

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning OCT 1, 2012 **and ending** SEP 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEARING HEALTH FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 363 SEVENTH AVENUE City, town, or post office, state, and ZIP code NEW YORK, NY 10001 F Name and address of principal officer: SHARI EBERTS SAME AS C ABOVE	D Employer identification number 13-1882107 E Telephone number (212) 328-9480 G Gross receipts \$ 9,509,888. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HEARINGHEALTHFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1958 M State of legal domicile: NY

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: SINCE 1958, HEARING HEALTH FOUNDATION HAS BEEN THE LEADING NATIONAL SOURCE OF PRIVATE FUNDING		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	35
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	189,675.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,589.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,816,274.	7,668,085.
	9 Program service revenue (Part VIII, line 2g)	289,644.	189,675.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,177.	16,869.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-19,716.	93,934.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,124,379.	7,968,563.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,281,647.	1,596,061.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	596,280.	630,397.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	25,325.	42,360.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 638,120.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,062,392.	977,755.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,965,644.	3,246,573.
	19 Revenue less expenses. Subtract line 18 from line 12	-841,265.	4,721,990.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,508,057.	8,372,983.
	21 Total liabilities (Part X, line 26)	822,056.	977,516.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,686,001.	7,395,467.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer SHARI EBERTS, CHAIR Type or print name and title	Date	5/1/14
Paid Preparer Use Only	Print/Type preparer's name THOMAS F. BLANEY Firm's name ▶ O'CONNOR DAVIES, LLP Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022	Preparer's signature Date 4/29/14	Check if self-employed <input type="checkbox"/> PTIN P00234022 Firm's EIN ▶ 27-1728945 Phone no. (212) 286-2600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

THE MISSION OF HEARING HEALTH FOUNDATION IS TO PREVENT AND CURE HEARING LOSS AND TINNITUS THROUGH GROUNDBREAKING RESEARCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,797,133. including grants of \$ 1,596,061.) (Revenue \$ 70,405.)

HEARING RESTORATION PROJECT AND EMERGING RESEARCH GRANTS - SINCE 1958, HEARING HEALTH FOUNDATION HAS BEEN COMMITTED TO HEARING RESEARCH AND SUPPORTS TWO FUNDING PROGRAMS, THE HEARING RESTORATION PROJECT (HRP) AND EMERGING RESEARCH GRANTS (ERG). THE HRP IS A CONSORTIUM OF SENIOR SCIENTISTS ORGANIZED AND FUNDED BY HEARING HEALTH FOUNDATION, WITH A GOAL OF CURING HEARING LOSS AND TINNITUS THROUGH THE REGENERATION OF INNER EAR HAIR CELLS. A TOTAL OF 5 MULTI-INSTITUTIONAL GRANTS, AT \$997,286 WERE AWARDED IN 2013. THE ERG PROGRAM CULTIVATES RESEARCHERS NEW TO THE FIELD OF HEARING AND BALANCE SCIENCE. ERG CONTINUES TO FINANCE PROMISING RESEARCH PROJECTS THAT SHOW HIGH SCIENTIFIC MERIT AND CLEAR IMPORTANCE TO THE ADVANCEMENT OF BASIC, CLINICAL AND TRANSLATIONAL RESEARCH AND WILL LEAD TO MEDICAL THERAPIES AND

4b (Code:) (Expenses \$ 289,873. including grants of \$) (Revenue \$ 589.)

HEARING HEALTH MAGAZINE - HEARING HEALTH MAGAZINE IS THE ULTIMATE CONSUMER RESOURCE ON HEARING LOSS AND RELATED PRODUCTS. IT EARNED THIS POSITION OVER THE PAST 27 YEARS THROUGH STEADFAST DEDICATION FROM STAFF, QUALITY CONTRIBUTIONS AND COLLABORATIVE SUPPORT FROM ADVERTISERS. HEARING HEALTH MAGAZINE IS PUBLISHED QUARTERLY BY HEARING HEALTH FOUNDATION, WHICH SUPPORTS RESEARCH WITH THE GOAL OF MAKING HEARING LOSS AND TINNITUS THINGS OF THE PAST. HEARING HEALTH MAGAZINE'S MISSION IS TO EDUCATE INDIVIDUALS ABOUT THE EFFECTS OF HEARING LOSS ON HEALTH AND QUALITY OF LIFE AND TO INCREASE AWARENESS OF REAL-WORLD SOLUTIONS BASED ON THE LATEST RESEARCH AND TECHNOLOGY. HEARING HEALTH MAGAZINE IS CURRENTLY SENT TO 45,000 HOUSEHOLDS/ISSUE; WITH WAITING ROOM COPIES WE ESTIMATE READERSHIP TO BE APPROXIMATELY 215,000/ISSUE.

4c (Code:) (Expenses \$ 271,910. including grants of \$) (Revenue \$)

COMMUNICATION/EDUCATION - HEARING HEALTH FOUNDATION AIMS TO EDUCATE THE PUBLIC THROUGH A VARIETY OF DIFFERENT FORUMS. THROUGH EXTERNAL CONFERENCE ATTENDANCE AND EXHIBITING OPPORTUNITIES, THE FOUNDATION EDUCATES PROFESSIONALS AND THOSE WITH HEARING LOSS PERSONALLY OR IN THEIR FAMILIES. HEARING HEALTH FOUNDATION DISSEMINATES INFORMATION ON CURRENT RESEARCH AND CUTTING EDGE TECHNOLOGIES RELATED TO HEARING LOSS, AS WELL AS PROVIDES GENERAL INFORMATION ABOUT THE FOUNDATION'S WORK. THE FOUNDATION SPONSORS RESEARCH PROGRAMS AT CONFERENCES TO BRING DEVELOPMENTS ON HEARING RESEARCH TO NEW FORUMS AND POPULATIONS. THE FOUNDATION'S E-NEWSLETTER (HEARING HEALTH E-NEWS) WEBSITE, AND SOCIAL MEDIA CHANNELS ARE WAYS TO COMMUNICATE THE FOUNDATION'S PROGRAMS AND EVENTS TO THE COMMUNITY WITH HEARING LOSS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,358,916.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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 "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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 "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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 "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Questions include: 1a. Number of voting members (16); 1b. Number of independent members (16); 2-9. Various governance and organizational questions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No checkboxes. Questions include: 10a-16b. Policies regarding chapters, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17. List states where Form 990 is required (NY, AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL).
18. Section 6104 availability (Own website, Another's website, Upon request, Other).
19. Public availability of governing documents.
20. Name and address of person with books and records: DEMASCO, SENA AND JAHELKA, LLP - 516-541-6549, 5788 MERRICK ROAD, MASSAPEQUA, NY 11758.

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT BOUCAI DIRECTOR	1.00	X					0.	0.	0.	
(2) JUDY R. DUBNO, PHD COUNCIL REPRESENTATIVE	1.00	X					0.	0.	0.	
(3) REBECCA GINZBURG DIRECTOR	1.00	X					0.	0.	0.	
(4) ROGER M. HARRIS SECRETARY	1.00	X		X			0.	0.	0.	
(5) ELIZABETH KEITHLEY, PHD DIRECTOR	1.00	X					0.	0.	0.	
(6) RICHARD T. MIYAMOTO, MD DIRECTOR	0.50	X					0.	0.	0.	
(7) MICHAEL C. NOLAN TREASURER	1.00	X		X			0.	0.	0.	
(8) PAUL E. ORLIN DIRECTOR	1.00	X					0.	0.	0.	
(9) ELIZABETH THORP DIRECTOR	0.50	X					0.	0.	0.	
(10) CLIFFORD P. TALLMAN, JR DIRECTOR	2.00	X					0.	0.	0.	
(11) DAVID S. HAYNES MEDICAL DIRECTOR	1.00	X					0.	0.	0.	
(12) PETER STEYGER, PHD SCIENTIFIC DIRECTOR	5.00	X					0.	0.	0.	
(13) SHARI S. EBERTS CHAIR	20.00	X		X			0.	0.	0.	
(14) NANCY WILLIAMS DIRECTOR	10.00	X					0.	0.	0.	
(15) MARK ANGELO DIRECTOR	1.00	X					0.	0.	0.	
(16) CHRIS SMITH DIRECTOR	1.00	X					0.	0.	0.	
(17) ANDREA BOIDMAN EXECUTIVE DIRECTOR	55.00			X			163,500.	0.	287.	

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 646,569.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 7,021,516.				
	g Noncash contributions included in lines 1a-1f: \$	978,603.				
	h Total. Add lines 1a-1f	7,668,085.				
	Program Service Revenue	2 a PUBLISHING INCOME	Business Code 511120	189,675.	189,675.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		189,675.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		42,529.		42,529.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		-25,660.		-25,660.	
	8 a Gross income from fundraising events (not including \$ 646,569. of contributions reported on line 1c). See Part IV, line 18	a	162,065.			
		b Less: direct expenses	b 139,125.			
c Net income or (loss) from fundraising events			22,940.		22,940.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a GRANT REFUNDS	900099	70,405.	70,405.			
b MAGAZINE MARKETING	900099	589.	589.			
c						
d All other revenue						
e Total. Add lines 11a-11d		70,994.				
12 Total revenue. See instructions.		7,968,563.	70,994.	189,675.	39,809.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,580,731.	1,580,731.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	15,330.	15,330.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	166,570.	110,935.	41,643.	13,992.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	379,811.	80,955.	31,175.	267,681.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	84,016.	37,745.	25,219.	21,052.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	1,190.		1,190.	
c Accounting	50,975.		50,975.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	42,360.			42,360.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	96,014.	75,203.	5,256.	15,555.
12 Advertising and promotion	48,643.	34,234.	309.	14,100.
13 Office expenses	329,078.	148,411.	18,362.	162,305.
14 Information technology	45,911.	24,062.	5,255.	16,594.
15 Royalties				
16 Occupancy	123,325.	36,495.	41,890.	44,940.
17 Travel	46,709.	41,060.	783.	4,866.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,000.	5,000.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	48,935.	31,109.	8,913.	8,913.
23 Insurance	6,202.		6,202.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EDITORIAL/ARTWORK/DESIG	83,968.	81,393.		2,575.
b OTHER EXPENSES	39,564.	20,898.	11,476.	7,190.
c HONORARIA	34,200.	34,200.		
d FILING FEES	15,997.		889.	15,108.
e All other expenses	2,044.	1,155.		889.
25 Total functional expenses. Add lines 1 through 24e	3,246,573.	2,358,916.	249,537.	638,120.
26 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)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	9,080.	1	36,306.
	2	Savings and temporary cash investments	1,817,617.	2	4,261,961.
	3	Pledges and grants receivable, net	148,177.	3	2,537,815.
	4	Accounts receivable, net	49,445.	4	50,080.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	59,575.	9	29,310.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 234,755.		
	b	Less: accumulated depreciation	10b 121,268.	10c	113,487.
	11	Investments - publicly traded securities	1,315,793.	11	1,344,024.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,508,057.	16	8,372,983.	
Liabilities	17	Accounts payable and accrued expenses	79,126.	17	24,742.
	18	Grants payable	735,667.	18	943,824.
	19	Deferred revenue		19	5,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	7,263.	25	3,950.
	26	Total liabilities. Add lines 17 through 25	822,056.	26	977,516.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,228,437.	27	1,107,376.
	28	Temporarily restricted net assets	1,138,796.	28	1,562,500.
	29	Permanently restricted net assets	318,768.	29	4,725,591.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,686,001.	33	7,395,467.
	34	Total liabilities and net assets/fund balances	3,508,057.	34	8,372,983.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,968,563.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,246,573.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,721,990.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,686,001.
5	Net unrealized gains (losses) on investments	5	-12,524.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,395,467.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2012)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,685,122.	2,115,069.	1,751,935.	1,816,274.	7,668,085.	16,036,485.
2 Tax revenues levied for the organization'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	2,685,122.	2,115,069.	1,751,935.	1,816,274.	7,668,085.	16,036,485.
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)						7,589,308.
6 Public support. Subtract line 5 from line 4.						8,447,177.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,685,122.	2,115,069.	1,751,935.	1,816,274.	7,668,085.	16,036,485.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	15,550.	33,800.	37,126.	40,924.	42,529.	169,929.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	94,811.	185,857.	236,841.	289,644.	189,675.	996,828.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	15,309.	65,148.	7,677.	6,390.	70,994.	165,518.
11 Total support. Add lines 7 through 10						17,368,760.
12 Gross receipts from related activities, etc. (see instructions)					12	225,688.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	48.63 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	56.44 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from 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						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

HEARING HEALTH FOUNDATION

13-1882107

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT EXPENSE	3,950.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,950.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	10,117,657.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-12,524.
b	Donated services and use of facilities	2b	2,161,618.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,149,094.
3	Subtract line 2e from line 1	3	7,968,563.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,968,563.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	5,408,191.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,161,618.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,161,618.
3	Subtract line 2e from line 1	3	3,246,573.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,246,573.

Part XIII Supplemental Information

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

PART V, LINE 4: THE ENDOWMENT CORPUS FROM THE HEARST FOUNDATION

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

Part XIII Supplemental Information (continued)

PURPOSES.

PART X, LINE 2: THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH GRANT	15,330.	CHECK	0.		FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 1

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: GRANTEES ARE REQUIRED TO SUBMIT THEIR EXPENDITURE OR TERMINAL REPORT AT THE END OF THE FOUNDATION'S FUNDING SUPPORT, WITH A FINAL BUDGET. REGULAR NOTICES ARE SENT TO GRANTEES TO REMIND THEM WHEN THEIR REPORTS ARE DUE. ALL UNEXPENDED FUNDS MUST BE RETURNED WITH REPORT. BEFORE THE END OF THE GRANT YEAR, GRANTEES HAVE THE OPTION TO ASK FOR A NO COST-EXTENSION TO EXTEND THE TERM OF THEIR GRANT AWARD. GRANT EXTENSIONS ARE REVIEWED AND APPROVED BY THE FOUNDATION'S SCIENTIFIC DIRECTOR.

Multiple horizontal lines for supplemental information input.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CELEBRATING THE SENSES (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	808,634.		808,634.
	2	Less: Contributions	646,569.		646,569.
	3	Gross income (line 1 minus line 2)	162,065.		162,065.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	139,125.		139,125.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(139,125)
	11	Net income summary. Combine line 3, column (d), and line 10			22,940.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: TRIPi CONSULTING ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER: 255 PLUTARCH ROAD, HIGHLAND, NY 12528

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number
13-1882107

Name of the organization

HEARING HEALTH FOUNDATION

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3149 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	25,000.	0.			RESEARCH GRANTS
HARVARD UNIVERSITY P.O. BOX 415649 BOSTON, MA 02241-5649	04-2103580	501(C)(3)	25,000.	0.			RESEARCH GRANTS
CHILDREN'S HOSPITAL BOSTON P.O. BOX 414413 BOSTON, MA 02241-4413	04-2774441	501(C)(3)	24,674.	0.			RESEARCH GRANTS
OREGON HEALTH & SCIENCE UNIVERSITY L106 3181 S.W. SAM JACKSON PARK ROAD PORTLAND, OR 97239-3098	93-1176109	501(C)(3)	25,000.	0.			RESEARCH GRANTS
UNIVERSITY OF UTAH JOHN R. PARK BLDG. 201 PRESIDENTS CIRCLE, ROOM 408 - SALT LAKE CITY, UT 84111	87-6000525	501(C)(3)	25,000.	0.			RESEARCH GRANTS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE, MAIL STOP 733 - MEMPHIS, TN 38105	62-0646012	501(C)(3)	24,750.	0.			RESEARCH GRANTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **36.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS AMHERST - 70 BUTTERFIELD TERRACE - AMHERST, MA 01003	04-6002284	501(C)(3)	25,000.	0.		RESEARCH GRANTS	
NORTHEAST OHIO MEDICAL UNIVERSITY 4209 STATE ROUTE 44, BOX 95 ROOTSTOWN, OH 44272-0095	34-1264220	501(C)(3)	25,000.	0.		RESEARCH GRANTS	
UNIVERSITY OF CINCINNATI P.O. BOX 210222 CINCINNATI, OH 45221-0222	31-6000989	501(C)(3)	24,998.	0.		RESEARCH GRANTS	
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, BOX 359472 SEATTLE, WA 98195-9472	91-6001537	501(C)(3)	24,992.	0.		RESEARCH GRANTS	
UNIVERSITY OF MICHIGAN 5000 WOLVERINE TOWER 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1287	38-6006309	501(C)(3)	25,000.	0.		RESEARCH GRANTS	
ROCHESTER GENERAL HOSPITAL, RESEARCH INSTITUTE - 100 KINGS HIGHWAY SOUTH - ROCHESTER, NY 14617	16-0743134	501(C)(3)	24,948.	0.		RESEARCH GRANTS	
UNIVERSITY OF PITTSBURGH EYE AND EAR INSTITUTE - 3100 CATHEDRAL OF LEARNING - PITTSBURGH, PA 15260	25-0965591	501(C)(3)	25,000.	0.		RESEARCH GRANTS	
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - MLC 7030 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-0833936	501(C)(3)	25,000.	0.		RESEARCH GRANTS	
UNIVERSITY OF WISCONSIN 21 N. PARK, SUITE 6401 MADISON, WI 53715-3822	39-6006492	501(C)(3)	25,000.	0.		RESEARCH GRANTS	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 11000 KINROSS AVE. SUITE 211 BOX 951406 - LOS ANGELES, CA 90095-1406	95-6006143	501(C)(3)	25,000.	0.			RESEARCH GRANTS
EAST CAROLINA UNIVERSITY 2200 S. CHARLES BOULEVARD, GREENVILLE CENTRE, SUITE 2900 - GREENVILLE, NC 27	56-6000403	501(C)(3)	25,000.	0.			RESEARCH GRANTS
OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT STREET PORTLAND, OR 97239	93-1176109	501(C)(3)	25,000.	0.			RESEARCH GRANTS
UNIVERSITY OF FLORIDA C&G MAIN CAMPUS 123 GRINER HALL PO BOX 113001 - GAINESVILLE, FL 32611	59-6002052	501(C)(3)	24,963.	0.			RESEARCH GRANTS
UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	25,000.	0.			RESEARCH GRANTS
MASSACHUSETTS EYE AND EAR INFIRMARY - 243 CHARLES STREET - BOSTON, MA 02114	04-2103591	501(C)(3)	25,000.	0.			RESEARCH GRANTS
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297024 FORT WORTH, TX 76129	75-0827465	501(C)(3)	25,000.	0.			RESEARCH GRANTS
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE, BOX 259 NEW YORK, NY 10065-6399	13-1624158	501(C)(3)	25,000.	0.			RESEARCH GRANTS
UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	25,000.	0.			RESEARCH GRANTS

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable					
(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, BCM 206 HOUSTON, TX 77030	74-1613878	501(C)(3)	45,348.	0.			RESEARCH GRANTS
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, BOX 359472 SEATTLE, WA 98195-9472	91-6001537	501(C)(3)	19,571.	0.			RESEARCH GRANTS
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, BCM 206 HOUSTON, TX 77030	74-1613878	501(C)(3)	31,955.	0.			RESEARCH GRANTS
MASSACHUSETTS EYE AND EAR/HARVARD UNIVERSITY - 243 CHARLES STREET - BOSTON, MA 02114	04-2103591	501(C)(3)	43,868.	0.			RESEARCH GRANTS
STANFORD UNIVERSITY 801 WELCH ROAD STANFORD, CA 94305	94-1156365	501(C)(3)	37,817.	0.			RESEARCH GRANTS
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, BOX 359472 SEATTLE, WA 98195-9472	91-6001537	501(C)(3)	42,019.	0.			RESEARCH GRANTS
STOWERS INSTITUTE OF MEDICAL RESEARCH - 1000 E. 50TH ST. - KANSAS CITY, MO 64110	43-1684454	501(C)(3)	64,049.	0.			RESEARCH GRANTS
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, BOX 359472 SEATTLE, WA 98195-9472	91-6001537	501(C)(3)	43,446.	0.			RESEARCH GRANTS
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, BOX 359472 SEATTLE, WA 98195-9472	91-6001537	501(C)(3)	48,294.	0.			RESEARCH GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501(C)(3)	60,950.	0.			RESEARCH GRANTS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2; Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTEES ARE REQUIRED TO SUBMIT THEIR EXPENDITURE OR TERMINAL REPORT AT THE END OF THE FOUNDATION'S FUNDING SUPPORT, WITH A FINAL BUDGET. REGULAR NOTICES ARE SENT TO GRANTEES TO REMIND THEM WHEN THEIR REPORTS ARE DUE. ALL UNEXPENDED FUNDS MUST BE RETURNED WITH REPORT. BEFORE THE END OF THE GRANT YEAR, GRANTEES HAVE THE OPTION TO ASK FOR A NO COST-EXTENSION TO EXTEND THE TERM OF THEIR GRANT AWARD. GRANT EXTENSIONS ARE REVIEWED AND APPROVED BY THE FOUNDATION'S SCIENTIFIC DIRECTOR.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

HEARING HEALTH FOUNDATION

Employer identification number

13-1882107

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **HEARING HEALTH FOUNDATION** Employer identification number: **13-1882107**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	9	978,603.	FMV ON DATE OF DONAT
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

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

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

HEARING HEALTH FOUNDATION

Employer identification number

13-1882107

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

FOR BASIC, CLINICAL AND TRANSLATIONAL RESEARCH IN HEARING AND BALANCE
SCIENCE, PROVIDING MORE GRANTS IN HEARING AND BALANCE SCIENCE THAN ANY
OTHER CHARITABLE FOUNDATION. THROUGH OUR NEW HEARING RESTORATION
PROJECT, THE FOUNDATION HAS ORGANIZED AND IS FUNDING A CONSORTIUM OF
SENIOR SCIENTISTS WORKING TOGETHER ON A REGENERATIVE CURE FOR HEARING
LOSS. HEARING HEALTH FOUNDATION PROVIDES SUPPORT THROUGH OUR RESEARCH
GRANTS, AND THE SPONSORSHIP OF SCIENTIFIC AND RESEARCH MEETINGS AND
SEMINARS. HEARING HEALTH FOUNDATION IS COMMITTED TO EDUCATING THE
PUBLIC ON HEARING DISORDERS, TREATMENTS AND CURRENT RESEARCH, AS WELL
AS THE PREVENTION OF HEARING LOSS, AND DOES SO THROUGH THE PUBLICATION
OF OUR HEARING HEALTH MAGAZINE, OUR WEBSITE,
WWW.HEARINGHEALTHFOUNDATION.ORG, DIRECT MAIL PIECES, OUR E-NEWSLETTER
AND BY EXHIBITING AT VARIOUS INDUSTRY AND CONSUMER CONFERENCES.

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

TREATMENTS. A TOTAL OF 24 EMERGING RESEARCH GRANTS WERE AWARDED IN
FISCAL 2013 FOR A TOTAL OF \$598,775.

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

THE MAGAZINE IS ALSO PUBLISHED ON OUR WEBSITE THROUGH A DIGITAL EDITION
ADDING THOUSANDS MORE VIEWERS PER ISSUE.

FORM 990, PART VI, SECTION B, LINE 11: OUR FY 2013 990 WAS FIRST REVIEWED
BY THE EXECUTIVE DIRECTOR, AND A FEW SMALL CHANGES WERE MADE. IT WAS THEN
SENT VIA EMAIL ATTACHMENT TO OUR FINANCE COMMITTEE FOR REVIEW. THE FULL

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization

HEARING HEALTH FOUNDATION

Employer identification number

13-1882107

BOARD OF DIRECTORS RECEIVED THE EMAILED 990 BEFORE IT WAS FILED. NO CHANGES WERE MADE BY THE FINANCE COMMITTEE NOR BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH MEMBER OF THE BOARD OF DIRECTORS IS ASKED TO SIGN A CONFLICT OF INTEREST ("COI") POLICY ANNUALLY, AND LIST ALL OTHER ORGANIZATIONS WHERE THEY VOLUNTEER OR SIT ON A BOARD OF DIRECTORS. THE COI POLICIES ARE REVIEWED BY THE EXECUTIVE DIRECTOR ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: EMPLOYEE COMPENSATION WAS DETERMINED BY REVIEWING COMPENSATION SURVEY CONDUCTED BY "PROFESSIONALS FOR NONPROFITS (PNP)" AT THE TIME EACH EMPLOYEE WAS HIRED. CURRENTLY, ONE OFFICER IS COMPENSATED. IN THE FUTURE, IF ANY OTHER OFFICERS OR KEY EMPLOYEES ARE HIRED, THEY WILL UNDERGO THE SAME COMPENSATION REVIEW PROCESS AS THE TOP MANAGEMENT OFFICIALS.

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

FORM 990, PART VI, SECTION C, LINE 19: THE 990 IS AVAILABLE AS A PDF DOCUMENT ON OUR WEBSITE, UPON REQUEST, AND IN THE HEARING HEALTH FOUNDATION OFFICES. THE 990 IS ALSO AVAILABLE ON WWW.GUIDESTAR.ORG. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE IN OUR OFFICE AND UPON REQUEST, AND ARE INCORPORATED IN THE ANNUAL REPORT, WHICH IS PUBLISHED ON HEARING HEALTH FOUNDATION'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST (AND OTHER) POLICES ARE AVAILABLE IN THE HEARING HEALTH FOUNDATION OFFICES

Name of the organization

HEARING HEALTH FOUNDATION

Employer identification number

13-1882107

AND UPON REQUEST.

FORM 990, PART XII, LINE 2C

OVERSIGHT OF INDEPENDENT AUDIT

HEARING HEALTH FOUNDATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND FOR THE SELECTION OF THE INDEPENDENT AUDITORS, NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization or other filer, see instructions. HEARING HEALTH FOUNDATION	Employer identification number (EIN) or 13-1882107
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 363 SEVENTH AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DEMASCO, SENA AND JAHELKA, LLP

• The books are in the care of ▶ **5788 MERRICK ROAD - MASSAPEQUA, NY 11758**
 Telephone No. ▶ **516-541-6549** FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2012**, and ending **SEP 30, 2013**

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.