**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

PUBLIC DISCLOSURE COPY

Form <b>8</b>	879-TE		IR	S E-file Signature for a Tax Exer	EABLE COPY ***** Authorization npt Entity , 2023, and ending	ŀ		1B No. 1545-0047
Departm	ent of the Treasury			Do not send to the IRS. Ke				2023
Internal F	Revenue Service			to www.irs.gov/Form8879TE				
Name o			OR HE	ARING AND SPEECH	I	EIN or SSN		
	RESC	URCES				36-60	)828	10
Name a	nd title of officer	or person subject to		EATHER BENNETT				
Dest				O-CHAIR				
Part				rn Information				
Form 5 or <b>10a</b> whiche	330 filers may below, and the	enter dollars and amount on that I le, blank (do not e	, cents. Fo ine for th	or all other forms, enter whole do e return being filed with this form	er the applicable amount, if any, f ollars only. If you check the box of n was blank, then leave line <b>1b, 2</b> surn, then enter -0- on the applica	n line <b>1a, 2a,</b> b, 3b, 4b, 5b,	3a, 4a, , 6b, 7k	, 5a, 6a, 7a, 8a, 9a, o, 8b, 9b, or 10b,
1a	Form 990 ch	eck here	X ł	<b>Total revenue,</b> if any (Form 9	90, Part VIII, column (A), line 12)		1b _	318,974.
2a	Form 990-EZ	check here		<b>Total revenue,</b> if any (Form 9	90-EZ, line 9)		2b	
3a	Form 1120-P	OL check here			ie 22)			
4a	Form 990-PF	check here	<u> </u>	Tax based on investment in	<b>come</b> (Form 990-PF, Part V, line 5	5)	4b	
5a	Form 8868 c	neck here	<u> </u>	Balance due (Form 8868, line	e 3c)		5b	
6a	Form 990-T	check here	<u> </u>	<b>Total tax</b> (Form 990-T, Part III	l, line 4)		6b _	
7a		neck here			, line 1)			
8a		neck here			year (Form 5227, Item D)			
9a	Form <b>5330</b> cl	neck here			ine 19)		9b _	
_	Form 8038-C				equested (Form 8038-CP, Part III		10b	
Part					er or Person Subject to T			
completinterma acknow of any entry t financi later th payme persor	A san office return. If I h	clare that the and provider, transmitt receipt or reason cable, I authorize nstitution accoun debit the entry to days prior to the eceive confidentia number (PIN) as <b>only</b> <b>WARADY</b> & agency(ies) regul n's disclosure col- er or person subje ave indicated with	DUNT in Pa er, or ele for reject the U.S. t indicate this accord payment al informa my signa DAVI ear 2023 lating cha nsent scr ct to tax	Aules and statements, and, to that art I above is the amount shown ctronic return originator (ERO) to ion of the transmission, (b) the r Treasury and its designated Fina d in the tax preparation softwar bunt. To revoke a payment, I mu (settlement) date. I also authoriz tion necessary to answer inquiri ture for the electronic return an <u>S LLP</u> <u>ERO firm name</u> electronically filed return. If I hav writies as part of the IRS Fed/Sta een. with respect to the entity, I will e	ve indicated within this return that te program, I also authorize the a enter my PIN as my signature on t being filed with a state agency(ie	ef, they are tr urn. I consent to receive froi g the return o nic funds with ancial Agent a ed in the proc the payment. ectronic fund to enter my F t a copy of th aforementione	ue, con t to allo m the li r refun- indrawa s retur at 1-886 ressing l have s without PIN e retur e retur ed ERC	rect, and w my RS (a) an d, and (c) the date l (direct debit) n, and the 3-353-4537 no of the electronic selected a drawal. 20452 er five numbers, but not enter all zeros n is being filed 0 to enter my PIN ectronically filed
Signature	e of officer or person			HIS IS NOT A FIL		Date		
Part		fication and				Date		
				filing identification				
		ed by your five-dig			3611971273 Do not enter all zero			
submit		•			23 electronically filed return indic nized e-File (MeF) Information for			
ERO's s	ignature				Date			
		Do N		O Must Retain This Form mit This Form to the IRS	m - See Instructions 6 Unless Requested To D	o So		
For Pr	ivacy Act and	Paperwork Redu	ction Ac	t Notice, see instructions.			Form	8879-TE (2023)
LHA :	02521 01-05-24							

# \*\* 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) 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.



Department of the Treasury Internal Revenue Service

Α	For th	e 2023 calendar year, or tax year beginning and ending	9									
B	Check if applicab	C Name of organization FOUNDATION FOR HEARING AND SPEECH	D Employer identif	ication number								
	Addre											
	Name Chane	Pe Doing business as	36-60828	10								
	Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number											
	Final returr	Final PO BOX 180018 (773) 340-3475										
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	620,695.								
	Amer		H(a) Is this a group r									
	Appli tion pend		for subordinate									
		SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No								
-		empt status: 🔀 501(c)(3) 🚺 501(c) ( ) (insert no.) 🛄 4947(a)(1) or 🦲		a list. See instructions								
	Websi		H(c) Group exemption									
			Year of formation: 1956	<b>V</b> State of legal domicile: <b>IL</b>								
Pa	art I	Summary										
Governance	1	Briefly describe the organization's mission or most significant activities: <b>FUNDING</b> <b>HEARING AND SPEECH PROGRAMS IN AMERICA.</b>	FOR THE MOST	INNOVATIVE								
erne	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net a									
0V6	3	Number of voting members of the governing body (Part VI, line 1a)		15								
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)		15								
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		4								
iviti	6	Total number of volunteers (estimate if necessary)		32								
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.								
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.								
			Prior Year	Current Year								
ne	8	Contributions and grants (Part VIII, line 1h)	215,321.	287,457.								
/eni	9	Program service revenue (Part VIII, line 2g)		0.								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,592.									
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,179.	-8,833.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	299,092.	318,974.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	74,619.	122,502.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)	79,320.									
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,320.	<u>99,770.</u> 0.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 105,614.	0.	0.								
Ă	D	5 1 ( ) ( )	135,839.	275,966.								
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	289,778.	498,238.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	9,314.									
SE	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year								
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,358,006.	2,528,069.								
Ass	20	Total liabilities (Part X, line 26)	6,202.	37,074.								
Net.	22	Net assets or fund balances. Subtract line 21 from line 20	2,351,804.	2,490,995.								
P	art II	Signature Block	_,_,_,,,,,	_,,								
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of m	y knowledge and belief, it is								
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre										

Sign	Signature of officer	Date				
	HEATHER BENNETT, CO-CHAIR					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	CHRISTOPHER STRAUB				P01278490	
Preparer	Firm's name WARADY & DAVIS LL	P		Firm's EIN 36-	2170602	
Use Only	Firm's address 1717 DEERFIELD RD	SUITE 300S				
	DEERFIELD, IL 600	Phone no. ( 847	)267-9600			
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No	
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 3320	01 12-21-23		Form <b>990</b> (2023)	

	FOUNDATION FOR HEARING AND SPEECH 990 (2023) RESOURCES 36-6082810	Page
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	. [
	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	то
	THEIR FULL POTENTIAL, ENJOY THE SAME SOCIAL AND EDUCATIONAL	
	OPPORTUNITIES AS THEIR PEERS, AND LEAD HEALTHY AND FULFILLING LIVES.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	XN
	prior Form 990 or 990-EZ?	<u></u> N
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	XN
	If "Yes," describe these changes on Schedule O.	
	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 allocations to other and allocations to other and allocations to other and allocations are required to report the amount of grants and allocations to other and allocations to other and allocations are required to report the amount of grants and allocations to other and allocations are required to report the amount of grants and allocations to other and allocations to other and allocations to other and allocations are required to report the amount of grants and allocations to other and allocations are required to report the amount of grants and allocations to other and allocations are required to report the amount of grants and allocations to other and allocations are required to report the amount of grants and allocations to other and allocations are required to report the amount of grants and allocations to other and allocations are required to report the amount of grants and allocations to other and allocations are required to report the amount of grants are required to report to report the amount of grants are required to report to rep	nd
	revenue, if any, for each program service reported. (Code:) (Expenses \$147,513. including grants of \$33,867. ) (Revenue \$	
	SUPPORT OF INNOVATIVE CLINICAL SERVICES, RESEARCH AND TRAINING PROGR	AMS
	THAT ENABLE INDIVIDUALS WITH COMMUNICATIVE DISORDERS TO PARTICIPATE	
	FULLY IN SOCIETY.	
	(Code: ) (Expenses \$ 114,831. including grants of \$ 78,635.) (Revenue \$	
	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD	
	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS A	
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4c	THE       MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD         MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS A         SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAMS         FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE.	
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4c 4d	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS A SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAMS FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE. (Code:)(Expenses \$ 74,059. including grants of \$ 10,000.) (Revenue \$ THE EARS PROGRAMS ARE EDUCATION, ADVOCACY AND RESOURCES CREATED TO SUPPORT DEAF AND HARD OF HEARING CHILDREN AND THEIR FAMILIES THROUGH LITERACY PROGRAMS, TRAINING FOR VARIOUS STAGES OF DEVELOPMENT AND EDUCATION COORDINATION. Cother program services (Describe on Schedule 0.)	

RESOURCES

Part IV Checklist of Required Schedules

Form 990 (2023)

	· ·		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? <i>If</i> "Yes," <i>complete Schedule C, Part I</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 during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
5	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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
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		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		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
	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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		X
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		X
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts III and IV</i>	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
<b>a</b> -	complete Schedule G, Part III	19		X
		20a		X
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
332003	3 12-21-23 <b>3</b>	rorm	<b>39</b> 0	(2023)

10451030 758396 0006000000 2023.05000 FOUNDATION FOR HEARING AND 00060021

RESOURCES

Part IV Checklist of Required Schedules (continued)

Form 990 (2023)

23	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	x	
	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		2
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
I	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		2
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\vdash$
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.44		┢
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		2
	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%			Ι,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
	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	07		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Ľ
i	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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		
b,	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		2
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		2
	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 Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Γ
:	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		2
	Part V, line 1	34		2
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			F
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
86 9	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		
87	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		
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			F
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part	Statements Regarding Other IRS Filings and Tax Compliance           Check if Schedule O contains a response or note to any line in this Part V			
			Yes	Ν
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	2		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	2		
~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
			1	1
	(gambling) winnings to prize winners?	1c	990	<u> </u>

Form	990 (2023) RESOURCES	36-6082	810	Р	age 5				
Par	t 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 4							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	Х					
			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other au								
	financial account in a foreign country (such as a bank account, securities account, or other financial ac		4a		x				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		x				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
ou	any contributions that were not tax deductible as charitable contributions?		6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		Uu						
D			6b						
7	Organizations that may receive deductible contributions under section 170(c).		00						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	and provided to the power?	7a		x				
a L									
	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		7.		x				
	to file Form 8282?		7c						
	, <b>3</b> , L	7d	-		x				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e		X				
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f 7g						
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	•	8						
•	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.		•						
	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>				
10	Section 501(c)(7) organizations. Enter:								
		10a							
		10b							
	Section 501(c)(12) organizations. Enter:								
		l1a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
		<b>1</b> b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a						
		2b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	• • • • • • • • • • • • • • • • • • •	I3b							
		13c			v				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		<b> </b>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerative section 4960 tax on payment(s) and the section 4960 tax on payment(s) and tax on payment(s)				v				
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.				37				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activ				1				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.			0.00					
332005	5 12-21-23		Form	990	(2023)				

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RESOURCES

Form 990 (2023)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule						X				
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>			Δ				
bec	tion A. Governing body and Management					Vee	Na				
10	Enter the number of voting members of the governing body at the end of the tax year	1a	I	15		Yes	No				
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year			<u> </u>							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other	<u> </u>							
2	officer, director, trustee, or key employee?				2	Х					
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	ct supervision		-						
5	of officers, directors, trustees, or key employees to a management company or other person?				3		х				
4					4		X				
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
6	Did the organization become aware during the year of a significant diversion of the organization's assets?										
	Did the organization have members of stockholders, or other persons who had the power to elect or a				6		Х				
1a	more members of the governing body?				7a		х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,				1a						
D					7b		x				
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the y			····· –	10						
		-	-		8a	Х					
	The governing body? 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 re			······ ⊢	00						
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I				5						
		1010110	00000.)			Yes	No				
Da	Did the organization have local chapters, branches, or affiliates?			F	10a	100	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such			······ <u> </u>	100						
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			1	10b						
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	<ul> <li>Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> </ul>										
	a Did the organization have a written conflict of interest policy? If "No," go to line 13										
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?										
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			·····  -	12b	X					
·	on Schedule O how this was done				12c	х					
3	Did the organization have a written whistleblower policy?				13	Х					
	Did the organization have a written document retention and destruction policy?				14	Х					
	Did the process for determining compensation of the following persons include a review and appro-										
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision										
а	The organization's CEO, Executive Director, or top management official				15a	Х					
	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.			····· -							
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a								
	taxable entity during the year?				16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			·····	104						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga										
	exempt status with respect to such arrangements?			1	16b						
ec	tion C. Disclosure										
7	List the states with which a copy of this Form 990 is required to be filed IL										
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	0-T (section 50	1(c)(3)s	only	availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.		01 (000101100	1(0)(0)0	Unity)	avan	2010				
	Own website Another's website X Upon request Other (explai	n on S	chedule ()								
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		,	icy and	finar	ncial					
-	statements available to the public during the tax year.			- <i>j</i> , and							
20	State the name, address, and telephone number of the person who possesses the organization's b	ooke a	nd records								
	KRISTEN VAN DYKE - (312)519-5400	oono a									
	PO BOX 180018, CHICAGO, IL 60618										
2007					Form	990	(202				
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-				(							

Part VII	Con	npensation	of Officers,	Directors,	Trustees,	Key Employees,	<b>Highest Compensated</b>
	Emp	ployees, and	l Independe	ent Contra	ctors		

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

RESOURCES

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, box 6 of 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.

• 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.

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

(A)	(B) (C)							(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one						Reportable	Estimated					
	hours per	box,	, unle	ss pe	rson	is bot	h an	compensation	Reportable compensation	amount of				
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other				
	(list any	ector						the	organizations	compensation				
	hours for	or dir	æ			ated		organization	(W-2/1099-MISC/	from the				
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization				
	organizations below	ual tr	ional		ploye	t com /ee		1099-NEC)		and related organizations				
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations				
(1) KRISTEN VAN DYKE	30.00	-	-	0	$\times$	Ξē	ц.							
EXECUTIVE DIRECTOR		1		x				80,000.	0.	0.				
(2) HEATHER BENNETT	4.00													
CO-CHAIR		x		x				0.	0.	0.				
(3) ROBERT RADASEVICH	4.00													
CO-CHAIR		x		x				0.	0.	Ο.				
(4) DAN LOCKWOOD	4.00													
TREASURER		X		X				0.	0.	0.				
(5) STEVEN SALZMAN	3.00													
DIRECTOR		X		Х				0.	0.	0.				
(6) ROBERT HANDLER	1.00													
DIRECTOR		Х		Х				0.	0.	0.				
(7) JAMES G. BOROVSKY	4.00													
DIRECTOR		X						0.	0.	0.				
(8) DAVID GELFAND	1.50													
DIRECTOR		X						0.	0.	0.				
(9) ELLEN BABBITT	2.00									_				
DIRECTOR		Х						0.	0.	0.				
(10) PAUL LURIE	2.00													
DIRECTOR	1 - 2	Х						0.	0.	0.				
(11) CAREY R. GELFAND	1.50									•				
DIRECTOR	0.00	X						0.	0.	0.				
(12) JENNIFER EVANGELIDES	2.00									0				
DIRECTOR	2 00	X						0.	0.	0.				
(13) STEVE HALLENBECK	3.00							0	0	0				
DIRECTOR	2.00	X						0.	0.	0.				
(14) ERIK KESSLER	2.00	x						0.	0.	0.				
DIRECTOR	2.00	^						0.	0.	0.				
(15) LINDSEY SAXON DIRECTOR THROUGH JUNE 2023	2.00	x						0.	0.	0.				
(16) ANNA TESS	2.00								•	<b>0</b> •				
DIRECTOR	2.00	x						0.	0.	0.				
(17) BRETT FEALY	0.50								0.	0.				
DIRECTOR	0.50	x						0.	0.	0.				
332007 12-21-23				L		L				Form <b>990</b> (2023)				
332001 12-21-23						-				(2023)				

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2023.05000 FOUNDATION FOR HEARING AND 00060021

FOUNDA'L'L Form 990 (2023) RESOURCE		HE/	AK ]	LNG	÷ /	ANI	נ נ	SPEECH	36-608	281	n	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		vola	vees	, and	d Hi	iahe	st C	ompensated Employe			<u> </u>	i age u
(A) Name and title	<b>(B)</b> Average hours per	Average					one h an	(D) Reportable compensation from	(E) Reportable compensation from related		nted nt of er	
	(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)	(W-2/1099-MISC/ 1099-NEC)	compe		sation the ation ated
1b Subtotal								80,000.	0	•		0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0. 80,000.	0 0			0.
2 Total number of individuals (including but in compensation from the organization	not limited to th	nose	liste	ed al	oove	e) wł	no re	eceived more than \$100	),000 of reportable		1	0
<b>3</b> Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> .			key e	empl	loye	e, oi	<sup>r</sup> hig	hest compensated emp	ployee on	3	Yes	s No X
<ul> <li>For any individual listed on line 1a, is the s and related organizations greater than \$15</li> </ul>	um of reportab	le co	-						-	4		X
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con	-				-			-		5		X
Section B. Independent Contractors           1         Complete this table for your five highest complete the your	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of compe	nsatior	n from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir I	n the organization's tax (B)	year.		(C)	
(A) Name and business	address	NC	ONE	3			_	(B) Description of s	services	Comp		ion
							_					
	in alu din e bud			d + -	+1	<u></u>			acro that			
2 Total number of independent contractors \$100,000 of compensation from the organ		IOT III	mite	u t0	(100	se II: 0	sted	above) who received h	nore than		000	

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Form **990** (2023)

FOUNDATION	FOR	HEARING	AND	SPEECH
RESOURCES				

			2023) RESOURCES				36-6082	810 Page <b>9</b>
Pa	rt \	/111						
			Check if Schedule O contains a response	or note to any line		(B)	(C)	[D]
					<b>(A)</b> Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	а	Federated campaigns 1a					
Grai		b	Membership dues 1b					
An (		С	Fundraising events 1c	29,404.				
ilar İlar			Related organizations 1d					
Sin's,			Government grants (contributions) 1e					
utio		f	All other contributions, gifts, grants, and	250 052				
d di		~	similar amounts not included above 1f	258,053.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lines 1a-1f <b>1g 5</b> <b>Total.</b> Add lines 1a-1f		287,457.			
<u> </u>				Business Code	10//10//			
e	2	а						
e vic		b						
enu B		с						
Tan		d						
Program Service Revenue		е						
"		f	All other program service revenue					
	3	g	Total. Add lines 2a-2f Investment income (including dividends, inter-					
	3		other similar amounts)		51,931.			51,931.
	4		Income from investment of tax-exempt bond		- ,			
	5		Royalties	·				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss)	┛───┤				
	7		Net rental income or (loss)	(ii) Other				
	'	а	assets other than inventory <b>7a</b> 275,000.					
		b	Less: cost or other basis					
en		-	and sales expenses 7b 286,581.					
evenue		с	Gain or (loss) 7c -11,581.	,				
č			Net gain or (loss)		-11,581.			-11,581.
Other	8	а	Gross income from fundraising events (not					
Ò			including \$ 29,404. of					
			contributions reported on line 1c). See	6,307.				
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events	1 20 / 2 20 0	-8,833.			-8,833.
	9		Gross income from gaming activities. See		•			,
			Part IV, line 19 9a	1				
		b	Less: direct expenses9b	1				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 102					
			Less: cost of goods sold 10k					
		C	Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11	а						
ane ∍nu∈	-	b	·					
Sell Seve		с						
Mis			All other revenue					
			Total. Add lines 11a-11d		210 074			
	12		Total revenue. See instructions		318,974.	0.	0.	,
33200	9 12	-21	-23		9			Form <b>990</b> (2023)

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RESOURCES Part IX Statement of Functional Expenses

Form 990 (2023)

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	93,636.	93,636.		
2	Grants and other assistance to domestic	/	/		
-	individuals. See Part IV, line 22	28,866.	28,866.		
3	Grants and other assistance to foreign		- ,		
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	79,980.	47,988.	15,996.	15,996
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4550(1)(1)) and persons described in section 4958(c)(3)(B)				
-		12,296.	3,640.		8,656
7	Other salaries and wages	12,250.	5,040.		0,050
B	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,494.	4,193.	1,299.	2 001
0	Payroll taxes	/,494.	4,193.	1,299.	2,002
1	Fees for services (nonemployees):				
а	F	7 500			
b	F	7,526.	7,526.	10 (21	
С	6 F	10,631.		10,631.	
d	Lobbying				
е	e i i i i i i i i i i i i i i i i i i i				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	176,106.	106,217.	13,538.	56,351
2	Advertising and promotion	12,113.		1,953.	10,160
3	Office expenses	16,427.	14,241.	2,186.	
4	Information technology	7,042.	5,919.	187.	936
5	Royalties				
6	Occupancy	6,225.	6,225.		
7	Travel	1,987.	286.	1,435.	266
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	136.	136.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	5,503.		633.	4,870
3	Insurance	10,209.	6,798.	3,411.	,
4	Other expenses. Itemize expenses not covered	_ ,	.,	- /	
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) DEVELOPMENT AND TRAININ	7,974.	5,238.	491.	2,245
a b	FOOD AND BEVERAGE	4,404.	1,034.	2,198.	1,172
	EVENT VENUE	3,517.	3,517.	2,1900	±,±,2
с 4	BANK CHARGES AND CREDIT	2,631.	5,517.	778.	1,853
d		3,535.	943.	1,485.	1,853
e		498,238.	336,403.	56,221.	105,614
5	Total functional expenses. Add lines 1 through 24e	470,430.	550,405.	50,221.	105,014
6	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 if following SOP 98-2 (ASC 958-720)				

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10 2023.05000 FOUNDATION FOR HEARING AND

00060021

Form	aan	(2023)

RESOURCES

	n 990 () <b>rt X</b>	Balance Sheet		50	0002010 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	96,909.		53,608.
	2	Savings and temporary cash investments	1 6 0 0 1 0	2	43,944.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3, 16!	5.		
	b	basis. Complete Part VI of Schedule D10a3,165Less: accumulated depreciation10b1,585	3. 2,215.	10c	1,582.
	11	Investments - publicly traded securities		11	1,582. 2,412,329.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	10 001	14	16,606.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,528,069.
	17	Accounts payable and accrued expenses		17	37,074.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝŝ	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	37,074.
s		Organizations that follow FASB ASC 958, check here $X$			
e) (		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	1,988,642. 502,353.
ä	28	Net assets with donor restrictions	430,284.	28	502,353.
ŭ		Organizations that do not follow FASB ASC 958, check here			
ř		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances		32	2,490,995.
	33	Total liabilities and net assets/fund balances	. 2,358,006.	33	2,528,069.

Form **990** (2023)

332011 12-21-23

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2023.05000 FOUNDATION FOR HEARING AND 00060021

FOUNDATION	FOR	HEARING	AND	SPEECH
RESOURCES				

Form	990 (2023) RESOURCES	36-608	2810	Page <b>12</b>
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		3,974.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,238.
3	Revenue less expenses. Subtract line 2 from line 1	3		,264.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,804.
5	Net unrealized gains (losses) on investments	5	318	8,455.
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	2,490	,995.
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			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	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	<u> </u>
	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			
	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.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a	X
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** (2023)

332012 12-21-23

SCHEDU			<b>-</b>	~							OMB No. 1545-0047
(Form 990)					rity Statu						2023
		Co	omplete if th		nization is a sect 47(a)(1) nonexen				or a section		2023
Department of th Internal Revenue				A	ttach to Form 99	0 or Fo	orm 990-E	Ζ.			Open to Public
				-	Form990 for inst HEARING				formation.	Employer	Inspection
Name of the	e organizatio		URCES	FOR	. HEARING	AND	SPEE	Сп			identification number $6-6082810$
Part I	Reason for			atus.	(All organizations	must c	complete t	nis part.) S	See instruction		0 0002010
					(For lines 1 throug						
Ē.					on of churches de	<b>,</b>	,	,			
<b>2</b> 🗌 A	school desc	ribed in <b>sect</b> i	ion 170(b)(1)	(A)(ii). (	Attach Schedule	E (Forn	n 990).)				
3 🗌 A	hospital or a	cooperative	hospital serv	vice org	anization describ	ed in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).		
4 🗌 A	medical rese	arch organiz	ation operate	ed in co	njunction with a h	nospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,
	ity, and state										
	-	-			ollege or university	y owne	d or opera	ted by a g	overnmental	unit descrik	bed in
	section 170(k		-								
					nental unit descri						
	•		2		antial part of its su	upport 1	from a gov	ernmenta	unit or from 1	the general	public described in
	ection 170(b		•		(1)(A)(vi). (Compl	oto Dar	+ 11 \				
	-				l in section 170(b		-	ed in conii	inction with a	land-grant	college
					culture (see instru						
	iniversity:		55-			,		···, -··	,,		
		n that norma	Illy receives (	1) more	than 33 1/3% of	its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
a	ctivities relate	ed to its exen	npt functions	, subjec	ct to certain exce	ptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
ir	ncome and ur	related busin	ness taxable	income	e (less section 511	1 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
	See section 5		-								
	÷	-	-		ively to test for p		•				
	•	0	•		•		•		-		e purposes of one or
					ed in <b>section 509</b>						Sneck the box on
a 🗌		-		• •	of supporting orga supervised, or cor			-		-	aivina
u			-		gularly appoint o		•	-		•••••	
		-			ections A and B.						
b 🗌	Type II. A su	pporting org	anization sup	pervised	d or controlled in o	connec	tion with it	s support	ed organizatio	on(s), by ha	ving
	control or ma	anagement o	of the support	ting org	anization vested	in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	organization	(s). <b>You mus</b>	t complete F	Part IV,	Sections A and	C.					
c 🗌		-	-	•••	g organization op					ally integrate	ed with,
		0	.,.		s). You must com	-					
d 📖		-			oorting organizatio					°.	
			0	U U	zation generally n <b>nplete Part IV, S</b>		•		•	d an attent	iveness
е 🗌	•				written determina						
<b>č</b>		•			nally integrated s				x 1 ypc 1, 1 ypc	, n, rype m	
f Enter t											
					ed organization(s)						
(i) N	Name of suppo	ted	(ii) EIN		(iii) Type of organ (described on line		(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o		(vi) Amount of other
	organization				above (see instruc		Yes	No	support (see ir	istructions)	support (see instructions)
Total											<u> </u>

#### FOUNDATION FOR HEARING AND SPEECH RESOURCES

36-6082810 Page 2 70/1-1/41/4

Schedule A	(Form 990) 2023 RESOURCES	36-6082810 <sub>Pag</sub>
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 organ	ization failed to qualify under Part III. If the organization
	fails to supplify upday the tests listed below, places complete Dayt III.)	

fails to qualify under the tests listed below, please complete Part l	II.	)
---	-----	---

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	117,394.	129,857.	299,763.	215,321.	283,144.	1,045,479.
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 $\dots$						
4	Total. Add lines 1 through 3	117,394.	129,857.	299,763.	215,321.	283,144.	1,045,479.
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)						484,779.
_	Public support. Subtract line 5 from line 4.						560,700.
-	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2019 117,394.	(b)2020 129,857.	(c) 2021 299,763.	(d) 2022 215,321.	(e) 2023	(f) Total
	Amounts from line 4	117,394.	129,057.	299,103.	215,521.	283,144.	1,045,479.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	44,611.	38,735.	49,349.	53,049.	51,931.	237,675.
~	and income from similar sources	44,011.	50,755.	49,349.	55,049.	51,951.	237,075.
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.)						1,283,154.
	Total support. Add lines 7 through 10 Gross receipts from related activities.					12	32,792.
12	First 5 years. If the Form 990 is for th		,	fourth or fifth toy	voor oo o ootion l		52,752.
13	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				·····
-	Public support percentage for 2023 (		-	column (f))		14	43.70 %
	Public support percentage from 2022					15	42.92 %
	<b>33 1/3% support test - 2023.</b> If the o						
	stop here. The organization qualifies	-					
b	<b>33 1/3% support test - 2022.</b> If the o						
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	<b>.</b>	
b	0 10% -facts-and-circumstances tes	-		• • • •			
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
							(Form 990) 2023

FOUNDATION FOR HEARING AND SPEECH
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# Schedule A (Form 990) 2023 RESOURCES 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.)

	ction A. Public Support	(-) 0010	(1-) 0000	(-) 0001	(4) 0000	<u> </u>	-) 0000	(6) <b>T</b> - + - <sup>1</sup>	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(	e) 2023	(f) Total	—
٦	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 $\dots$								
6	Total. Add lines 1 through 5								_
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received								—
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								-
	ction B. Total Support								—
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(	e) 2023	(f) Total	
	Amounts from line 6					<u> </u>	,	()	_
	Gross income from interest,								_
	dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources								
h	Unrelated business taxable income								—
	(less section 511 taxes) from businesses								
	acquired after June 20 1075								
									—
	Add lines 10a and 10b Net income from unrelated business								
••	activities not included on line 10b,								
	whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)	(3) organizati	ion,	
	check this box and stop here								
Se	ction C. Computation of Publ	ic Support Pe	ercentage						
15	Public support percentage for 2023 (I	line 8, column (f), o	divided by line 13,	column (f))		15			%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16			%
Se	ction D. Computation of Invest								_
17	Investment income percentage for 20	23 (line 10c. colu	mn (f), divided by	ine 13. column (f))		17			%
18	Investment income percentage from 2					18			%
	<b>33 1/3% support tests - 2023.</b> If the						% and line 1	7 is not	
	more than 33 1/3%, check this box a						, . ,	Γ	٦
۲	33 1/3% support tests - 2022. If the						an 33 1/2%	∟ and	
									٦
00	line 18 is not more than 33 1/3%, che								╡
	Private foundation. If the organizatio	III ala not check a	box on line 14, 19	a, or 190, check t	his box and see in	structi			<u> </u>
320	23 12-21-23			15			Schedule A	(Form 990) 20	23
<b>C</b> 1	020 750206 00060000				א הטם זובי.	<b>л т ът</b> /		0006000	1
1 C 1	L030 758396 00060000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	43.03000	FOUNDATIO	N FOR HEA.	ктN(	JUNA E	0006002	Τ.

1

2

3a

3b

3c

4a

4b

4c

5a

Yes No

#### Schedule A (Form 990) 2023 Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 disgualified 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.)

332024 12-21-23

Schedule A (Form 990) 2023

16

5b 5c 6 7 8 9a 9b 9c 10a 10b 00060021

36-6082810	Page 5
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Sch	edule A (Form 990) 2023 RESOURCES 50-000	2707	0 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			_
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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 organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations	-		
		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		

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 investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 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 organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the 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 VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

3

2a

2b

За

No Yes

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17

2023.05000 FOUNDATION FOR HEARING AND 00060021

Sche	edule A (Form 990) 2023 RESOURCES	1112 01		36-6082810 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	Nov. 20, 1970 (explain ii	7 Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist 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		
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-function	ally integrate	d Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

18 10451030 758396 0006000000 2023.05000 FOUNDATION FOR HEARING AND 00060021

#### FOUNDATION FOR HEARING AND SPEECH RESOURCES

Sche	dule A (Form 990) 2023 RESOURCES			3	6-6082810 Page 7
Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	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 t	the organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 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-2023	S	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
-	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

332027 12-21-23

	Form 990) 2023	RESOURC	ES	R HEARING			36-6082810 <sub>Pa</sub>
	Part IV, Section A, I line 1; Part IV, Sect	lines 1, 2, 3b, 3c, 4b, 4	c, 5a, 6, 9a, 9 art IV, Sectior	9b, 9c, 11a, 11b, n E, lines 1c, 2a, :	and 11c; Pa 2b, 3a, and 3	art IV, Section B, lin 3b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V ditional information.
	· · ·						
32028 12-21-2	3						Schedule A (Form 990)

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

# Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

FOUNDATION FOR HEARING AND SPEECH

Employer identification number

OMB No. 1545-0047

2023

36-6082810

RESOURCES

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 for an *exclusively* set is the set in t

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)	
Name of organization	

FOUNDATION FOR HEARING AND SPEECH RESOURCES Employer identification number

36-6082810

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$11,540.	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
2		\$ <u>30,154.</u>	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		\$20,000.	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		\$76,000.	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		\$10,000.	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
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	22		Schedule B (Form 990) (2023)

Page 2

2023.05000 FOUNDATION FOR HEARING AND 00060021

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FOUND	rganization ATION FOR HEARING AND SPEECH		Employer identification number
RESOUI	RCES		36-6082810
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
7		\$10,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
8		\$10,0	00.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$7,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   10                                 </u>		\$10,000.	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
<u>    11                               </u>		\$6,400.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
3452 12-26-23		 	Schedule B (Form 990) (2023)
51030 75839	96 00060000000 2023.05000 F	23 OUNDATION FOR HEARING	G AND 00060021

Page **2** Imber

	organization ATION FOR HEARING AND SPEECH		Employer identification number
RESOU			36-6082810
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is neede	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
323453 12-2	<sup>6-23</sup> <b>24</b>		Schedule B (Form 990) (2023

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2023.05000 FOUNDATION FOR HEARING AND

00060021

Page 3

#### Schedule B (Form 990) (2023)

me of organi: דייד מרואדור	zation CON FOR HEARING AND S	DEECH		Employer identification nu
ESOURCE				36-6082810
art III Exc	lusively religious, charitable, etc., contribution			(7), (8), or (10) that total more than \$1,000 for
com	n any one contributor. Complete columns (a) pleting Part III, enter the total of exclusively religious, cl	haritable, etc., contributions of \$1,000 (	or less for the year	zations . (Enter this info. once.) \$
	e duplicate copies of Part III if additional s	space is needed.		
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		(e) Transfer of	nift	
	Transferee's name, address, ar	nd ZIP + 4	Relati	onship of transferor to transferee
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			1	
		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	Relati	onship of transferor to transferee
		[		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(a) Transfer of	.:	
		(e) Transfer of g	ynt	
	Transferee's name, address, ar	nd ZIP + 4	Relati	onship of transferor to transferee
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, ar	nd ZIP + 4	Relati	onship of transferor to transferee
	····, ······ · <b>/··</b> , ···			

SC	HEDULE D		al Financial Statements		OMB No. 1545-0047
(Forn	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2023
	ment of the Treasury	A	ttach to Form 990.		Open to Public
	l Revenue Service e of the organizati		0 for instructions and the latest information RTNG AND SPEECH		Inspection over identification number
Nalli	e of the organizati	RESOURCES		Empic	36-6082810
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accoun	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds	s and other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year		£	
5	-		writing that the assets held in donor advised exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be us		
U	•		or donor advisor, or for any other purpose co		
	impermissible priv			0	Yes No
Par			ganization answered "Yes" on Form 990, Pa		
1		servation easements held by the organizat	-	,	
		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	nistorically in	nportant land area
		of natural habitat	Preservation of a		•
	Preservation	n of open space			
2		• •	fied conservation contribution in the form of	a conservati	on easement on the last
	day of the tax yea	<b>.</b>			leld at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
с			ucture included on line 2a		
d	Number of conser	vation easements included on line 2c acqu	iired after July 25, 2006, and not		
	on a historic struc	ture listed in the National Register		2d	
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization o	during the tax
	year				
4		where property subject to conservation ea			
5		tion have a written policy regarding the pe			
			t holds?		
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easer	ments during the year
_	<u> </u>				
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements	s during the year
•	Deer eech eener				
8			e satisfy the requirements of section 170(h)(4		Yes No
9			on easements in its revenue and expense si		
9		<b>e</b> .	note to the organization's financial statemen		
		counting for conservation easements.	iote to the organization's infancial statement	is that desci	
Par			f Art, Historical Treasures, or Oth	er Simila	r Assets.
		f the organization answered "Yes" on Form			
1a			58, not to report in its revenue statement and	balance sh	eet works
			olic exhibition, education, or research in furth		
			ncial statements that describes these items.	-	
b			58, to report in its revenue statement and ba		works of
			exhibition, education, or research in further		
		ing amounts relating to these items.			
				\$	
2	• •		asures, or other similar assets for financial g	ain, provide	
		unts required to be reported under FASB A			
а	Revenue included	on Form 990, Part VIII, line 1	-	\$	
b	Assets included in	1 Form 990, Part X		\$	
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.	S	chedule D (Form 990) 2023
33205	09-28-23				
			26		

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		ION FOR HE	ARIN	g and	SPEECH		20	<	1 0	-
	dule D (Form 990) 2023 RESOURC					<u></u>		60828		
Par	t III Organizations Maintaining C								ntinue	ed)
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	e following tha	at make sig	gnificant use	of its		
	collection items (check all that apply).									
а	Public exhibition	c			change progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explai	in how th	ney further t	the organizati	on's exem	npt purpose ir	n Part XIII.		
5	During the year, did the organization solicit o								r	
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		te if the	organizatio	n answered "	Yes" on F	orm 990, Parl	t IV, line 9,	or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		•						r	
	on Form 990, Part X?								; l	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			<b></b>			
								Amo	unt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21, for	escrow or c	ustodial acco	ount liabilit	y?	📖 Yes	; ļ	No
_	If "Yes," explain the arrangement in Part XIII.						<u></u>		<u> l</u>	
Par	t V Endowment Funds Complete if	-								
		(a) Current year	<b>(b)</b> P	rior year	(c) I wo year	rs back (d	<b>d)</b> Three years	back (e) H	our yea	ars back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (	a)) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	at are held a	and administe	ered for the	е			
	organization by:	C C							Ye	es No
	(i) Unrelated organizations?							3a	(i)	
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered		0, Part IV	V, line 11a. S	See Form 990	), Part X, li	ine 10.			
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) Acc	cumulated	(d) B	ook va	alue
		basis (investr			(other)	• •	reciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				3,165.		1,583.		1,	582.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, line 1	0c, columr	יייייי <u>י</u> ר (B))				1,	582.

Schedule D (Form 990) 2023

FOUNDATION	FOR	HEARING	AND	SPEECH
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chedule D (Form 990) 2023 RESOURCES			
Part VII Investments - Other Securities			36-6082810 Pag
Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
	(-)		······································
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
\_/			
(9)			
(9)			
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(9) (a) (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) 1 (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	Description		
(9) (9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes"	Description		ne 25.
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Yart IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		ne 25.
<ul> <li>(9)</li> <li>(a)</li> <li>(constraint of the equal Form 990, Part X, line 13, col. (B))</li> <li>(b)</li> <li>(constraint of the organization answered "Yes"</li> <li>(a)</li> <li>(constraint of the equal form 990, Part X, line 15, constraint of the equ</li></ul>	Description		ne 25.
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		ne 25.
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		ne 25.
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		ne 25.
<ul> <li>(9)</li> <li>(a)</li> <li>(b) must equal Form 990, Part X, line 13, col. (B))</li> <li>(c)</li> <li></li></ul>	Description		ne 25.
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		ne 25.
<ul> <li>(9)</li> <li>otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))</li> <li>Part IX Other Assets Complete if the organization answered "Yes" <ul> <li>(a)</li> </ul> </li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>other Liabilities Complete if the organization answered "Yes" <ul> <li>(a) Description of liability</li> </ul> </li> <li>(1) Federal income taxes <ul> <li>(2)</li> <li>(3)</li> <li>(4)</li> </ul> </li> </ul>	Description		ne 25.
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		ne 25.

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...

Schedule D (Form 990) 2023

00060021

332053 09-28-23

FOUNDATION	FOR	HEARING	AND	SPEECH

Sche	dule D (Form 990) 2023 RESOURCES		36-6082810 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial St	atements With Reve	nue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	enses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	
1	Total expenses and losses per audited financial statements		
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	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	
Pa	rt XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Activities	OMB	No. 1545-0047
(Form 990)		e organization answered "Yes" on				or 19, or if the	2	2023
	C	organization entered more than \$1 Attach to Form 990 o			-		_	en to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru				n.		pection
Name of the organization		ION FOR HEARING AN				Employe		ication number
	RESOURC						08281	
	complete this par	<ul> <li>Complete if the organization answer</li> </ul>	ered "Y	'es" oi	n Form 990, Part IV,	line 17. Form 9	90-EZ file	ers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations vlicitations on have a written o red in Form 990, P ) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru: undraising services?	stees, or	] <b>Yes</b> is to be	No No
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	aiser ustody	(iv) Gross receipts from activity	<b>(v)</b> Amount p to (or retained fundraise listed in col.	to	<b>i)</b> Amount paid (or retained by) organization
			Yes	No				
T-4-1								
		on is registered or licensed to solicit		outions	s or has been notified	d it is exempt f	rom regis	tration

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

Schedule G (Form 990) 2023

00060021

LHA 332081 09-13-23

30 10451030 758396 0006000000 2023.05000 FOUNDATION FOR HEARING AND

			(a) Event #1	0-EZ, lines 1 and 6b. List (b) Event #2	(c) Other events	
			CHEERS &	ROCK THE	NONE	(d) Total events
				ATOWN FOR HEA		(add col. (a) through
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
00000			0.000	25 712		25 711
	1 Gross red	ceipts	9,998	. 25,713.		35,711
	2 Less: Co	ntributions	9,998	. 19,406.		29,404
+	3 Gross inc	come (line 1 minus line 2)		6,307.		6,307
	4 Cash priz	zes				
	5 Noncash	prizes				
	6 Rent/faci	lity costs				
	7 Food and	beverages		7,136.		7,136
	8 Entertain	ment		2,500.		2,500
l		ect expenses		5,504.		5,504
		pense summary. Add lines 4 through				15,140
	11 Net incor	ne summary. Subtract line 10 from l				-8,833
a		ning. Complete if the organization	answered "Yes" on For	m 990, Part IV, line 19, or	reported more than	
т	\$15,0	000 on Form 990-EZ, line 6a.		a Dull to be firstend		1
l			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
				biligo/progressive bilige		
	1 Gross rev	/enue				
ľ	1 0105516	venue				
		zes				
	2 Cash priz					
	2 Cash priz					
		prizes				
	3 Noncash	prizes				
	<ul><li>3 Noncash</li><li>4 Rent/faci</li></ul>	prizes				
	<ul><li>3 Noncash</li><li>4 Rent/faci</li></ul>	prizes		Yes %	Yes %	
	<ul><li>3 Noncash</li><li>4 Rent/faci</li></ul>	prizes lity costs ect expenses		↓ Yes % No	└────────────────────────────────────	
	<ol> <li>Noncash</li> <li>Rent/faci</li> <li>Other direction</li> </ol>	prizes lity costs ect expenses	Yes%			
	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direction</li> <li>6 Volunteer</li> </ul>	prizes lity costs ect expenses	└── Yes % └── No	No	No	
-	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direct</li> <li>6 Volunteer</li> <li>7 Direct ext</li> </ul>	prizes lity costs ect expenses r labor pense summary. Add lines 2 through	Yes% No	No	□ No	
	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direct</li> <li>6 Volunteer</li> <li>7 Direct ext</li> </ul>	prizes lity costs ect expenses r labor	Yes% No	No	□ No	
	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direction</li> <li>6 Volunteer</li> <li>7 Direct ext</li> <li>8 Net gaming</li> </ul>	prizes lity costs ect expenses r labor pense summary. Add lines 2 through ng income summary. Subtract line 7	Yes% Do No	No	□ No	
	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direction</li> <li>6 Volunteer</li> <li>7 Direct ext</li> <li>8 Net gamine</li> <li>Enter the state</li> </ul>	prizes lity costs ect expenses r labor pense summary. Add lines 2 through ng income summary. Subtract line 7 te(s) in which the organization condu	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: _	No	<u>No</u>	
a	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direction</li> <li>6 Volunteer</li> <li>7 Direct ex</li> <li>8 Net gami</li> <li>Enter the stat</li> <li>Is the organiz</li> </ul>	prizes	Yes % No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No	<u>No</u>	YesNo
a	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direction</li> <li>6 Volunteer</li> <li>7 Direct ex</li> <li>8 Net gami</li> <li>Enter the stat</li> <li>Is the organiz</li> </ul>	prizes lity costs ect expenses r labor pense summary. Add lines 2 through ng income summary. Subtract line 7 te(s) in which the organization condu	Yes % No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No	<u>No</u>	YesNo
a	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direction</li> <li>6 Volunteer</li> <li>7 Direct ex</li> <li>8 Net gami</li> <li>Enter the stat</li> <li>Is the organiz</li> </ul>	prizes	Yes % No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No	<u>No</u>	YesNo
a	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direct</li> <li>6 Volunteer</li> <li>7 Direct ext</li> <li>8 Net gami</li> <li>Enter the star</li> <li>Is the organiz</li> <li>If "No," expland</li> </ul>	prizes	Yes% No  5 in column (d) from line 1, column (d) ucts gaming activities:	e states?	□ No	
ab	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direction</li> <li>6 Volunteer</li> <li>7 Direct extra direction</li> <li>8 Net gami</li> <li>Enter the star lis the organiz lif "No," explain</li> <li>Were any of the direction</li> </ul>	prizes	Yes % No %	e states?	□ No	
ab	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direction</li> <li>6 Volunteer</li> <li>7 Direct extra direction</li> <li>8 Net gami</li> <li>Enter the star lis the organiz lif "No," explain</li> <li>Were any of the direction</li> </ul>	prizes	Yes % No %	e states?	□ No	
ab	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direction</li> <li>6 Volunteer</li> <li>7 Direct extra direction</li> <li>8 Net gami</li> <li>Enter the star lis the organiz lif "No," explain</li> <li>Were any of the direction</li> </ul>	prizes	Yes % No %	e states?	□ No	
a b a b	<ul> <li>3 Noncash</li> <li>4 Rent/faci</li> <li>5 Other direction</li> <li>6 Volunteer</li> <li>7 Direct extra direction</li> <li>8 Net gami</li> <li>Enter the star lis the organiz lif "No," explain</li> <li>Were any of the direction</li> </ul>	prizes	Yes % No %	e states?	□ No	

RESOURCES

Schedule G (Form 990) 2023

10451030 758396 0006000000

00060021

36-6082810 Page 2

Schedule G (Form 990) 2023	FOUNDATION FOR HEARING AND RESOURCES	36-6082810 Pag
	uct gaming activities with nonmembers?	
	r, beneficiary or trustee of a trust, or a member of a partners	
to administer charitable ga	ning?	
13 Indicate the percentage of	jaming activity conducted in:	
a The organization's facility		
I4 Enter the name and addres	s of the person who prepares the organization's gaming/spe	ecial events books and records:
Name		
Address		
15a Does the organization have	a contract with a third party from whom the organization rec	ceives gaming revenue? Yes
	· · · · <u> </u>	and the amount
	by the third party \$	
c If "Yes," enter name and a	dress of the third party:	
Name		
Address		
16 Gaming manager information	in:	
Name		
Gaming manager compens	ation \$	
Description of services pro	rided	
retain the state gaming lice	under state law to make charitable distributions from the ga	aming proceeds to
	activities during the tax year \$	
	<b>Information.</b> Provide the explanations required by Part I,	, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 1
15b, 15c, 16, and <sup>-</sup>	7b, as applicable. Also provide any additional information. S	See instructions.
32083 09-13-23		Schedule G (Form 990)
	32	
51030 758396 000	60000000 2023.05000 FOUNDAT	

Schedule G	(Form 990)		FOUNDATION RESOURCES	FOR	HEARIN	G AND	SPEECH	I 3	6-60	82810	Page <b>4</b>
Part IV	Suppleme	ental Inform	nation (continued)					-			
									Cab	adula O (F	orm 000
332084 04-01-2	23								Sch	edule G (F	onn 990
451030	758396	0006000	0000 202	3.05	33 000 FOU	NDATI	ON FOR	HEARING	AND	0006	0021

SCHEDULE I (Form 990)	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.								
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.								
Name of the organization FOUNDATIC RESOURCES		ARING AND SP	-				Employer identification number 36-6082810		
Part I General Information on Grants a	and Assistance								
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's pr</li> </ol>	istance? ocedures for mon	itoring the use of grant	funds in the Unite	d States.			X Yes No		
Part II Grants and Other Assistance to recipient that received more than					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E. CHICAGO AVE CHICAGO, IL 60611	36-2170833	501 (C) (3)	23,867.	0.			SALARY SUPPORT - THE COCHLEAR IMPLANT EDUCATION COORDINATOR ANI LOANER HEARING AID		
THE CHICAGO HEARING SOCIETY 2001 N. CLYBOURN AVE. CHICAGO, IL 60614	36-2244895	501 (C) (3)	10,000.	0.			LITERACY PROGRAM		
MERIT SCHOOL OF MUSIC 38 SOUTH PEORIA STREET CHICAGO, IL 60607	36-3028768	501 (C) (3)	49,769.	0.			PROVIDE MUSIC LESSONS TO HEARING IMPAIRED STUDENT: AT VARIOUS SCHOOLS		
ADVOCATE CHILDREN'S HOSPITAL 4440 W. 95TH AVE OAK LAWN, IL 60453	36-3297360	501 (C) (3)	10,000.	0.			LOANER HEARING AIDS		
2 Enter total number of section 501(c)(3)	and government o	rganizations listed in th	he line 1 table				4.		

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

# FOUNDATION FOR HEARING AND SPEECH RESOURCES

Schedule I (Form 990) 2023

36-6082810 Page 2

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	<b>(c)</b> 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	32	28,866.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: SALARY SUPPORT - THE COCHLEAR

IMPLANT EDUCATION COORDINATOR AND LOANER HEARING AID PROGRAM.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. FOUNDATION FOR HEARING AND SPEECH



Employer identification number 36-6082810

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

RESOURCES

DIRECTORS DAVID AND CAREY GELFAND ARE HUSBAND AND WIFE.

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:

FULL SEARCH WAS CONDUCTED IN REGARDS TO THE COMPENSATION OF THE EXECUTIVE DIRECTOR IN 2016. A BOARD MEMBER OVERSAW THE SEARCH COMMITTEE. THIS WAS FURTHER VOTED ON, APPROVED AND DOCUMENTED BY THE BOARD OF DIRECTORS. THE BOARD TAKES INTO CONSIDERATION THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND THE PROPOSED CONTRACT IS DISSEMINATED ANNUALLY FOR CONSIDERATION SEVERAL WEEKS PRIOR TO THE MEETING AT WHICH TIME A VOTE IS EXPECTED. THE For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 I HA 332211 11-14-23 36 2023.05000 FOUNDATION FOR HEARING AND 10451030 758396 0006000000 00060021

Name of the organization FOUNDATION FOR HEARING AND SPEECH RESOURCES	Employer identification number 36-6082810
DISCUSSION AND VOTE TAKE PLACE IN EXECUTIVE SESSION O	F THE BOARD.
LINE 15B: THERE ARE NO OTHER COMPENSATED OFFICERS OR	KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF I	NTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANT: PROGRAM SERVICE EXPENSES	21,850
MANAGEMENT AND GENERAL EXPENSES	6,465
FUNDRAISING EXPENSES	55,801
TOTAL EXPENSES	84,116
INTERPRETER/TRANSLATION:	
PROGRAM SERVICE EXPENSES	275
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	275
MUSIC THERAPIST:	
PROGRAM SERVICE EXPENSES	15,909
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	15,909
PAYROLL FEES:	
332212 11-14-23	Schedule O (Form 990) 20

37

332212 11-14-23

Schedule O (Form 990) 2023

10451030 758396 0006000000 2023.05000 FOUNDATION FOR HEARING AND 00060021

Name of the organization FOUNDATION FOR HEARING AND SPEECH RESOURCES	Employer identification numb 36-6082810
PROGRAM SERVICE EXPENSES	C
MANAGEMENT AND GENERAL EXPENSES	1,681
FUNDRAISING EXPENSES	C
TOTAL EXPENSES	1,681
EDUCATION COORDINATOR:	
PROGRAM SERVICE EXPENSES	35,801
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	35,801
INTERNS:	
PROGRAM SERVICE EXPENSES	1,560
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	1,560
PUBLIC RELATIONS -:	
PROGRAM SERVICE EXPENSES	30,000
MANAGEMENT AND GENERAL EXPENSES	1,292
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	31,292
PHOTOGRAPHER :	
PROGRAM SERVICE EXPENSES	82
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	550
TOTAL EXPENSES	1 , 372 Schedule O (Form 990) 20

Schedule O (Form 990) 202	23					Page 2
Name of the organization	FOUNDATION RESOURCES	FOR	HEARING	AND	SPEECH	Employer identification number 36-6082810

## **RECRUITER:** PROGRAM SERVICE EXPENSES Ο. MANAGEMENT AND GENERAL EXPENSES 4,100. FUNDRAISING EXPENSES Ο. TOTAL EXPENSES 4,100. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 176,106.

332212 11-14-23

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

	ice Use Only	ILLINOIS CHARITABLE					Form AG990-IL Revised 04/24
PMT	#	Illinois Attorn	ey General Kwame	Raoul			
			t Bureau, 115 S. L icago, IL 60603	aSalle St	CO :		001287
			•		37		items attached:
AMT		Report for	the Fiscal Period:			Copy of IF	
		Beginning	01/01/2023	Make Checks Payable to			nancial Statements
		Beginning	01/01/2023	Illinois Charity			Financial Statements
INIT		& Ending	12/31/2023	Bureau Fund		Copy of Fo	al Report Filing Fee
							Report Filing Fee
Fodor	al ID # 36-6082810		MO DAY YR	Date organization was c			1/11/1956
	ontributions to the organization t	ax deductible? X Yes	No	Date organization was e	roatou.	. с мо	
				YEAR-END			
Loge	RESOURCES			AMOUNTS			
Mail	Address: PO BOX 180	018		A) ASSETS	- 1	A) \$	2,528,069.
	y, State: CHICAGO, I			B) LIABILITIES		B) \$	37,074.
	ip Code: 60618			C) NET ASSET	s [	C) \$	2,490,995.
					Î		
Ι.	SUMMARY OF ALL F	<b>REVENUE ITEMS DURING</b>	THE YEAR:	PERCENTAG			AMOUNT
	D) PUBLIC SUPPORT, CONTR	RIBUTIONS AND PROGRAM SERVICE F	REV. (GROSS AMTS.)	87.923		D) \$	293,764.
	E) GOVERNMENT GRANTS A	ND MEMBERSHIP DUES				E) \$	
	F) OTHER REVENUES			12.07	7%	F) \$	40,350.
		IE AND CONTRIBUTIONS RECEIVED (A		100	)%	G) \$	334,114.
II.		EXPENDITURES DURING	THE YEAR:	47 000			
	H) OPERATING CHARITABLE	PROGRAM EXPENSE		47.288	3%	H) \$	242,767.
					o/	۱) <b>(</b>	
	I) EDUCATION PROGRAM SE	ERVICE EXPENSE			%	I) \$	
		GRAM SERVICE EXPENSE (ADD H & I)		47.288	2.0/	J) \$	242,767.
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)		47.200	<b>J</b> %	J) ֆ	242,707.
	.11) JOINT COSTS ALL OCATE	) TO PROGRAM SERVICES (INCLUDED	) IN .I)	\$			
				Ψ			
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS		18.239	9%	K) \$	93,636.
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J	&K)	65.52	7%	L) \$	336,403.
	M) MANAGEMENT AND GENE	RAL EXPENSE		10.951	1%	M) \$	56,221.
					.		
	N) FUNDRAISING EXPENSE			23.521	L%	N) \$	120,754.
							E12 270
	0) TOTAL EXPENDITURES TH				)%	0) \$	513,378.
III.		AID FUNDRAISER & CON					
	PROFESSIONAL FUNDRAISER	rt of Individual Fundraising Campaign (I e•	Form IFG). One for each PFR	.)			
		<u>9</u> . By paid professional fundraiser	S	100	)%	P) \$	0.
					, ,0	.,+	
	Q) TOTAL FUNDRAISERS FEE	S AND EXPENSES			%	Q) \$	
	-,						
	R) NET RECEIVED BY THE CH	IARITY (P MINUS Q=R)			%	R) \$	
	PROFESSIONAL FUNDRAISI	NG CONSULTANTS:					
	S) TOTAL AMOUNT PAID TO	PROFESSIONAL FUNDRAISING CONSU	JLTANTS			S) \$	0.
IV.	<b>COMPENSATION TO</b>	THE (3) HIGHEST PAID P	ERSONS DURING	THE YEAR:	Ī		
		TEN VAN DYKE, EXEC		OR		T) \$	79,980.
	, ,	NAH LEE, DEVELOPM				U) \$	5,140.
	, , ,	ERINE C SPELMAN, I				V) \$	4,959.
<b>V</b> .	CHARITABLE PROG	RAM DESCRIPTION: CHARIT, CODE C	ABLE PROGRAM (3 HIGHEST BY ATEGORIES	\$ EXPENDED)		List on ba	ack side of instructions
5-24					ļ		
398091 07-15-24		ING OF MEDICAL RES				W)#	150
18091	/	ICES FOR THE HEARI	ING AND SPEEC	n IMPAIKED.		X) #	125
39	Y) DESCRIPTION:					Y) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	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 PART 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?	2.		x
3.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.		X
4.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.		X
5.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.		Х
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? IF "YES", ENTER (1) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	6.		X
7.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7.		X
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.		X
9.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	9.		X
10.	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			
	BMO HARRIS BANK N.A., PO BOX 94033, PALATINE, IL 60094			
11.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KRISTEN VAN DYKE - (312)519-5400			

## • ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

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:	HEATHER BENNETT		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT OR TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.	ROBERT RADASEVICH		
<ol> <li>REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.</li> </ol>	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
<b>\$100.001 EIMETT</b>	CHRISTOPHER STRAUB		
	PREPARER (PRINT NAME)	SIGNATURE	DATE

Form	990
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## \*\* 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) 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.



Department of the Treasury Internal Revenue Service

Α	For th	2023 calendar year, or tax year beginning and	ending		
B	Check if applicab	FOUNDATION FOR HEARING AND SPEECH		D Employer identifi	cation number
	Addre chang Name			36-60828	10
	]chang ]Initial		Room/suite	<b>E</b> Telephone numbe	
	ireturn   Final	PO BOX 180018	nuuiii/Suite	(773) 34	
	return termir ated			G Gross receipts \$	620,695.
				H(a) Is this a group re	
				for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
<b>T</b>	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	1	list. See instructions
	Websi			H(c) Group exemptio	
ĸ	Form o	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1956	A State of legal domicile: IL
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: $[FUND]$	ING FO	R THE MOST	INNOVATIVE
Activities & Governance		HEARING AND SPEECH PROGRAMS IN AMERICA.			
ern	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Š					15
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b) $_{\rm .}$			15
ties		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			4
tivit		Total number of volunteers (estimate if necessary)			32 0.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		U • Current Year
				215,321.	287,457.
anu		Contributions and grants (Part VIII, line 1h)		0.	207,457.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		55,592.	40,350.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,179.	-8,833.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		299,092.	318,974.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		74,619.	122,502.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s				79,320.	99,770.
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)105,62		0.	0.
be	Ь	Total fundraising expenses (Part IX, column (D), line 25) 105,61	14.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		135,839.	275,966.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		289,778.	498,238.
	19	Revenue less expenses. Subtract line 18 from line 12		9,314.	-179,264.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,358,006.	2,528,069.
it As	21	Total liabilities (Part X, line 26)		6,202.	37,074.
		Net assets or fund balances. Subtract line 21 from line 20		2,351,804.	2,490,995.
_	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sign	Signature of officer			Date
	HEATHER BENNETT, CO-CHAIR			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	CHRISTOPHER STRAUB		10/30	/24 self-employed P01278490
Preparer	Firm's name WARADY & DAVIS LL	P		Firm's EIN 36-2170602
Use Only	Firm's address 1717 DEERFIELD RD	SUITE 300S		
	DEERFIELD, IL 600	15		Phone no. (847)267–9600
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23		Form <b>990</b> (2023)
		3		

10451030 758396 00060000000

2023.05000 FOUNDATION FOR HEARING AND

orm	FOUNDATION FOR HEARING AND SPEECH 990 (2023) RESOURCES 36-6082810	Page
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	[
	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	- - 
	THEIR FULL POTENTIAL, ENJOY THE SAME SOCIAL AND EDUCATIONAL	10
	OPPORTUNITIES AS THEIR PEERS, AND LEAD HEALTHY AND FULFILLING LIVES	
	Did the organization undertake any significant program services during the year which were not listed on the	•
		XN
	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?	XN
	If "Yes," describe these changes on Schedule O.	
	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. (Code:) (Expenses \$147,513including grants of \$33,867) (Revenue \$	
та	SUPPORT OF INNOVATIVE CLINICAL SERVICES, RESEARCH AND TRAINING PROG	RAMS
	THAT ENABLE INDIVIDUALS WITH COMMUNICATIVE DISORDERS TO PARTICIPATE	
	FULLY IN SOCIETY.	
4b	(Code:) (Expenses \$ 114,831. including grants of \$ 78,635.) (Revenue \$ THE MUSIC TO MY EARS SCHOLAR SHIP PROGRAM PROVIDES EARLY CHILDHOOD	
	(Code:)(Expenses \$ 114,831. including grants of \$ 78,635.) (Revenue \$ THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD         MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS         SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAM         FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE.	
	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAM	
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	THE       MUSIC       TO       MY       EARS       SCHOLARSHIP       PROGRAM       PROVIDES       EARLY       CHILDHOOD         MUSIC       ENRICHMENT       PROGRAMS, INSTRUMENT       LESSONS       TUITION       SCHOLARSHIPS         SMALL       GROUP       MUSIC       THERAPY       IN       ADDITION       TO       SCHOOL-BASED       MUSIC       PROGRAM         FOR       CHILDREN       BORN       WITH       HEARING       LOSS       UP       TO       FOUR       YEARS       OF       AGE.	S
	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD         MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS         SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAM         FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE.	S
	THE       MUSIC       TO       MY       EARS       SCHOLARSHIP       PROGRAM       PROVIDES       EARLY       CHILDHOOD         MUSIC       ENRICHMENT       PROGRAMS, INSTRUMENT       LESSONS       TUITION       SCHOLARSHIPS         SMALL       GROUP       MUSIC       THERAPY       IN       ADDITION       TO       SCHOOL-BASED       MUSIC       PROGRAM         FOR       CHILDREN       BORN       WITH       HEARING       LOSS       UP       TO       FOUR       YEARS       OF       AGE.	S
	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD         MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS         SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAM         FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE.	S
	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD         MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS         SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAM         FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE.	S
	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD         MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS         SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAM         FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE.	S
	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD         MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS         SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAM         FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE.	S
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	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD         MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS         SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAM         FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE.	S
	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD         MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS         SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAM         FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE.	S
4c	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAM FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE. (code:)(Expenses 74,059. including grants of \$ 10,000.) (Revenue \$ THE EARS PROGRAMS ARE EDUCATION, ADVOCACY AND RESOURCES CREATED TO SUPPORT DEAF AND HARD OF HEARING CHILDREN AND THEIR FAMILIES THROUG LITERACY PROGRAMS, TRAINING FOR VARIOUS STAGES OF DEVELOPMENT AND EDUCATION COORDINATION.	S
4c	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAM FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE. (code:)(Expenses \$ 74,059. including grants of \$ 10,000.) (Revenue \$ THE EARS PROGRAMS ARE EDUCATION, ADVOCACY AND RESOURCES CREATED TO SUPPORT DEAF AND HARD OF HEARING CHILDREN AND THEIR FAMILIES THROUG LITERACY PROGRAMS, TRAINING FOR VARIOUS STAGES OF DEVELOPMENT AND EDUCATION COORDINATION. Cother program services (Describe on Schedule O.)	S
4c 4d	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES EARLY CHILDHOOD         MUSIC ENRICHMENT PROGRAMS, INSTRUMENT LESSONS TUITION SCHOLARSHIPS         SMALL GROUP MUSIC THERAPY IN ADDITION TO SCHOOL-BASED MUSIC PROGRAM         FOR CHILDREN BORN WITH HEARING LOSS UP TO FOUR YEARS OF AGE.	S
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FOUNDATION FOR HEARING AND SPEECH RESOURCES

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         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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or amount in Part X, line 21, for escrew or accounts for which donors have the right or amounts not listed in Part X, ion provide credit counseling, debt management, credit repair, or debt negotiation services?       7       2         8       2       9       2         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       2         11       If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11	x x x x x x x x x x x x
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e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses       1	х
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	X
<b>o y i i i i i i i i i i</b>	Х
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	x
b Was the organization included in consolidated, independent audited financial statements for the tax year?	
	Х
	Х
	Х
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	Х
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	х
foreign organization? If "Yes," complete Schedule F, Parts II and IV       15         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to       16	
	Х
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	
	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	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	
	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X X
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> <b>21</b> X Form <b>990</b> (20	

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Form 990 (2023)

Part IV Checklist of Required Schedules

RESOURCES

Form 990 (2023)

			Yes
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		
	Schedule J	23	
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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.15	
Ŭ		24c	
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	
		24u	
:5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
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	
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	
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	
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):		
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>		
a		28a	
<b>b</b>	"Yes," complete Schedule L, Part IV		
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f		
	"Yes," complete Schedule L, Part IV	28c	
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		
	contributions? If "Yes," complete Schedule M	30	
81	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		
	Schedule N, Part II	32	
3	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	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		
	Part V, line 1	34	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
	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	
6	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	
7		30	
57	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07	
~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v
	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V		
	, , , , , , , , , , , , , , , , , , ,		Yes
		1	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b	5	
b		5	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	) 1c	

Form 990 (2023) RESOURCES 36-6082810 Page									
Par	t 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	Х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
b	If "Yes," enter the name of the foreign country								
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		<u> </u>					
0a		6.		x					
<b>b</b>	any contributions that were not tax deductible as charitable contributions?	6a		- 23					
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
-	were not tax deductible?	6b		<u> </u>					
7	Organizations that may receive deductible contributions under section 170(c).	_		v					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b> </b>					
С	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 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	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 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	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 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
~	organization is licensed to issue qualified health plans								
~	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
10		15		x					
	excess parachute payment(s) during the year?	13							
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16							
47	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.	F -	000	(0000)					
332005	j 12-21-23	Form	390	(2023)					

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RESOURCES

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 0. b Enter the number of voting members included on line 1a, above, who are independent	irect supervision was filed? s? oint one or ckholders, or y the following: ed at the		Yes X X	X X X X X X
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 0. b Enter the number of voting members included on line 1a, above, who are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi officer, director, trustee, or key employees have a family relationship or other person? 3 Did the organization delegate control over management duties customarily performed by or under the di of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 5 Did the organization become aware during the year of a significant diversion of the organization's assets 6 Did the organization have members or stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or apported by or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by a The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> 6 Did the organization have local chapters, branches, or affiliates? 6 Did the organization have local chapters, branches, or affiliates?	b       15         vith any other       15         irect supervision       15         was filed?       15         s?       15         oint one or       15         ckholders, or       15         y the following:       15         ed at the       15	2 3 4 5 6 7a 7b 8a 8b	X	X X X X X X
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<ul> <li>body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.</li> <li>b Enter the number of voting members included on line 1a, above, who are independent.</li> <li>2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship wind officer, director, trustee, or key employee?</li> <li>3 Did the organization delegate control over management duties customarily performed by or under the did of officers, directors, trustees, or key employees to a management company or other person?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets</li> <li>6 Did the organization have members or stockholders?</li> <li>7a Did the organization have members, stockholders, or other persons who had the power to elect or apporting body?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stock persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i></li> <li>5 Section B. Policies (<i>This Section B requests information about policies not required by the Internal Rever</i></li> <li>10a Did the organization have local chapters, branches, or affiliates?</li> </ul>	vith any other irect supervision was filed? s? oint one or skholders, or y the following: ed at the	2 3 4 5 6 7a 7b 8a 8b		X X X X
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<ul> <li>B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i></li> <li>ection B. Policies (<i>This Section B requests information about policies not required by the Internal Rever</i></li> <li>0a Did the organization have local chapters, branches, or affiliates?</li> </ul>	y the following: ed at the	8a 8b	x	
<ul> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i></li> <li>ection B. Policies (<i>This Section B requests information about policies not required by the Internal Rever</i></li> <li>Da Did the organization have local chapters, branches, or affiliates?</li> </ul>	ed at the	8b	X	
<ul> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>J Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i></li> <li>cetion B. Policies (<i>This Section B requests information about policies not required by the Internal Rever</i></li> <li>Da Did the organization have local chapters, branches, or affiliates?</li> </ul>	ed at the	8b		1
<ul> <li>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i></li> <li>ection B. Policies (<i>This Section B requests information about policies not required by the Internal Rever</i></li> <li>Did the organization have local chapters, branches, or affiliates?</li> </ul>	ed at the			X
organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> <b>ection B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Rever</i> <b>Da</b> Did the organization have local chapters, branches, or affiliates?		9		
ection B. Policies (This Section B requests information about policies not required by the Internal Rever Da Did the organization have local chapters, branches, or affiliates?				X
<b>Da</b> Did the organization have local chapters, branches, or affiliates?	,		<u> </u>	
			Yes	No
		10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapt				
and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a Has the organization provided a complete copy of this Form 990 to all members of its governing body be		11a	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c		12b	Х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
on Schedule O how this was done		12c	X	
3 Did the organization have a written whistleblower policy?		13	X	
4 Did the organization have a written document retention and destruction policy?		14	X	
5 Did the process for determining compensation of the following persons include a review and approval by				
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official		15a	X	
b Other officers or key employees of the organization		15b		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangemen	nt with a			
taxable entity during the year?		16a		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it				
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza	ation's			
exempt status with respect to such arrangements?		16b		
ection C. Disclosure				
7 List the states with which a copy of this Form 990 is required to be filed ${ m IL}$				
8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 9	990-T (section 501(c)(3	s)s only	/) avail	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)			
9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, confli	ict of interest policy, ar	nd fina	ncial	
statements available to the public during the tax year.	,			
0 State the name, address, and telephone number of the person who possesses the organization's books	s and records			
KRISTEN VAN DYKE - (312)519-5400				
PO BOX 180018, CHICAGO, IL 60618				
2006 12-21-23		Form	n <b>990</b>	(202
8				
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Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated	T
	Employees, and	d Independe	ent Contra	ctors			

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

RESOURCES

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, box 6 of 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.

• 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.

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

Name and title         Average hours per weak (git any) below into into and a director material organization (git any) hours for below into and related organization (weak below into and br>into and into into into into into into into into	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any hours for related organizations) belows by the set of an excession of the set	Name and title	Average	(do		Pos	ition		one	Reportable	Reportable	Estimated
Week (list ary burs for galaziations below line)         Interfer and field below line)		hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
(1)         RRISTEN VAN DYKE         30.00         X         80,000.         0.         0.           CO-CHAIR         X         X         X         0.         0.         0.         0.           (3)         ROBERT RADASEVICH         4.00         X         X         0.         0.         0.           (3)         ROBERT RADASEVICH         4.00         X         X         0.         0.         0.           (4)         DAN LOCKMOOD         4.00         X         X         0.         0.         0.           (4)         DAN LOCKMOOD         4.00         X         X         0.         0.         0.           (5)         STEVEN SALZMAN         3.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (6)         DAVID GELPAND         1.50         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.		week		cer an	d a d	irecto	or/trus	tee)			
(1)         RRISTEN VAN DYKE         30.00         X         80,000.         0.         0.           CO-CHAIR         X         X         X         0.         0.         0.         0.           (3)         ROBERT RADASEVICH         4.00         X         X         0.         0.         0.           (3)         ROBERT RADASEVICH         4.00         X         X         0.         0.         0.           (4)         DAN LOCKMOOD         4.00         X         X         0.         0.         0.           (4)         DAN LOCKMOOD         4.00         X         X         0.         0.         0.           (5)         STEVEN SALZMAN         3.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (6)         DAVID GELPAND         1.50         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.			recto							•	
(1)         RRISTEN VAN DYKE         30.00         X         80,000.         0.         0.           CO-CHAIR         X         X         X         0.         0.         0.         0.           (3)         ROBERT RADASEVICH         4.00         X         X         0.         0.         0.           (3)         ROBERT RADASEVICH         4.00         X         X         0.         0.         0.           (4)         DAN LOCKMOOD         4.00         X         X         0.         0.         0.           (4)         DAN LOCKMOOD         4.00         X         X         0.         0.         0.           (5)         STEVEN SALZMAN         3.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (6)         DAVID GELPAND         1.50         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.			e or di	ee			sated			,	
(1)         RRISTEN VAN DYKE         30.00         X         80,000.         0.         0.           CO-CHAIR         X         X         X         0.         0.         0.         0.           (3)         ROBERT RADASEVICH         4.00         X         X         0.         0.         0.           (3)         ROBERT RADASEVICH         4.00         X         X         0.         0.         0.           (4)         DAN LOCKMOOD         4.00         X         X         0.         0.         0.           (4)         DAN LOCKMOOD         4.00         X         X         0.         0.         0.           (5)         STEVEN SALZMAN         3.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (6)         DAVID GELPAND         1.50         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.			rustee	l trus		ee	npen			1099-1120)	-
(1)         RRISTEN VAN DYKE         30.00         X         80,000.         0.         0.           CO-CHAIR         X         X         X         0.         0.         0.         0.           (3)         ROBERT RADASEVICH         4.00         X         X         0.         0.         0.           (3)         ROBERT RADASEVICH         4.00         X         X         0.         0.         0.           (4)         DAN LOCKMOOD         4.00         X         X         0.         0.         0.           (4)         DAN LOCKMOOD         4.00         X         X         0.         0.         0.           (5)         STEVEN SALZMAN         3.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (6)         DAVID GELPAND         1.50         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.		, ,	d ual t	utiona	_	mploy	st col	5	1000 1120/		
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(2)         HEATHER BENNETT         4.00         x         x         x         0.         0.         0.           CO-CHAIR         X         X         X         0.         0.         0.         0.           CO-CHAIR         X         X         X         0.         0.         0.         0.           CO-CHAIR         X         X         X         0.         0.         0.         0.           CO-CHAIR         X         X         0.         0.         0.         0.         0.           CO-CHAIR         4.00         X         X         0.         0.         0.         0.           CO-CHAIR         3.00         X         X         0.         0.         0.         0.           CO-CHAIR         1.00         X         X         0. <td>(1) KRISTEN VAN DYKE</td> <td>30.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(1) KRISTEN VAN DYKE	30.00									
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(5) STEVEN SALZMAN       3.00       X       X       X       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         (6) ROBERT HANDLER       1.00       X       X       0.       0.       0.       0.         (7) JAMES G. BOROVSKY       4.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         OIRECTOR       X       0. <td< td=""><td>(4) DAN LOCKWOOD</td><td>4.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(4) DAN LOCKWOOD	4.00									
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(6)         ROBERT HANDLER         1.00         X         X         X         0.0.0.0.           DIRECTOR         X         X         X         0.0.0.0.         0.0.0.           (7)         JAMES G. BOROVSKY         4.00         X         X         0.0.0.0.         0.0.0.           DIRECTOR         X         0.0.0.0.0.         0.0.0.         0.0.0.         0.0.0.           DIRECTOR         X         0.0.0.0.0.         0.0.0.         0.0.0.         0.0.0.           (8)         DAVID GELFAND         1.50         X         0.0.0.0.         0.0.0.           DIRECTOR         X         0.0.0.0.         0.0.0.         0.0.         0.0.           (10)         PAUL LURIE         2.00         X         0.0.0.0.         0.0.           DIRECTOR         X         0.0.0.0.         0.0.0.         0.0.         0.0.         0.0.           (11)         CAREY R. GELFAND         1.50         X         0.0.0.0.         0.0.         0.0.         0.0.           DIRECTOR         X         0.0.0.0.         0.0.0.         0.0.         0.0.         0.0.           (13)         STEVE HALLENBECK         3.000         X         0.0.0.0.         0.0.	(5) STEVEN SALZMAN	3.00									
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(7) JAMES G. BOROVSKY       4.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (8) DAVID GELFAND       1.50       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (9) ELLEN BABBITT       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0. <td>(6) ROBERT HANDLER</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td>	(6) ROBERT HANDLER	1.00									_
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(8)         DAVID GELFAND         1.50         X         0.		4.00									
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(12) JENNIFER EVANGELIDES2.00X0.0.0.DIRECTORX0.0.0.0.0.(13) STEVE HALLENBECK3.00X0.0.0.0.DIRECTORX0.0.0.0.0.(14) ERIK KESSLER2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(15) LINDSEY SAXON2.00X0.0.0.0.DIRECTOR THROUGH JUNE 2023X0.0.0.0.(16) ANNA TESS2.00X0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.		1.50	v						0	0	0
DIRECTOR         X         0. <t< td=""><td></td><td>2 00</td><td><u>^</u></td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		2 00	<u>^</u>						0.	0.	0.
(13) STEVE HALLENBECK       3.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) ERIK KESSLER       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) LINDSEY SAXON       2.00       X       0.       0.       0.       0.       0.         DIRECTOR THROUGH JUNE 2023       X       0.       0.       0.       0.       0.       0.         (16) ANNA TESS       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         (17) BRETT FEALY       0.50       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.		2.00	v						0	0	0
DIRECTOR       X       0.       0.       0.       0.         (14) ERIK KESSLER       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) LINDSEY SAXON       2.00       X       0.       0.       0.       0.         DIRECTOR THROUGH JUNE 2023       X       0.       0.       0.       0.       0.         (16) ANNA TESS       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (17) BRETT FEALY       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.		3 00	^						0.	0.	0.
(14) ERIK KESSLER2.00X0.0.0.DIRECTORX2.00X0.0.0.(15) LINDSEY SAXON2.00X0.0.0.DIRECTOR THROUGH JUNE 2023X0.0.0.0.(16) ANNA TESS2.00X0.0.0.DIRECTORX0.0.0.0.(17) BRETT FEALY0.50X0.0.0.DIRECTORX0.0.0.0.	····	5.00	v						0.	0	0
DIRECTORX0.0.0.(15) LINDSEY SAXON2.00X0.0.0.DIRECTOR THROUGH JUNE 2023X0.0.0.0.(16) ANNA TESS2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(17) BRETT FEALY0.50X0.0.0.0.DIRECTORX0.0.0.0.0.		2.00								••	<b>.</b>
(15) LINDSEY SAXON       2.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		2000	x						0.	0.	0.
DIRECTOR THROUGH JUNE 2023     X     0.     0.     0.       (16) ANNA TESS     2.00     X     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.       (17) BRETT FEALY     0.50     X     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.		2.00									
(16) ANNA TESS         2.00         X         0.			x						0.	0.	0.
DIRECTORX0.0.0.(17) BRETT FEALY0.50X0.0.0.DIRECTORX0.0.0.0.		2.00									
(17) BRETT FEALY         0.50         X         0.	DIRECTOR		x						0.	0.	0.
DIRECTOR X 0. 0. 0.		0.50									
332007 12-21-23 Form <b>990</b> (2023)	DIRECTOR		x						0.	0.	0.
	332007 12-21-23	-									Form <b>990</b> (2023)

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9 2023.05000 FOUNDATION FOR HEARING AND

hours for relatede b a stratingp a trelatedorganization(W-2/1099-MISC/ 1099-NEC)organizationsa stratinge b a trelateda b a trelateda b a trelateda b a trelateda b a trelateda b a trelateda b a trelateda b a trelateda trelateda b a trelateda trelate	(F) Estima amoun othe compens from t organiza and rela organiza	ated nt of er sation the ation ated
Name and title     Average hours per week     Position (do not check more than one box, unless person is both an officer and a director/trustee)     Reportable compensation from     Reportable compensation       Image: Complex	Estima amoun othe compens from ti organiza and rela	ated nt of er sation the ation ated
	from t organiza and rela	the ation ated
1b Subtotal 80,000. 0.		0
1b         Subtotal         80,000.         0.           c         Total from continuation sheets to Part VII, Section A         0.         0.           d         Total (add lines 1b and 1c)         80,000.         0.		0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	Yes 3	s No X
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	4	x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensati the organization. Report compensation for the calendar year ending with or within the organization's tax year.	tion from	
(A) (B)	<b>(C)</b> mpensati	ion
Total number of independent contractors (including but not limited to those listed above) who received more than		
\$100,000 of compensation from the organization 0	orm <b>990</b>	

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332008 12-21-23

FOUNDATION	FOR	HEARING	AND	SPEECH
RESOURCES				

			2023) RESOURCES				36-6082	810 Page 9
Pa	rt \	VIII	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		/=>		
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			· · · · · · · · · · · · · · · · · · ·					
			Fundraising events 1c	29,404.				
Gif			Related organizations 1d					
Sin',			Government grants (contributions) <b>1e</b>					
her		f	All other contributions, gifts, grants, and	258,053.				
ltrib Oti		~	similar amounts not included above <b>1f</b> Noncash contributions included in lines 1a-1f <b>1g</b> \$	230,033.				
Con		-	Total. Add lines 1a-1f		287,457.			
<u> </u>				Business Code	- , -			
8	2	а						
ervio		b						
n Se		с						
gran Rev		d						
Program Service Revenue		е						
		f	All other program service revenue					
	3	g	Total. Add lines 2a-2f Investment income (including dividends, inter					
	Ŭ		other similar amounts)	-	51,931.			51,931.
	4		Income from investment of tax-exempt bond	r				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			· · · · · · · · · · · · · · · · · · ·					
	7		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory <b>7a</b> 275,000					
		b	Less: cost or other basis	+				
anı			and sales expenses 7b 286,581	•				
evenue		с	Gain or (loss)	•				
Ě			Net gain or (loss)		-11,581.			-11,581.
Other	8	а	Gross income from fundraising events (not					
0			including \$ 29,404. of					
			contributions reported on line 1c). See Part IV, line 18 8a	6,307.				
		b	Less: direct expenses					
			Net income or (loss) from fundraising events		-8,833.			-8,833.
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a	1				
			Less: direct expenses 9t	_				
			Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
		h	and allowances 10 Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
s				Business Code				
e eu	11	а						
Miscellaneous Revenue		b						
Scel		с		ļ		ļ	<b> </b>	
Mis			All other revenue					
	40		Total. Add lines 11a-11d		318,974.	0.	0.	31,517.
33200	12 9 12		Total revenue. See instructions		510,374.			Form <b>990</b> (2023)
55200	- 12				11			

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2023.05000 FOUNDATION FOR HEARING AND 00060021

RESOURCES Part IX Statement of Functional Expenses

Form 990 (2023)

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	00.000			
	and domestic governments. See Part IV, line 21	93,636.	93,636.		
2	Grants and other assistance to domestic		00.000		
	individuals. See Part IV, line 22	28,866.	28,866.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	70 000	17 000	15 006	15 004
_	trustees, and key employees	79,980.	47,988.	15,996.	15,996
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	12,296.	3,640.		8,656
7	Other salaries and wages	12,290.	5,040.		0,000
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,494.	4,193.	1,299.	2,002
0 1	Payroll taxes Fees for services (nonemployees):	7,4540	4,155.	1,255.	2,002
a b		7,526.	7,526.		
c		10,631.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10,631.	
d					
e					
f					
' g					
э	column (A), amount, list line 11g expenses on Sch 0.)	176,106.	106,217.	13,538.	56,351
2	Advertising and promotion	12,113.		1,953.	10,160
3	Office expenses	16,427.	14,241.	2,186.	
4	Information technology	7,042.	5,919.	187.	936
5	Royalties	.,			
6	Occupancy	6,225.	6,225.		
7	Travel	1,987.	286.	1,435.	266
8	Payments of travel or entertainment expenses			,	
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	136.	136.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	5,503.		633.	4,870
3	Insurance	10,209.	6,798.	3,411.	
4	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.)				
а	DEVELOPMENT AND TRAININ	7,974.	5,238.	491.	2,245
b	FOOD AND BEVERAGE	4,404.	1,034.	2,198.	1,172
с	EVENT VENUE	3,517.	3,517.		
d	BANK CHARGES AND CREDIT	2,631.		778.	1,853
е	All other expenses	3,535.	943.	1,485.	1,107
5	Total functional expenses. Add lines 1 through 24e	498,238.	336,403.	56,221.	105,614
6	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 if following SOP 98-2 (ASC 958-720)				

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12 2023.05000 FOUNDATION FOR HEARING AND

Form	aan	(2023)

RESOURCES

	n 990 () <b>rt X</b>	Balance Sheet		50	0002010 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	96,909.		53,608.
	2	Savings and temporary cash investments	1 6 0 0 1 0	2	43,944.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3, 16!	5.		
	b	basis. Complete Part VI of Schedule D10a3,165Less: accumulated depreciation10b1,585	3. 2,215.	10c	1,582.
	11	Investments - publicly traded securities		11	1,582. 2,412,329.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	10 001	14	16,606.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,528,069.
	17	Accounts payable and accrued expenses		17	37,074.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝŝ	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	37,074.
s		Organizations that follow FASB ASC 958, check here $X$			
S		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	1,988,642. 502,353.
ä	28	Net assets with donor restrictions	430,284.	28	502,353.
ŭ		Organizations that do not follow FASB ASC 958, check here			
ř		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances		32	2,490,995.
	33	Total liabilities and net assets/fund balances	. 2,358,006.	33	2,528,069.

Form **990** (2023)

332011 12-21-23

2023.05000 FOUNDATION FOR HEARING AND 00060021

FOUNDATION	FOR	HEARING	AND	SPEECH
RESOURCES				

Form	990 (2023) RESOURCES	36-608	2810	Pag	ge <b>12</b>
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	318		
2	Total expenses (must equal Part IX, column (A), line 25)	2	498		
3	Revenue less expenses. Subtract line 2 from line 1	3	-179		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,351		
5	Net unrealized gains (losses) on investments	5	318	3,4	55.
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	2,490	),9	95.
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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		<u>X</u>
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		Зb		

Form **990** (2023)

332012 12-21-23

SCHEDULE A												OMB No. 1545-0047		
						rity Statu						2023		
			00	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.								LULU		
		of the Treasury enue Service		0	So to www.i		ttach to Form 99 Form990 for ins				formation		Open to Public Inspection	
Nan	ne of	the organizati	on			-	HEARING					Employer	identification number	
		5			URCES				~				6-6082810	
Pa	rt I	Reason	for F	Public C	Charity St	atus.	(All organizations	s must c	omplete ti	his part.) S	See instruction	ıs.		
The	orga	nization is not a	a priva	ate founda	ation becau	se it is:	(For lines 1 throu	gh 12, c	check only	one box.)				
1		· ·			-		on of churches d			on 170(b)(	1)(A)(i).			
2		1					Attach Schedule							
3		· ·		-	-	-	anization describ				-		44 - 1 <del>1</del> - 11	
4		city, and state		n organiza	ation operate	ea in co	injunction with a	nospita	laescribed	a in sectio	A)(1)(a)(1)(A	.)(III). Enter	the hospital's name,	
5		1		perated fo	r the benefit	ofaco	ollege or universit	v owned	d or opera	ted by a d	overnmental	unit descrit	oed in	
•		section 170	-					,						
6		A federal, sta	te, or	local gov	vernment or	governr	mental unit desci	ribed in a	section 17	70(b)(1)(A)	(v).			
7	Х	An organizati	on th	at normal	ly receives a	substa	antial part of its s	upport f	irom a gov	ernmenta	l unit or from	the general	public described in	
		section 170(	b)(1)(	<b>A)(vi).</b> (Co	omplete Parl	II.)								
8		1					(1)(A)(vi). (Comp							
9		-		-			l in section 170(I			-		-	-	
			or a n	on-land-g	rant college	of agric	culture (see instru	uctions).	. Enter the	name, cit	y, and state o	f the colleg	e or	
10		An organizati	on th	at normal	lv receives (	1) more	than 33 1/3% o	f its sun	port from	contributio	ons members	hin fees a	nd gross receipts from	
													from gross investment	
					•			•	• • •				after June 30, 1975.	
		See section	509(a	<b>i)(2).</b> (Con	nplete Part I	II.)								
11		An organizati	on or	ganized a	ind operated	l exclus	ively to test for p	oublic sa	afety. See	section 50	09(a)(4).			
12		-		-	-		-		-			-	e purposes of one or	
													Check the box on	
_	Г		-				of supporting org					-	to the	
а							supervised, or co gularly appoint o							
				-			ections A and B		a majonty i				supporting	
b		~			-		d or controlled in		tion with it	ts support	ed organizatio	on(s), by ha	ivina	
							anization vested							
	_	organizatio	n(s). <b>`</b>	You must	t complete l	Part IV,	Sections A and	C.						
с		Type III fur	nctior	nally integ	grated. A su	pportin	g organization o	perated	in connec	tion with,	and functiona	Illy integrate	ed with,	
				•	. , .		s). <b>You must co</b> r	-			-			
d	L	••		-	-		oorting organizat					· ·		
					0	Ũ	zation generally i		•		•	d an attent	iveness	
е	Г						mplete Part IV, S written determin							
Ŭ				•			nally integrated				a 1990 i, 1990	, n, rype m		
f	En	ter the number					, <u> </u>		0 0					
g	Pro	ovide the followi	ing in	formation	about the s	upporte	ed organization(s	i).						
		(i) Name of support organization			(ii) EIN		(iii) Type of organ (described on line			nization listed ing document?	(v) Amount o support (see ii		(vi) Amount of other support (see instructions)	
		organization	•				above (see instru	ctions))	Yes	No	Support (See ii	istructions)		
Tota														
		r Paperwork R	educ	tion Act !	Notice, see	the Ins	tructions for Fo	rm 990	or 990-F7	33202	1 12-21-23	Sche	l dule A (Form 990) 2023	
								15						

		= -		
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### FOUNDATION FOR HEARING AND SPEECH RESOURCES

36-6082810 Page 2 70/1-1/41/

Schedule A	(Form 990) 2023 RESOURCES	36-6082810 <sub>Pag</sub>
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 organ	ization failed to qualify under Part III. If the organization
	fails to supplify upday the tests listed below, places complete Dayt III.)	

fails to qualify under the tests listed below, please complete Part III.)	.)
---	----

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	117,394.	129,857.	299,763.	215,321.	283,144.	1,045,479.
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	117,394.	129,857.	299,763.	215,321.	283,144.	1,045,479.
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)						484,779.
6	Public support. Subtract line 5 from line 4.						560,700.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	117,394.	129,857.	299,763.	215,321.	283,144.	1,045,479.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	44,611.	38,735.	49,349.	53,049.	51,931.	237,675.
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	Total support. Add lines 7 through 10						1,283,154.
12	· · · · · · · · · · · · · · · · · · ·		,			12	32,792.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, <sup>-</sup>	fourth, or fifth tax	year as a section 5	501(c)(3)	
-	organization, check this box and <b>stop</b>						L
	ction C. Computation of Publ						12 70
	Public support percentage for 2023 (					14	43.70 %
	Public support percentage from 2022					15	42.92 %
16	a 33 1/3% support test - 2023. If the o	-					
	stop here. The organization qualifies						
	<b>33 1/3% support test - 2022.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the fact			•	•	0	
	meets the facts-and-circumstances to						
	o 10% -facts-and-circumstances tes						10% 01
	more, and if the organization meets the						
10	organization meets the facts-and-circ						
18	Private foundation. If the organization	T UIU HOL CHECK A		a, 100, 17a, 01 17t	, CHECK THIS DOX 8		s (Form 990) 2023

FOUNDATION FOR HEARING AND SPEECH
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# Schedule A (Form 990) 2023 RESOURCES 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.)

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	(b) 2020	(c) 2021	(d) 2022	(e	e) 2023	(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							
<b>3</b> Gross receipts from activities that							
are not an unrelated trade or bus- iness under section 513							
4 Tax revenues levied for the organ-							
ization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and				1			
3 received from disgualified persons							
<b>b</b> Amounts included on lines 2 and 3 received							
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support							
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e	) 2023	(f) Total
9 Amounts from line 6					,		.,
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
<b>b</b> Unrelated business taxable income							
(less section 511 taxes) from businesses acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	;						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)							
14 First 5 years. If the Form 990 is for	the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(	3) organizati	on,
check this box and <b>stop here</b>	-			·····		- 	
Section C. Computation of Pub	lic Support Pe	rcentage					
15 Public support percentage for 2023			column (f))		15		%
<b>16</b> Public support percentage from 202		•			16		%
Section D. Computation of Inve							
17 Investment income percentage for 2					17		%
<ul> <li>Investment income percentage from</li> </ul>					18		%
<b>19a 33 1/3% support tests - 2023.</b> If th						6, and line 1	
more than 33 1/3%, check this box							
b 33 1/3% support tests - 2022. If th	e organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore tha		
line 18 is not more than 33 1/3%, ch 20 Private foundation If the organizat							
20 Private foundation. If the organizat	ion dia not check a		a, or 190, check t	INS DUX AND SEE IN			
32023 12-21-23			17			Schedule A	(Form 990) 2023
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Schedule A (Form 990) 2023 Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 disgualified 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.)

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10b Schedule A (Form 990) 2023

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Sche	adule A (Form 990) 2023 RESOURCES 50-000	<u>201</u>	<u>v Pa</u>	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family 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			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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 organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		

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 investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's
	supported organizations played in this regard.

### Section E. Type III Functionally Integrated Supporting Organizations

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c L		The organization	supported	a governmenta	l entity.	Describe ir	Part VI	how you s	supported	a governmenta	al entity	(see instruct	ions).
-----	--	------------------	-----------	---------------	-----------	-------------	---------	-----------	-----------	---------------	-----------	---------------	--------

- 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 organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the 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 VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

3

2a

2b

За

No

Yes

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Sche	edule A (Form 990) 2023 RESOURCES	1112 01		36-6082810 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	Nov. 20, 1970 (explain ii	7 Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist 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		
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-function	ally integrate	d Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2023

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#### FOUNDATION FOR HEARING AND SPEECH RESOURCES

	dule A (Form 990) 2023 RESOURCES			3	6-6082810 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt 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	S	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	he organization is responsive	)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 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-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
-	From 2022				
-	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

	(Form 990) 2023	RESOUR						3	6-6082810 <sub>Pa</sub>
Part VI	Part IV, Section / line 1; Part IV, Se	al Information. Pro A, lines 1, 2, 3b, 3c, 4b, ection D, lines 2 and 3; 5, 6, and 8; and Part V, a)	, 4c, 5a, 6, 9a Part IV, Secti	, 9b, 9c, on E, line	11a, 11b, a es 1c, 2a, 2	and 11c; b, 3a, an	Part IV, Sect d 3b; Part V,	ion B, lines 1 and line 1; Part V, Se	12; Part IV, Section C, ction B, line 1e; Part V
									abadula A (Farma 000)
32028 12-21-2		0060000000	0000	0 - 0 0	22			S HEARING	chedule A (Form 990)

SC	HEDULE D		al Financial Statements		OMB No. 1545-0047
(Forn	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2023
	ment of the Treasury	A	ttach to Form 990.		Open to Public
	l Revenue Service e of the organizati		0 for instructions and the latest informati RTNG AND SPEECH		Inspection loyer identification number
Nalli	e of the organizati	RESOURCES		Emp	36-6082810
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Func	ds and other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year		al fi un al a	
5	-		writing that the assets held in donor advise exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be u		
U	•		or donor advisor, or for any other purpose c		
	impermissible priv			0	Yes No
Par			ganization answered "Yes" on Form 990, Pa		
1		servation easements held by the organizat		,	
		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	historically i	important land area
		of natural habitat	Preservation of a		•
	Preservation	n of open space			
2		• •	fied conservation contribution in the form o	f a conserva	tion easement on the last
	day of the tax yea	<b>.</b>			Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
с			ucture included on line 2a		
d	Number of conser	vation easements included on line 2c acqu	iired after July 25, 2006, and not		
	on a historic struc	ture listed in the National Register		2d	
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization	during the tax
	year				
4		where property subject to conservation ea			
5		tion have a written policy regarding the pe			
			t holds?		
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation ease	ments during the year
_	<u> </u>				
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easemen	ts during the year
•	Deer eech eener				
8			e satisfy the requirements of section 170(h)		Yes No
9			on easements in its revenue and expense s		
9		<b>e</b> .	note to the organization's financial statement		
		counting for conservation easements.	Tote to the organization's financial statement	its that dest	JIDES THE
Par			f Art, Historical Treasures, or Otl	her Simila	ar Assets.
		f the organization answered "Yes" on Form			
1a	· · · · · ·	•	58, not to report in its revenue statement an	d balance sl	heet works
	0	, I	olic exhibition, education, or research in fur		
			ncial statements that describes these items	-	
b			58, to report in its revenue statement and ba		t works of
			exhibition, education, or research in furthe		
		ing amounts relating to these items.			
				\$	5
					3
2	• •		asures, or other similar assets for financial	gain, provide	<u>}</u>
		unts required to be reported under FASB A			
а	Revenue included	on Form 990, Part VIII, line 1	-	\$	<u>،                                     </u>
b	Assets included in	1 Form 990, Part X		\$	
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.	5	Schedule D (Form 990) 2023
33205	09-28-23				
			23		

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		ION FOR HE	ARING	i AND	SPEECH		26	<	10
	dule D (Form 990) 2023 RESOURC			·					10 Page <b>2</b>
Par	t III Organizations Maintaining C								tinued)
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	it make sig	gnificant use o	of its	
	collection items (check all that apply).								
а	Public exhibition	d			hange progra				
b	Scholarly research	e	•	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co							Part XIII.	
5	During the year, did the organization solicit of								
Der	to be sold to raise funds rather than to be m							Yes	No No
Par	t IV Escrow and Custodial Arran		te if the o	organization	answered "	Yes" on Fo	orm 990, Part	IV, line 9, c	r
	reported an amount on Form 990, Pa								
та	Is the organization an agent, trustee, custod		•						
	on Form 990, Part X?							Ves	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bliowing t	able:				Amou	nt
-								Amou	
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f 2a	Ending balance Did the organization include an amount on F							Yes	No
	If "Yes," explain the arrangement in Part XIII.						y :		
Par									🖵
		(a) Current year		rior year			<b>:</b> <b>)</b> Three years b	ack (e) Fo	ur years back
1a	Beginning of year balance		. ,			`			
b	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 cur	rent vear end balanc	ce (line 10	a. column (a	a)) held as:	I			
	Board designated or quasi-endowment	•	%	<b>5</b> ,	,,,				
b	Permanent endowment	%							
с		%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	ered for the	Э		
	organization by:	C C							Yes No
	(i) Unrelated organizations?							3a(i	
	(ii) Related organizations?								1 1
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	nent							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	', line 11a. S	See Form 990	), Part X, li	ne 10.		
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	cumulated	( <b>d)</b> Bo	ok value
		basis (investr	ment)	basis	(other)	depr	eciation		
1a	Land								
b	Buildings								
	Leasehold improvements						4 - 4 -		4 - 4 -
d	Equipment				3,165.		1,583.		1,582.
-	Other								1 500
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 1	0c, column	(B))				1,582.

Schedule D (Form 990) 2023

332052 09-28-23

FOUNDATION	FOR	HEARING	AND	SPEECH
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chedule D (Form 990) 2023 RESOURCES			
Part VII Investments - Other Securities			36-6082810 Pag
Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
	(-)		······································
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
\_/			
(9)			
(9)			
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(9) (a) (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) 1 (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	Description		
(9) (9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes"	Description		ne 25.
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Yart IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		ne 25.
<ul> <li>(9)</li> <li>(a)</li> <li>(constraint of the equal Form 990, Part X, line 13, col. (B))</li> <li>(b)</li> <li>(constraint of the organization answered "Yes"</li> <li>(a)</li> <li>(constraint of the equal form 990, Part X, line 15, constraint of the equ</li></ul>	Description		ne 25.
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		ne 25.
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		ne 25.
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		ne 25.
<ul> <li>(9)</li> <li>(a)</li> <li>(b) must equal Form 990, Part X, line 13, col. (B))</li> <li>(c)</li> <li></li></ul>	Description		ne 25.
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		ne 25.
<ul> <li>(9)</li> <li>otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))</li> <li>Part IX Other Assets Complete if the organization answered "Yes" <ul> <li>(a)</li> </ul> </li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>other Liabilities Complete if the organization answered "Yes" <ul> <li>(a) Description of liability</li> </ul> </li> <li>(1) Federal income taxes <ul> <li>(2)</li> <li>(3)</li> <li>(4)</li> </ul> </li> </ul>	Description		ne 25.
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		ne 25.

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...

Schedule D (Form 990) 2023

332053 09-28-23

FOUNDATION	FOR	HEARING	AND	SPEECH
RESOURCES				

Sche	dule D (Form 990) 2023 RESOURCES		36-6082810 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial St	atements With Reve	nue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	enses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	
1	Total expenses and losses per audited financial statements		
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	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	
Pa	rt XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Activities	OMB No. 1545-0047			
(Form 990)	Complete if the	2023								
Danacharach a ( tha Taracana	Attach to Form 990 or Form 990-EZ. Open to Pub									
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization	FOUNDAT RESOURC	er identification number 082810								
Part I Fundrais										
	complete this par				, ,					
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> <li>b If "Yes," list the 10</li> </ul>	b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events									
compensated at le	ast \$5,000 by the	organization.								
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraised listed in col.	to (or retained by)			
			Yes	No						
Total										
		n is registered or licensed to solicit			s or has been notified	d it is exempt fi	rom registration			

Schedule G (Form 990) 2023

LHA 332081 09-13-23

27 10451030 758396 0006000000 2023.05000 FOUNDATION FOR HEARING AND

	edule G (Form 990) 2023 RESOURC						-6082810 Page <b>2</b>
Pa	rt II Fundraising Events. Complete if th	•					
_	of fundraising event contributions and gro						ipts greater than \$5,000.
		(a) Event #1			vent #2	(c) Other events	(d) Total events
		CHEERS &		ROCK		NONE	(add col. (a) through
		BEERS FOR	. EA	TOWN I	FOR HEA		col. (c))
ē		(event type)		(ever	nt type)	(total number)	
Revenue	1 Gross receipts	9,9	98.	25,713.			35,711.
æ		9,9	98		L9,406.		29,404.
	2 Less: Contributions	ر , ر	90.	-			
	3 Gross income (line 1 minus line 2)				6,307.		6,307.
	4 Cash prizes						
	5 Noncash prizes						
ses							
xpen	6 Rent/facility costs						
Direct Expenses	7 Food and beverages				7,136.		7,136.
Ō	8 Entertainment				2,500.		2,500.
	9 Other direct expenses				5,504.		5,504.
	10 Direct expense summary. Add lines 4 through	9 in column (d)					15,140.
	11 Net income summary. Subtract line 10 from li						-8,833.
Pa	rt III Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" o	n Forn	n 990, Part	IV, line 19, or	reported more than	
0	······································			(b) Pull t	abs/instant	(c) Other gaming	(d) Total gaming (add
Revenue		<b>(a)</b> Bingo		bingo/prog	ressive bingo		col. (a) through col. (c)
eve							
ш	1 Gross revenue						
ses	2 Cash prizes						
Expenses	3 Noncash prizes						
Direct I	4 Rent/facility costs						
	5 Other direct expenses	Yes	%	Yes	%	Yes %	
	6 Volunteer labor	No			/0		
	7 Direct expense summary. Add lines 2 through	ı 5 in column (d)					
	8 Net gaming income summary. Subtract line 7	from line 1 colum	n (d)				
	• Net gaming income summary. Subtract line /		iii (u)				
9	Enter the state(s) in which the organization condu	<b>v v</b>					
	Is the organization licensed to conduct gaming ac	ctivities in each of	these	states?			Ves 🛄 No
b	If "No," explain:						
10-	Were any of the organization's gaming licenses re	wokod suspondo	dort	orminated c	luring the tax	voar?	Yes No
	If "Yes," explain:				-		
2							
						<u> </u>	
3208	2 09-13-23					Sch	edule G (Form 990) 2023

36-6082810 Page 2

Sche	edule G (Form 990) 2023	FOUNDATION FOR HEARING AND SPEECH RESOURCES 36	5-6082810	) Page
		gaming activities with nonmembers?		
		eneficiary or trustee of a trust, or a member of a partnership or other entity formed		_
	to administer charitable gaming	g?	🗌 Yes	
13	Indicate the percentage of gam	ning activity conducted in:		
а	The organization's facility		13a	
			13b	
14	Enter the name and address of	f the person who prepares the organization's gaming/special events books and records:		
	Name			
	Address			
15a	Does the organization have a c	contract with a third party from whom the organization receives gaming revenue? $_{\dots\dots\dots}$	Yes	
b		aming revenue received by the organization \$ and the amoun	t	
	of gaming revenue retained by			
С	If "Yes," enter name and addre	ess of the third party:		
	N a sea a			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	n \$		
	Description of services provide	،d		
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
а		der state law to make charitable distributions from the gaming proceeds to	Yes	
h		? ns required under state law to be distributed to other exempt organizations or spent in t		
D	organization's own exempt acti			
Pa		<b>formation.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9	, 9b, 10
	15b, 15c, 16, and 17b,	as applicable. Also provide any additional information. See instructions.		
3208	33 09-13-23		hedule G (Form	n 990) 2
		29	•	
_	L030 758396 00060	0000000 2023.05000 FOUNDATION FOR HEARING		6002

Schedule G	(Form 990)	:	FOUNDATION RESOURCES	FOR	HEARIN	IG AND	SPEEC	2H 3	86-608	82810	Page <b>4</b>
Part IV	Suppleme	ental Inform	nation (continued)								
									Sche	edule G (Fe	orm <u>99</u> 0)
332084 04-01-2	23				2	0			0010		
451030	758396	0006000	0000 202	3.05	3 000 FO	U UNDATI	ION FO	R HEARING	AND	0006	0021

SCHEDULE I (Form 990)	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.											
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form a.gov/Form990 for		ation.		Open to Public Inspection					
Name of the organization FOUNDATIC RESOURCES		ARING AND SP	-				Employer identification number 36-6082810					
Part I General Information on Grants a	and Assistance											
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance? ocedures for mon	itoring the use of grant	funds in the Unite	d States.			X Yes No					
Part II Grants and Other Assistance to recipient that received more than					anization answered "	res" on Form 990, Par	t IV, line 21, for any					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E. CHICAGO AVE CHICAGO, IL 60611	36-2170833	501 (C) (3)	23,867.	0.			SALARY SUPPORT - THE COCHLEAR IMPLANT EDUCATION COORDINATOR AND LOANER HEARING AID					
THE CHICAGO HEARING SOCIETY 2001 N. CLYBOURN AVE. CHICAGO, IL 60614	36-2244895	501 (C) (3)	10,000.	0.			LITERACY PROGRAM					
MERIT SCHOOL OF MUSIC 38 SOUTH PEORIA STREET CHICAGO, IL 60607	36-3028768	501 (C) (3)	49,769.	0.			PROVIDE MUSIC LESSONS TO HEARING IMPAIRED STUDENTS AT VARIOUS SCHOOLS					
ADVOCATE CHILDREN'S HOSPITAL 4440 W. 95TH AVE OAK LAWN, IL 60453	36-3297360	501 (C) (3)	10,000.	0.			LOANER HEARING AIDS					
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	he line 1 table	<u> </u>			4.					

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

# FOUNDATION FOR HEARING AND SPEECH RESOURCES

Schedule I (Form 990) 2023

Page **2** 

36-6082810

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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
USIC TO MY EARS SCHOLARSHIPS	32	28,866.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: SALARY SUPPORT - THE COCHLEAR

IMPLANT EDUCATION COORDINATOR AND LOANER HEARING AID PROGRAM.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. FOUNDATION FOR HEARING AND SPEECH



Employer identification number 36-6082810

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

RESOURCES

DIRECTORS DAVID AND CAREY GELFAND ARE HUSBAND AND WIFE.

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:

FULL SEARCH WAS CONDUCTED IN REGARDS TO THE COMPENSATION OF THE EXECUTIVE DIRECTOR IN 2016. A BOARD MEMBER OVERSAW THE SEARCH COMMITTEE. THIS WAS FURTHER VOTED ON, APPROVED AND DOCUMENTED BY THE BOARD OF DIRECTORS. THE BOARD TAKES INTO CONSIDERATION THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND THE PROPOSED CONTRACT IS DISSEMINATED ANNUALLY FOR CONSIDERATION SEVERAL WEEKS PRIOR TO THE MEETING AT WHICH TIME A VOTE IS EXPECTED. THE For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 I HA 332211 11-14-23 33 10451030 758396 0006000000 2023.05000 FOUNDATION FOR HEARING AND 00060021

Name of the organization FOUNDATION FOR HEARING AND SPEECH RESOURCES	Employer identification numbe 36-6082810
DISCUSSION AND VOTE TAKE PLACE IN EXECUTIVE SESSION OF	THE BOARD.
LINE 15B: THERE ARE NO OTHER COMPENSATED OFFICERS OR KE	Y EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INT	EREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON R	EQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANT:	
PROGRAM SERVICE EXPENSES	21,850
MANAGEMENT AND GENERAL EXPENSES	6,465
FUNDRAISING EXPENSES	55,801
TOTAL EXPENSES	84,116
INTERPRETER/TRANSLATION:	
PROGRAM SERVICE EXPENSES	275
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	275
MUSIC THERAPIST:	
PROGRAM SERVICE EXPENSES	15,909
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	15,909
PAYROLL FEES:	
332212 11-14-23	Schedule O (Form 990) 20

34

332212 11-14-23

Schedule O (Form 990) 2023

10451030 758396 0006000000 2023.05000 FOUNDATION FOR HEARING AND 00060021

Name of the organization FOUNDATION FOR HEARING AND SPEECH RESOURCES	Employer identification numb 36-6082810
PROGRAM SERVICE EXPENSES	C
MANAGEMENT AND GENERAL EXPENSES	1,681
FUNDRAISING EXPENSES	C
TOTAL EXPENSES	1,681
EDUCATION COORDINATOR:	
PROGRAM SERVICE EXPENSES	35,801
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	35,801
INTERNS:	
PROGRAM SERVICE EXPENSES	1,560
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	1,560
PUBLIC RELATIONS -:	
PROGRAM SERVICE EXPENSES	30,000
MANAGEMENT AND GENERAL EXPENSES	1,292
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	31,292
PHOTOGRAPHER :	
PROGRAM SERVICE EXPENSES	82
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	550
TOTAL EXPENSES	1 , 372 Schedule O (Form 990) 20

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Name of the organization	FOUNDATION RESOURCES	FOR	HEARING	AND	SPEECH	Employer identification number 36-6082810

## **RECRUITER:** PROGRAM SERVICE EXPENSES Ο. MANAGEMENT AND GENERAL EXPENSES 4,100. FUNDRAISING EXPENSES Ο. TOTAL EXPENSES 4,100. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 176,106.

332212 11-14-23