHICAGO, IL 60614 36-2244895 501 (C) (3) 15,250 LITERACY PROGRAM MERIT SCHOOL OF MUSIC PROVIDE MUSIC LESSONS TO 38 SOUTH PEORIA STREET HEARING IMPAIRED STUDENTS CHICAGO, IL 60607 36-3028768 501 (C) (3) 44,617 0 AT VARIOUS SCHOOLS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0. Enter total number of other organizations listed in the line 1 table

Page 2

				36-6082810	Page 2
uals. Complete if the ed.	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
12	6,544.	0.			
required in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.		
NT:					
HOSPITAL	OF CHICAGO	)			
CE: SALARY	SUPPORT C	F SEVERAL	POSITIONS		
OLOGY TECH	NICIAN, AN	ID THE COCH	LEAR		
	required in Part I, lin  NT:  HOSPITAL  CE: SALARY	required in Part I, line 2; Part III, column  NT:  HOSPITAL OF CHICAGO  CE: SALARY SUPPORT C	required in Part I, line 2; Part III, column (b); and any other a  NT:  HOSPITAL OF CHICAGO  (c) Amount of (d) Amount of non-cash assistance  (e) Amount of (d) Amount of non-cash assistance	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (book, FMV, appraisal, other)  12 6,544. 0.  required in Part I, line 2; Part III, column (b); and any other additional information.	(c) Amount of recipients (c) Amount of cash grant (d) Amount of non- (book, FMV, appraisal, other) (f) Description of noncash (book, FMV, appraisal, other) (e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash (book, FMV, appraisal, other) (book, FMV, appraisal, other) (f) Description of noncash (book, FMV,

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION FOR HEARING AND SPEECH RESOURCES

Employer identification number 36-6082810

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS DAVID AND CAREY GELFAND ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 3:

KRISTEN VAN DYKE, WHO IS THE EXECUTIVE DIRECTOR, RECEIVES MANAGEMENT FEES FROM THE ORGANIZATION FOR HER SERVICES TO THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

A DRAFT COPY OF THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT. THE AUDIT COMMITTEE TAKES RESPONSIBILITY FOR THE PREPARATION AND DISTRIBUTION OF THE ANNUAL 990 FILING.

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

THE CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM IS DISTRIBUTED TO ALL

OF THE DIRECTORS ON AN ANNUAL BASIS FOR REVIEW, AND SUBMISSION OF THE

EXECUTED FORM IS REQUIRED BY EACH DIRECTOR, WITH ALL POTENTIAL CONFLICTS

LISTED. ANY DISCLOSED CONFLICT WOULD BE ADDRESSED BY THE BOARD. THERE ARE

NO KEY EMPLOYEES.

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

A FULL SEARCH WAS CONDUCTED IN REGARDS TO THE COMPENSATION OF THE EXECUTIVE

DIRECTOR IN 2016. A BOARD MEMBER OVERSAW THE SEARCH COMMITTEE. THIS WAS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021	1	Page 2
3	FOUNDATION FOR HEARING AND SPEECH RESOURCES	Employer identification number 36-6082810
FURTHER VOTED	ON, APPROVED AND DOCUMENTED BY THE BOARD OF	DIRECTORS. THE
BOARD TAKES IN	TO CONSIDERATION THE PERFORMANCE OF THE EXE	CUTIVE DIRECTOR
AND THE PROPOS	ED CONTRACT IS DISSEMINATED ANNUALLY FOR CO	NSIDERATION
SEVERAL WEEKS	PRIOR TO THE MEETING AT WHICH TIME A VOTE I	S EXPECTED. THE
DISCUSSION AND	VOTE TAKE PLACE IN EXECUTIVE SESSION OF TH	E BOARD.
LINE 15B: THER	E ARE NO OTHER COMPENSATED OFFICERS OR KEY	EMPLOYEES.
FORM 990, PART	VI, SECTION C, LINE 19:	
THE ORGANIZATI	ON'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY AND
FINANCIAL STAT	EMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	UEST.
FORM 990, PART	IX, LINE 11G, OTHER FEES:	
CONSULTANT:		
PROGRAM SERVIC	E EXPENSES	38,062.
MANAGEMENT AND	GENERAL EXPENSES	11,729.
FUNDRAISING EX	PENSES	39,299.
TOTAL EXPENSES		89,090.
GRANT CONSULTA	NT:	
PROGRAM SERVIC	E EXPENSES	0.
MANAGEMENT AND	GENERAL EXPENSES	0.
FUNDRAISING EX	PENSES	6,150.
TOTAL EXPENSES		6,150.
INTERPRETER/TR	ANSLATION:	
PROGRAM SERVIC	E EXPENSES	351.
MANAGEMENT AND	GENERAL EXPENSES	0.
132212 11-11-21		Schedule O (Form 990) 2021