

**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)

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** OCT 1, 2010 **and ending** SEP 30, 2011

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> HEARING HEALTH FOUNDATION Doing Business As <u>DEAFNESS RESEARCH FOUNDATION</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>363 SEVENTH AVENUE, 10TH FLOOR</u> City or town, state or country, and ZIP + 4 <u>NEW YORK, NY 10001-3904</u> <b>F Name and address of principal officer:</b> <u>CLIFFORD P. TALLMAN, JR.</u> <u>SAME AS C ABOVE</u>	<b>D Employer identification number</b> 13-1882107  <b>E Telephone number</b> (212) 257-6140  <b>G Gross receipts \$</b> 2,132,470. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <u>WWW.HEARINGHEALTHFOUNDATION.ORG</u>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1958 <b>M State of legal domicile:</b> NY

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <u>SINCE 1958, HEARING HEALTH FOUNDATION HAS BEEN THE LEADING NATIONAL SOURCE OF PRIVATE FUNDING</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	17
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	236,841.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,115,069.
9 Program service revenue (Part VIII, line 2g)		185,857.	236,841.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,713.	38,991.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65,148.	-2,724.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,399,787.	2,025,043.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	559,776.
	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)	471,326.	437,670.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>284,006.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	635,891.	915,272.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,666,993.	1,962,192.	
19 Revenue less expenses. Subtract line 18 from line 12	732,794.	62,851.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,891,918.	End of Year 4,144,752.
	21 Total liabilities (Part X, line 26)	421,262.	629,553.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,470,656.	3,515,199.

**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.

<b>Sign Here</b>	Signature of officer: <u>Clifford P. Tallman</u> CLIFFORD P. TALLMAN, JR., CHAIR Type or print name and title	Date: <u>6/28/12</u>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <u>Thomas Blaney</u> Firm's name: <u>O'CONNOR DAYIES MUNNS &amp; DOBBINS, LLP</u> Firm's address: <u>60 EAST 42ND STREET, 36TH FL. NEW YORK, NY 10165-3698</u>	Preparer's signature: <u>[Signature]</u> Date: <u>6/28/12</u>	Check if self-employed <input type="checkbox"/>	PTIN: <u>P00234022</u> Firm's EIN: <u>13-3385019</u> Phone no.: <u>(212) 286-2600</u>
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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 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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 779,521. including grants of \$ 609,250. ) (Revenue \$ 6,972. ) EMERGING RESEARCH GRANTS- TO FINANCE PROMISING RESEARCH PROJECTS IN THE FIELD OF HEARING AND BALANCE SCIENCE THAT SHOW HIGH SCIENTIFIC MERIT AND CLEAR IMPORTANCE TO THE ADVANCEMENT OF BASIC, CLINICAL AND TRANSLATIONAL RESEARCH AND WILL LEAD TO MEDICAL THERAPIES AND TREATMENTS. A TOTAL OF 25 EMERGING RESEARCH GRANTS WERE AWARDED IN 2011, REPRESENTING A 13% INCREASE FROM 2010. HEARING HEALTH FOUNDATION HAS AWARDED OVER \$26.5 MILLION THROUGH OVER 2,000 RESEARCH GRANTS SINCE 1958.

4b (Code: ) (Expenses \$ 293,064. including grants of \$ ) (Revenue \$ 705. ) HEARING HEALTH MAGAZINE - HEARING HEALTH MAGAZINE IS THE ULTIMATE CONSUMER RESOURCE ON HEARING LOSS AND RELATED PRODUCTS. IT EARNED THIS POSITION OVER THE PAST 25 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 A LIFETIME OF HEARING HEALTH POSSIBLE FOR ALL. 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 PEOPLE; WITH WAITING ROOM COPIES WE ESTIMATE READERSHIP TO BE APPROXIMATELY 215,000/ISSUE

4c (Code: ) (Expenses \$ 242,628. 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 AND DISSEMINATES INFORMATION ON CURRENT RESEARCH AND CUTTING EDGE TECHNOLOGIES RELATED TO HEARING LOSS, AS WELL AS PROVIDES GENERAL INFORMATION ON THE FOUNDATION. 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, IS A WAY TO COMMUNICATE THE FOUNDATION'S PROGRAMS AND EVENTS TO SUBSCRIBERS. THE FOUNDATION'S STAFF, BOARD MEMBERS, AND RESEARCHERS ARE FEATURED, AS ARE PROGRAMS LIKE "IT'S A

4d Other program services. (Describe in Schedule O.) (Expenses \$ 41,258. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,356,471.

**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 Schedule B, Schedule of Contributors?	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 <b>Section 501(c)(3) organizations.</b> 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 where 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; 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 term, permanent, 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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, highly 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 a grant selection committee member, or to a person related to such an individual? <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, Parts II, III, IV, and V, line 1</i> .....		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
a 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> .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 <b>Section 501(c)(3) organizations.</b> 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 11 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

Main form area with questions 1a through 14b and columns for Yes/No and numerical answers.

**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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a			15
b	Enter the number of voting members included in line 1a, above, who are independent		
1b			15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9			

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10a			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12a			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
13			
14	Does the organization have a written document retention and destruction policy?	X	
14			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NY, AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
ROBERT BOUCAI DIRECTOR	0.50	X					0.	0.	0.	
JUDY R. DUBNO, PHD COUNCIL REPRESENTATIVE	1.00	X					0.	0.	0.	
GEORGE A. GATES, MD MEDICAL DIRECTOR	20.00	X					0.	0.	0.	
REBECCA GINZBURG DIRECTOR	1.00	X					0.	0.	0.	
ROGER M. HARRIS DIRECTOR	1.00	X					0.	0.	0.	
ELIZABETH KEITHLEY, PHD DIRECTOR	1.00	X					0.	0.	0.	
RICHARD T. MIYAMOTO, MD DIRECTOR	0.50	X					0.	0.	0.	
MICHAEL C. NOLAN TREASURER	1.00	X		X			0.	0.	0.	
PAUL E. ORLIN DIRECTOR	1.00	X					0.	0.	0.	
ELIZABETH THORP DIRECTOR	0.50	X					0.	0.	0.	
RICHARD A. UZUANIS EX-DIRECTOR	0.10	X					0.	0.	0.	
RONALD E. WEST SECRETARY	1.00	X		X			0.	0.	0.	
CLIFFORD P. TALLMAN, JR CHAIR	10.00	X		X			0.	0.	0.	
DAVID S. HAYNES MEDICAL DIRECTOR	1.00	X					0.	0.	0.	
PETER STEYGER, PHD SCIENTIFIC DIRECTOR	5.00	X					0.	0.	0.	
SHARI S. EBERTS DIRECTOR	10.00	X					0.	0.	0.	
ANDREA BOIDMAN EXECUTIVE DIRECTOR	55.00			X			129,361.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
<b>1b Sub-total</b>							129,361.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							129,361.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
4 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 "Yes," complete Schedule J for such individual</i> .....		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? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0



**Part VIII Statement of Revenue**

		(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	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 1,123.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1750812.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		1751935.			
	Program Service Revenue	<b>2 a</b> PUBLISHING INCOME	Business Code 511120	236,841.	236,841.	
		<b>b</b>				
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			236,841.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		37,126.		37,126.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	94,134.			
		<b>b</b> Less: cost or other basis and sales expenses	92,269.			
		<b>c</b> Gain or (loss)	1,865.			
	<b>d</b> Net gain or (loss)		1,865.		1,865.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,123. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	4,757.			
		<b>b</b> Less: direct expenses	15,158.			
<b>c</b> Net income or (loss) from fundraising events			-10,401.		-10,401.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
<b>11 a</b> GRANT REFUNDS		900099	6,972.	6,972.		
	<b>b</b> MAGAZINE MARKETING	900099	705.	705.		
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		7,677.			
<b>12 Total revenue.</b> See instructions.		2025043.	7,677.	236,841.	28,590.	

**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) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21	609,250.	609,250.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	140,208.	63,094.	40,662.	36,452.
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	239,052.	107,573.	70,994.	60,485.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	25,870.	11,641.	7,761.	6,468.
10 Payroll taxes	32,540.	14,643.	9,762.	8,135.
11 Fees for services (non-employees):				
a Management				
b Legal	3,090.	3,090.		
c Accounting	54,590.		54,590.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	114,439.	85,240.	20,239.	8,960.
12 Advertising and promotion	24,969.	10,976.	60.	13,933.
13 Office expenses	290,107.	191,070.	24,015.	75,022.
14 Information technology	54,852.	15,845.	14,357.	24,650.
15 Royalties				
16 Occupancy	124,719.	33,653.	57,414.	33,652.
17 Travel	60,555.	59,146.	685.	724.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,597.	21,597.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,583.	21,426.	11,157.	
23 Insurance	5,325.		5,325.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a EDITORIAL/ARTWORK/DESIG	101,855.	101,280.		575.
b FILING FEES	11,566.	10.		11,556.
c OTHER EXPENSES	8,540.	3,115.	4,679.	746.
d DUES AND SUBSCRIPTIONS	3,885.	1,222.	15.	2,648.
e HONORARIA	2,600.	2,600.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,962,192.	1,356,471.	321,715.	284,006.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	61,776.	1	89,582.
	2	Savings and temporary cash investments	2,690,462.	2	2,698,468.
	3	Pledges and grants receivable, net	47,295.	3	138,850.
	4	Accounts receivable, net	50,391.	4	58,005.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	51,160.	9	140,860.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 94,390.		
	b	Less: accumulated depreciation	10b 38,474.	10c	55,916.
	11	Investments - publicly traded securities	949,042.	11	963,071.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	21,426.	14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,891,918.	16	4,144,752.	
Liabilities	17	Accounts payable and accrued expenses	41,784.	17	69,697.
	18	Grants payable	366,518.	18	414,500.
	19	Deferred revenue	12,960.	19	131,100.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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. Complete Part X of Schedule D	0.	25	14,256.
	26	<b>Total liabilities.</b> Add lines 17 through 25	421,262.	26	629,553.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	2,829,818.	27	2,351,007.
	28	Temporarily restricted net assets	322,070.	28	845,424.
	29	Permanently restricted net assets	318,768.	29	318,768.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	3,470,656.	33	3,515,199.	
34	<b>Total liabilities and net assets/fund balances</b>	3,891,918.	34	4,144,752.	

**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	2,025,043.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,962,192.
3	Revenue less expenses. Subtract line 2 from line 1	3	62,851.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,470,656.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-18,308.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,515,199.

**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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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
3b	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 (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

HEARING HEALTH FOUNDATION

Employer identification number

13-1882107

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? ..... <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? ..... <b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,693,183.	1,800,920.	2,685,122.	2,115,069.	1,751,935.	10,046,229.
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 <b>Total.</b> Add lines 1 through 3 .....	1,693,183.	1,800,920.	2,685,122.	2,115,069.	1,751,935.	10,046,229.
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) .....						3,820,210.
6 <b>Public support.</b> Subtract line 5 from line 4.						6,226,019.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	1,693,183.	1,800,920.	2,685,122.	2,115,069.	1,751,935.	10,046,229.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	172,704.	66,564.	15,550.	33,800.	37,126.	325,744.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	92,619.	64,319.	94,811.	185,857.	236,841.	674,447.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	195.		15,309.	65,148.	7,677.	88,329.
11 <b>Total support.</b> Add lines 7 through 10						11,134,749.
12 Gross receipts from related activities, etc. (see instructions) .....					12	80,386.
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	55.92	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	60.60	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

GRANT REFUNDS



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2010**

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, aggregate 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 aggregate 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 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) (2010)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**  
Open to Public  
Inspection

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	328,766.	320,710.	319,405.		
b Contributions			50.		
c Net investment earnings, gains, and losses	3,420.	8,056.	1,255.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	332,186.	328,766.	320,710.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  96.00 %
- c Term endowment  4.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		41,887.	10,974.	30,913.
e Other		52,503.	27,500.	25,003.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				55,916.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) Amount
(1) Federal income taxes	
(2) DEFERRED RENT EXPENSE	14,256.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	14,256.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,025,043.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,962,192.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	62,851.
4	Net unrealized gains (losses) on investments	4	-18,308.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-18,308.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	44,543.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,058,505.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-18,308.
b	Donated services and use of facilities	2b	51,770.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	33,462.
3	Subtract line 2e from line 1	3	2,025,043.
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 XIV.)	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	2,025,043.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,013,962.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	51,770.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	51,770.
3	Subtract line 2e from line 1	3	1,962,192.
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 XIV.)	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	1,962,192.

**Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, 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 C.H.E.A.R. ENDOWMENT GRANT.

**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



**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

**2010**

Open to Public  
Inspection

Name of the organization  
**HEARING HEALTH FOUNDATION**

Employer identification number  
**13-1882107**

**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. Check this box if no one recipient 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
THE UNIVERSITY OF IOWA DEPT OF MOLECULAR PHYSIOLOGY & BIOPHYS, 51 NEWTON ROAD, BSB 5-611 - IOWA CIT	42-6004813	501(C)(3)	25,000.	0.			RESEARCH GRANT
THE UNIVERSITY OF MICHIGAN DEPT OF OTOLARYNGOLOGY- HNS 1150 WEST MEDICAL CENTER DRIVE - ANN ARBOR, MI 4	38-6006309	501(C)(3)	25,000.	0.			RESEARCH GRANT
WASHINGTON UNIVERSITY DEPT OF DEVELOPMENTAL BIOLOGY, 660 S. EUCLID AVENUE, CAMPUS BOX 8103 - ST. L	91-6001537	501(C)(3)	25,000.	0.			RESEARCH GRANT
CREIGHTON UNIVERSITY DEPT OF BIOMEDICAL SCIENCES, 2500 C OMAHA, NE 68178	47-0376583	501(C)(3)	25,000.	0.			RESEARCH GRANT
THE UNIVERSITY OF IOWA DEPT OF NEUROSURGERY 1825 JPP IOWA CITY, IA 52242	42-6004813	501(C)(3)	25,000.	0.			RESEARCH GRANT
MASSACHUSETTS EYE AND EAR INFIRMARY - DEPT OF OTOLARYNGOLOGY, 243 CHARLES STREET - BOSTON, MA 02114	42-1035910	501(C)(3)	25,000.	0.			RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations **25.**

3 Enter total number of other organizations **25.**

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

Schedule I (Form 990) (2010)

HEARING HEALTH FOUNDATION

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 SOUTHERN CALIFORNIA DEPT OF CELL AND NEUROBIOLOGY, 1501 SAN PABLO STREET, ZNI237 - LOS ANGELES,	95-1542394	501(C)(3)	25,000.	0.			RESEARCH GRANT
THE UNIVERSITY OF FLORIDA DEPT OF OTOLARYNGOLOGY, P.O. BOX 10 GAINESVILLE, FL 32607	59-6002052	501(C)(3)	24,950.	0.			RESEARCH GRANT
MICHIGAN STATE UNIVERSITY DEPT OF MICROBIOLOGY & MOLECULAR BIOLOGY, 5154 BIOMED PHYS, SCIENCE BLD - E.	38-6005984	501(C)(3)	25,000.	0.			RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE DEPT OF MOLECULAR AND HUMAN GENETICS, 1 BAYLOR PLAZA 700DH - HOUSTON, TX 7703	74-1613878	501(C)(3)	24,561.	0.			RESEARCH GRANT
SOUTHERN ILLINOIS UNIVERSITY DEPT OF OTOLARYNGOLOGY, P.O. BOX 19 SPRINGFIELD, IL 62794	37-6005961	501(C)(3)	25,000.	0.			RESEARCH GRANT
THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - DEPT OF SURGERY, 9500 GILMAN DRIVE - LA JOLLA, CA 92093	80-4355790	501(C)(3)	25,000.	0.			RESEARCH GRANT
TEXAS CHRISTIAN UNIVERSITY DEPT OF PSYCHOLOGY, 2800 SOUTH UNIVERSITY DR. - FORT WORTH, TX 76129	75-0827465	501(C)(3)	25,000.	0.			RESEARCH GRANT
HOUSE RESEARCH INSTITUTE DEPT OF CELL BIOLOGY AND GENETICS, 2100 WEST THIRD STREET - LOS ANGELES, CA 9	95-2127707	501(C)(3)	25,000.	0.			RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE - DEPT OF OTORHINOLARYNGOLOGY, 3400 BAINBRIDGE AVENUE, 3RD FLOOR - LHA	13-1624225	501(C)(3)	25,000.	0.			RESEARCH GRANT



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
THE UNIVERSITY OF ROCHESTER DEPT OF NEUROBIOLOGY AND ANATOMY, 601 ELMWOOD, BOX 603 - ROCHESTER, NY 14642	16-0743209	501(C)(3)	25,000.	0.			RESEARCH GRANT
ROSALIND FRANKLIN UNIVERSITY DEPT OF CELL BIOLOGY AND ANATOMY, 3333 GREEN BAY ROAD - NORTH CHICAGO, IL 60	36-2181973	501(C)(3)	24,739.	0.			RESEARCH GRANT
MASSACHUSETTS EYE AND EAR INFIRMARY - DEPT OF OTOLARYNGOLOGY, 243 CHARLES STREET - BOSTON, MA 02114	04-2103591	501(C)(3)	25,000.	0.			RESEARCH GRANT
NEW YORK MEDICAL COLLEGE DEPT OF CELL BIOLOGY & ANATOMY, 15 VALHALLA, NY 10595	13-1099420	501(C)(3)	25,000.	0.			RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD, L-47 PORTLAND, OR 97239	93-1176109	501(C)(3)	25,000.	0.			RESEARCH GRANT
WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE - DEPT OF OTOLARYNGOLOGY, 258 LANDE BUILDING, 550 E CANFIELD STREET - DETROIT, MI 48201	38-6028429	501(C)(3)	25,000.	0.			RESEARCH GRANT
MASSACHUSETTS EYE AND EAR INFIRMARY - DEPT OF OTOLARYNGOLOGY, 243 CHARLES ST - BOSTON, MA 02114	04-2103591	501(C)(3)	25,000.	0.			RESEARCH GRANT
PURDUE UNIVERSITY DEPTS OF BIOLOGICAL SCIENCES AND BIOMED ENG., 206 S. MARTIN JISCHKE DR. - WES	35-6002041	501(C)(3)	25,000.	0.			RESEARCH GRANT
WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE - DEPT OF OTOLARYNGOLOGY, 258 LANDE BUILDING, 550 E CANFIELD STREET - DETROIT, MI 48168	38-6028429	501(C)(3)	25,000.	0.			RESEARCH GRANT

LHA

**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
TRUSTEES OF DARTMOUTH COLLEGE DEPT OF SURGERY, ONE MEDICAL CENTER LEBANON, NH 03756	02-0222111	501(C)(3)	10,000.	0.		RESEARCH GRANT	

**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, 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 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

**2010**  
**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, THE SPONSORSHIP OF SCIENTIFIC AND RESEARCH MEETINGS AND SEMINARS, AND WORKSHOPS TEACHING RESEARCH METHODS AND WAYS TO OBTAIN RESEARCH FUNDING. HEARING HEALTH FOUNDATION IS COMMITTED TO EDUCATING THE PUBLIC ON HEARING DISORDERS, TREATMENTS AND CURRENT RESEARCH, 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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NOISY PLANET." OUR WEBSITE SERVES AS A RESOURCE FOR THOSE LOOKING FOR INFORMATION ON HEARING LOSS; ALL HEARING HEALTH MAGAZINE ARTICLES ARE ARCHIVED ON THE WEBSITE SINCE 2004, AND THE WEBSITE IS ALSO THE TOOL THROUGH WHICH OUR GRANTEEES SUBMIT APPLICATIONS AND REPORTS AND THEIR RESEARCH IS FEATURED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EXPENSE RELATING TO THE HEARING RESTORATION PROJECT CONSORTIUM MEMBER MEETING AND GENERAL MEETING EXPENSES.

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

EXPENSES \$ 41,258. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: OUR FY 2011 990 WAS FIRST REVIEWED BY THE EXECUTIVE DIRECTOR, AND A FEW SMALL CHANGED WERE MADE. IT WAS THEN SENT VIA EMAIL ATTACHMENT TO OUR FINANCE COMMITTEE FOR REVIEW. THE FULL 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 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, THERE IS ONLY ONE KEY EMPLOYEE. 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

Name of the organization HEARING HEALTH FOUNDATION	Employer identification number 13-1882107
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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 AND UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  
NET UNREALIZED LOSSES ON INVESTMENTS: -18,308.

FORM 990, PART XI, 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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b>	Name of exempt organization <b>HEARING HEALTH FOUNDATION</b>	Employer identification number <b>13-1882107</b>
File by the extended due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>363 SEVENTH AVENUE, 10TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10001</b>	

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	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**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.

4 I request an additional 3-month extension of time until **AUGUST 15, 2012**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2010**, and ending **SEP 30, 2011**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE NECESSARY INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

8a 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.	<b>8a</b>	\$	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 and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ **CPA, CFE** Date ▶ **5/2/12**