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

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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury

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

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

Inspection

A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number FOUNDATION FOR HEARING AND SPEECH Address change REHABILITATION Name change 36-6082810 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ PO BOX 180018 (773)769-6060termin-ated 493,819. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return CHICAGO, IL 60618 H(a) Is this a group return Applica-F Name and address of principal officer: STEVE SALZMAN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) ) ◀ (insert no.) 4947(a)(1) or \_\_\_ 501(c) ( If "No," attach a list. See instructions J Website: ► WWW.FHSR.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 1956 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: FUNDING FOR THE MOST INNOVATIVE Activities & Governance HEARING AND SPEECH PROGRAMS IN AMERICA. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) <u>15</u> Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) <del>35</del> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 117,394. 129,857.Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 39,035. 32,310.Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,938. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 159,367. 162,167. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 46,847. 53,661. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) O. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 111,548. 116,550. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 158,395. 170,211. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 972. -8,044. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,359,415. 2,163,105. 20 Total assets (Part X, line 16) 61,717. 56,867. 21 Total liabilities (Part X, line 26) 2,101,388. 2,302,548. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign STEVE SALZMAN, CO-CHAIR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature SUSAN M GREGGO P00595460 Paid Firm's name WARADY & DAVIS LLP Preparer Firm's EIN **►** 36-2170602 Firm's address 1717 DEERFIELD RD SUITE 300S Use Only Phone no. (847) 267-9600 DEERFIELD, IL 60015 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  RAISE FUNDS TO SUPPORT PROGRAMS WHICH ASSURE THAT INDIVIDUALS WITH
	HEARING AND COMMUNICATION DISORDERS HAVE THE OPPORTUNITY TO DEVELOP TO
	THEIR FULL POTENTIAL, ENJOY THE SAME SOCIAL AND EDUCATIONAL
	OPPORTUNITIES AS THEIR PEERS, AND LEAD HEALTHY AND FULFILLING LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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
J	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.
7	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	07.160
та	SUPPORT OF INNOVATIVE CLINICAL SERVICES, RESEARCH AND TRAINING PROGRAMS
	THAT ENABLE INDIVIDUALS WITH COMMUNICATIVE DISORDERS TO PARTICIPATE
	FULLY IN SOCIETY.
	·
4b	(Code: ) (Expenses \$ 12,290 • including grants of \$ 8,595 • ) (Revenue \$ )
713	THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES AN EARLY CHILDHOOD
	MUSIC TUITION SCHOLARSHIP FOR CHILDREN BORN WITH HEARING LOSS UP TO
	FOUR YEARS OF AGE.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 109,450.
	Form <b>990</b> (2020)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ <u></u>
	complete Schedule G, Part III	19		х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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# FOUNDATION FOR HEARING AND SPEECH REHABILITATION

Form 990 (2020)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7,7
04 -	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7,7
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<del></del>
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			X
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res</i> , complete schedule will bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		1
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			ų.
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
<b>D</b>	Note: All Form 990 filers are required to complete Schedule O	38	X	
Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b 0	J		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		

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Form **990** (2020)

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

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?	•	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions								
За				3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	ассоц	ınt)?	4a		X			
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5а	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction	?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions (	or gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).					77			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired	_		v			
	to file Form 8282?	i	Ι	7с		X			
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		Х			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?    Did the organization during the group manufacture of indirectly or indirectly or a payonal benefit contract?								
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
8	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>								
sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.			8					
а				9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	ا ممد	I						
_	organization is licensed to issue qualified health plans	13b	-						
	Enter the amount of reserves on hand	13c	<u> </u>	14a		X			
	4a Did the organization receive any payments for indoor tanning services during the tax year?  b. If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation on Schedule O								
15	<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O</li> <li>5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or</li> </ul>								
	excess parachute payment(s) during the year?			15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	ome?	16		Х			
	If "Yes," complete Form 4720, Schedule O.								
	· · · · · · · · · · · · · · · · · · ·			Гания	000	(2020)			

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

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
		1 1	_		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 1.							
2	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?							
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?		🗀	3	Х			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х		
6	Did the organization have members or stockholders?		L	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or						
	more members of the governing body?		2	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or						
	persons other than the governing body?		7	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:						
а	The governing body?		8	За	Х			
b	Each committee with authority to act on behalf of the governing body?		8	3b		X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)						
			_		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		1	0a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of							
	and branches to ensure their operations are consistent with the organization's exempt purposes? $$		1	0b	X			
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			2a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		<u>  1</u> :	2b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{"}$							
	in Schedule O how this was done		<u>  1</u>	2c	Х			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?		🔼	14	X			
15	Did the process for determining compensation of the following persons include a review and approve	val by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?						
а	The organization's CEO, Executive Director, or top management official		1	5a	Х			
b	Other officers or key employees of the organization		1	5b		Х		
	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 arrange	ement with a						
	taxable entity during the year?		1	6a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	·						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic							
	exempt status with respect to such arrangements?		1	6b				
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed >IL							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501	(c)(3)s	only)	avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.	0 / / / 5						
Own website Another's website Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy	y, and f	inan	cial			
00	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records ► _						
	KRISTEN VAN DYKE - (312)519-5400 PO BOX 180018. CHICAGO. IL 60618							

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#### Form 990 (2020)

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

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

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

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

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

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

(A)	(B)			((	C)	•		(D)	(E)	(F)
Name and title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week		, unle cer ar					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or director	au au			rted		organization	(W-2/1099-MISC)	from the
	related	stee	Institutional trustee		9	Highest compensated employee		(W-2/1099-MISC)		organization
	organizations below	lual tr	tional		nploye	st con yee	_			and related organizations
	line)	ndivid	nstitu	Officer	Key employee	Highes amplo	Former			organizations
(1) STEVEN SALZMAN	6.00	<del>  -</del>	<del>  -</del>		_	-				
CO-CHAIR		X		х				0.	0.	0.
(2) ROBERT HANDLER	6.00									
CO-CHAIR		X		Х				0.	0.	0.
(3) HEATHER BENNETT	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) RUDY RADASEVICH	3.00									
SECRETARY		Х		Х				0.	0.	0.
(5) DAN LOCKWOOD	1.50								_	_
TREASURER		Х		Х				0.	0.	0.
(6) JAMES G. BOROVSKY	5.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) DAVID GELFAND	5.00									
DIRECTOR		Х						0.	0.	0.
(8) ELLEN BABBITT	3.00	١								•
DIRECTOR	0.00	Х						0.	0.	0.
(9) JEFF GRAUNKE	2.00	١,,								0
DIRECTOR	0 50	Х						0.	0.	0.
(10) LOUISE HART	0.50	X						0.	0.	0
DIRECTOR	2 00	Α.						0.	0.	0.
(11) PAUL LURIE	2.00	X						0.	0.	0.
(12) CAREY R. GELFAND	2.00	^						0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
(13) AMANDA BIEDRON LONG	2.00	<u> </u>						0.	0.	
DIRECTOR	2.00	X						0.	0.	0.
(14) BENJAMIN KANTERS	2.00	122							•	
DIRECTOR	2.00	$\mathbf{x}$						0.	0.	0.
(15) JENNIFER EVANGELIDES	3.00								•	
DIRECTOR	3.30	$\mathbf{x}$						0.	0.	0.
(16) PATRICIA M. LIVINGSTON	1.00	ᢡ								
DIRECTOR THROUGH 6/8/21		x						0.	0.	0.
(17) LAURA BRITTON	2.00	Ť								
DIRECTOR THROUGH 6/8/21		x						0.	0.	0.
020007 10 02 00	•	_			•	_		•		Form <b>990</b> (2020)

Form **990** (2020)

36-6082810

Part VII Section A. Officers, Directors, (A)	(B)				<u>a</u> C)	JU		(D)	(E)			(F)	
Name and title	Average		Position					Reportable	(L) Reportable		Fet	וי) imate	d
Name and the	hours per		(do not check more than or box, unless person is both					· .	compensation			ount (	
	week	offi	cer ar	and a director/trustee)			tee)	from	from related		(	other	
	(list any	director					the	organizations			oensa		
	hours for related	or dir	g,			ated		organization	(W-2/1099-MISC	١ ا		om the	
	organizations	ustee	trust		e e	ubeus		(W-2/1099-MISC)			•	anizati I relate	
	below	dual tr	tional	١	nploy	st cor	<u>_</u>					nizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				3		
(18) ENRIQUE LOPEZ	2.00												
DIRECTOR THROUGH 6/8/21		Х						0.	(	١.			0.
(19) KRISTEN VAN DYKE	20.00												
EXECUTIVE DIRECTOR				Х				54,583.	(	) •			0.
		-											
										_			
		1											
										$\neg$			
										_			
										-			
		1											
										1			
1b Subtotal							<b>&gt;</b>	54,583.		١.			0.
c Total from continuation sheets to Pa	rt VII, Section A						▶	0.		) •			0.
d Total (add lines 1b and 1c)							<u> </u>	54,583.		) .			0.
2 Total number of individuals (including b		nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	0,000 of reportable				0
compensation from the organization	<u> </u>										Т	Yes	No
3 Did the organization list any former off	icer, director, trust	ee. I	kev (	emp	love	e. o	hic	ahest compensated emr	lovee on				
line 1a? If "Yes," complete Schedule J			•		•	•	•	griedt dempendated emp	•		3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than	\$150,000? <i>If</i> "Yes,	, " co	mpl	ete S	Sche	edule	e J	for such individual		[	4		Х
5 Did any person listed on line 1a receive	or accrue compe	nsat	ion 1	from	any	/ unr	ela	ted organization or indiv	dual for services				
rendered to the organization? If "Yes,"	complete Schedui	le J t	for s	uch	pers	son .					5		<u> </u>
Section B. Independent Contractors									• • • • • • • • • • • • • • • • • • • •				
1 Complete this table for your five highes the organization. Report compensation	· · · · · · · · · · · · · · · · · · ·								· · · · · · · · · · · · · · · · · · ·	ensat	tion fi	om	
(A)		real .	enui	ng v	VILII	OI W	ILIII	(B)	year.		(C	`	
Name and busir		N	INC	Ξ				Description of s	ervices	Co		<b>,</b> isatior	า
2 Total number of independent contractor		not li	mite	d to		_	ste	d above) who received m	nore than				
\$100,000 of compensation from the or	ganization >					0							
										F	orm 🤇	990 (2	2020)

36-6082810 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b 1,630. c Fundraising events ..... d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 128,227. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 129,857. h Total. Add lines 1a-1f. **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 38,735. 38,735. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of  $_{7a}$  325,227. assets other than inventory b Less: cost or other basis 76 331,652. Other Revenue and sales expenses -6,425. c Gain or (loss) \_\_\_\_\_\_7c -6,425. -6,425. d Net gain or (loss) ..... 8 a Gross income from fundraising events (not including \$1,630. ofcontributions reported on line 1c). See 0. Part IV, line 18 0. **b** Less: direct expenses ..... 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

162,167.

Total revenue. See instructions

e Total. Add lines 11a-11d .....

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a responsion not include amounts reported on lines 6b,	(A)	(B) I	(C) I	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		охропосо	general expenses	скрепосо
	and domestic governments. See Part IV, line 21	45,066.	45,066.		
2	Grants and other assistance to domestic	-	-		
	individuals. See Part IV, line 22	8,595.	8,595.		
3	Grants and other assistance to foreign	-	-		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а					
b					
С		7,450.		7,450.	
d					
е	D ( ' 1( 1 ' ' ' ' O D ' ' ' ' ' ' ' ' ' '				
f	Investment management fees				
g	//CI				
_	column (A) amount, list line 11g expenses on Sch 0.)	94,227.	49,452.	12,805.	31,970.
12	Advertising and promotion	2,535.		1,228.	31,970. 1,307.
13	Office expenses	1,506.	792.	677.	37.
14	Information technology	1,050.		1,050.	
15	Royalties				
16	Occupancy				
17	Travel	203.		203.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,089.		1,089.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,781.		1,781.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	FOOD AND BEVERAGE	4,186.	4,186.		
b	PROGRAM EVENT VENUE	1,274.	1,274.		
С	BANK CHARGES AND CREDIT	856.		856.	
d	DONATION	250.		250.	
е	All other expenses	143.	85.		58.
25	Total functional expenses. Add lines 1 through 24e	170,211.	109,450.	27,389.	33,372.
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)				

00060021

Part X | Balance Sheet

Part	<b>A</b>	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			97,693.	1	77,489
	2	Savings and temporary cash investments			65,961.	2	405,706
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	rsons (as defined				
		under section 4958(f)(1)), and persons descri	ction 4958(c)(3)(B)		6		
13	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges				9	
1	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	. 10a	1,838.			
	b	Less: accumulated depreciation	. 10b	1,838.	0.	10c	0
1	11	Investments - publicly traded securities			1,999,451.	11	1,876,220
1	12	Investments - other securities. See Part IV, lin			12		
1	13	Investments - program-related. See Part IV, lir			13		
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11			15		
1	16	Total assets. Add lines 1 through 15 (must e	qual line :	33)	2,163,105.	16	2,359,415
1	17	Accounts payable and accrued expenses			10,967.	17	8,617
1	18	Grants payable		50,750.	18	48,250	
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
<u>s</u> 2	22	Loans and other payables to any current or for	ormer offi	cer, director,			
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the				22	
2	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24	). Complete Part X			
		of Schedule D			61 717	25	E6 067
-   2	26	Total liabilities. Add lines 17 through 25			61,717.	26	56,867
န္မ		Organizations that follow FASB ASC 958, o	heck he	e 🕨 🛕			
Ĕ ,	\ <del>-</del>	and complete lines 27, 28, 32, and 33.			2,010,540.	07	2,211,700
	27	Net assets without donor restrictions			90,848.	27	90,848
	28	Net assets with donor restrictions			JU,040.	28	30,040
<u> </u>		Organizations that do not follow FASB ASC	, 958, CN	eck nere			
╸│、	20	and complete lines 29 through 33.	40			20	
ets	29	Capital stock or trust principal, or current fund				29	
4SS   3	30	Paid-in or capital surplus, or land, building, or				30	
∺∣	31	Retained earnings, endowment, accumulated			2,101,388.	31	2,302,548
_	32	Total liabilities and not assets/fund balances			2,163,105.	32 33	2,359,415
3	33	Total liabilities and net assets/fund balances			2,103,103.	აა	Form <b>990</b> (202)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,1			
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,2			
3	Revenue less expenses. Subtract line 2 from line 1	3			44.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,10	<u>1,3</u>	<u>88.</u>		
5	Net unrealized gains (losses) on investments	5	20	<u>9,2</u>	04.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,30	2,5	48.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	-	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 (	(2020)		

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

FOUNDATION FOR HEARING AND SPEECH Employer identification number Name of the organization REHABILITATION 36-6082810 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	120,990.	51,878.	153,045.	117,394.	129,857.	573,164.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	120,990.	51,878.	153,045.	117,394.	129,857.	573,164.		
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)						206,697.		
_6	Public support. Subtract line 5 from line 4.						366,467.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017 51,878.	(c) 2018	(d) 2019	(e) 2020	(f) Total 573,164.		
7	Amounts from line 4	120,990.	51,878.	153,045.	117,394.	129,857.	573,164.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources $\dots$	39,942.	44,705.	39,039.	44,611.	38,735.	207,032.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						500 106		
11	<b>Total support.</b> Add lines 7 through 10						780,196.		
12	Gross receipts from related activities,	•	,			12	29,196.		
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
<u></u>	organization, check this box and stor						<u></u>		
	etion C. Computation of Publ			I (f)			46.97 %		
	Public support percentage for 2020 (					14	11 06		
	Public support percentage from 2019					15	, -		
Ioa	33 1/3% support test - 2020. If the content have The organization qualifies						x and ► X		
h	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2019. If the organization</li></ul>						······································		
L.	and stop here. The organization qual						IIS DOX		
170	10% -facts-and-circumstances tes						or more		
17 a	and if the organization meets the fact								
	•			=	•	_			
h	meets the facts-and-circumstances to 10% -facts-and-circumstances tes	~		• • •		 17a and line 15 is			
Ď.	more, and if the organization meets the						1070 OI		
	organization meets the facts-and-circ				-				
12	Private foundation. If the organization		•						
	a.a .aaaaaa organizatio	ala liot oi look a	23/ 31. mio 10, 10	., ,	., J. 1551 11115 DOX 6		<u></u>		

Schedule A (Form 990 or 990-EZ) 2020

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

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

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)				
	(=) 0010	/b) 0017	/c) 0010	(4) 0040	(6) 0000	(£) T_=+=1
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	i					
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(a) 2010	(6) 2017	(6) 2010	(u) 2019	(e) 2020	(i) iotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)	-					<u> </u>
<b>14</b> First 5 years. If the Form 990 is for t	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here	lia 0					▶∟
Section C. Computation of Pub					1 1	
15 Public support percentage for 2020					15	
16 Public support percentage from 201					16	
Section D. Computation of Inve					T I	
17 Investment income percentage for 2						
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2020. If the	-					17 is not
more than 33 1/3%, check this box about the box support tests - 2019. If the	e organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
line 18 is not more than 33 1/3%, ch						
20 Private foundation If the organizati	on did not chack a	hay an line 1/1 10	a or 10h chack t	hie hay and eag ir	netructione	<b>▶</b> I

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	За		
	Sa		
	3b		
	20		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	6		
	J		
	7		
	8		
	,		
	9a		
	9b		
	JU		
	9с		
	10a		
	iua		
	10b		
m 9	90 or 99	0-FZ	2020

Pa	rt IV   Supporting Organizations (continued)			igo <b>c</b>
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1.0
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			1.0
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruc							
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see			

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

# FOUNDATION FOR HEARING AND SPEECH

Schedule A	(Form 990 or 990-EZ) 2020 REHABILITATION	36-6082810 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOUNDATION FOR HEARING AND SPEECH REHABILITATION

**Employer identification number** 36-6082810

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.			
		(a) Donor advise	ed funds	(b) Funds ar	nd other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	-			
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$				L Yes  No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	conferring	
Day	impermissible private benefit?				Yes No
Pai		-		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	` ' <u></u>	7		
	Preservation of land for public use (for example, recrea	ation or education)	☐ Preservation of a	• •	
	Protection of natural habitat		☐ Preservation of a	a certified historic	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contri	oution in the form o		
	day of the tax year.				at the End of the Tax Year
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization dur	ng the tax
	year •				
4	Number of states where property subject to conservation ea	_			
5	Does the organization have a written policy regarding the per				□ Vaa □ Na
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	and enforcing cons	ervation easemei	its during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcing concentrat	ion occomente d	ring the year
7	S	uling of violations, and e	inorcing conservat	ion easements u	uring trie year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(	h)(//)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati				165 140
5	balance sheet, and include, if applicable, the text of the footi		· ·		es the
	organization's accounting for conservation easements.	note to the organization	3 ililariolai staterrie	ins that describe	3 110
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Ot	her Similar A	ssets.
	Complete if the organization answered "Yes" on Form	•	,		
	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sheet	works
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its final	•	•	•	
b	If the organization elected, as permitted under FASB ASC 95				rks of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	, ,		•	,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$	
					_
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A			J /1	
а	Revenue included on Form 990, Part VIII, line 1	~		▶ \$	
	Assets included in Form 990, Part X				

032051 12-01-20

Schedule D (Form 990) 2020

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

Par	t III   Organizations Maintaining Co		t Hie	torical Tr	easures (	or Oth	er Simi	lar Asse	ts/continu		ge Z
									•	ueu)	
3	Using the organization's acquisition, accession	i, and other record	s, chec	k arry or trie	Tollowing tha	at make	signincan	t use of its			
	collection items (check all that apply):	_									
а	Public exhibition	d			hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explai	n how th	ney further t	he organizati	ion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or r	receive donations	of art, hi	storical trea	sures, or oth	er simila	r assets		_		
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange	<b>ements.</b> Comple	ete if the	organizatio	n answered	"Yes" or	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodiar	n or other intermed	liary for	contribution	ns or other as	ssets no	t included	l			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII ar										
		·	•						Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. C						•				140
Par											
		(a) Current year		rior year	(c) Two year			years back	(a) Four	veare h	nack
10	<del>-</del>	` ,	(D)	Tioi yeai	(C) TWO year	13 Dack	(u) IIIICC	yours back	(e) i oui	y cars i.	ack
	Contributions				-						
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	nt year end balanc	e (line 1	g, column (	a)) held as:						
а	Board designated or quasi-endowment >		_%								
b	Permanent endowment	%									
С	Term endowment ▶ %										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiza	ation tha	at are held a	and administe	ered for t	he organi	ization			
	by:	· ·					· ·			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								· <del>- ` · -</del>		
h	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on S	Schedule R?	· · · · · · · · · · · · · · · · · · ·				3b		
4	Describe in Part XIII the intended uses of the o										
Par	t VI Land, Buildings, and Equipme		WITIETIL	iulius.							
	Complete if the organization answered		) Part I\	/ line 11a 9	See Form 990	) Part X	line 10				
	Description of property	(a) Cost or o		ı	t or other		ccumulat	ed l	(d) Book	value	
	bescription of property	basis (investn			(other)		preciation		( <b>u</b> ) Dook	value	
	Land	+	.5.11)	المام	(36101)	ue	PICOIGLIOI				
	Land										
	Buildings										
	Leasehold improvements				1 020		1 0	20			_
	Equipment				1,838.		1,8	30.			0.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990. Part	X. colur	nn (B). line i	10c.)						0.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

		11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	: 11c. See Form 990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valuation
(1)		, , ,
(2)		
(3)		+
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
<b>(a)</b> D	escription (	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
. ,		
(8)		
(9)	15\	
otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)	
	5 000 B . W. W	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	
. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(1) Tederal income taxes		
(2)		
(2)	_	
(2) (3)		
(2) (3) (4)		
(2) (3) (4) (5) (6)		
(2) (3) (4) (5) (6) (7)		
(2) (3) (4) (5) (6)		

032053 12-01-20

36-6082810 Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Rever	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	0.1			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	· · · · · · · · · · · · · · · · · · ·			
	Add lines <b>4a</b> and <b>4b</b>	•	4c	
с <u>5</u>	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18			
5 <b>Pa</b>	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.	)	5	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

FOUNDATION FOR HEARING AND SPEECH Name of the organization Employer identification number REHABILITATION 36-6082810 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) SALARY SUPPORT OF SEVERAL ANN & ROBERT H. LURIE CHILDREN'S POSITIONS - AUDIOLOGY HOSPITAL OF CHICAGO - 225 E. SOCIAL WORKERS, AUDIOLOGY TECHNICIAN, AND THE CHICAGO AVE. - CHICAGO, IL 60611 36-2170833 501 (C) (3) 33,616. 0 THE CHICAGO HEARING SOCIETY 2001 N. CLYBOURN AVE. CHICAGO, IL 60614 36-2244895 501 (C) (3) 8,250 LITERACY PROGRAM UNIVERSITY OF CHICAGO COMER CHILDREN'S HOSPITAL - 5758 SOUTH MARYLAND AVE DCAM 4718 - CHICAGO TT. 60637 36-2177139 501 (C) (3) 1,000 0 LOANER HEARING AIDS UNIVERSITY IF ILLINOIS CHICAGO 1855 W. TAYLOR STREET; B46 CHICAGO IL 60612 37-6000511 501 (C) (3) 2 200 LOANER HEARING AIDS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

0.

Schedule I (Form 990) 2020 REHABILITATION					36-6082810	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed		e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
MUSIC TO MY EARS SCHOLARSHIPS	13	8,595.	0.			
Part IV Supplemental Information. Provide the information re	equired in Part I, lir	ne 2; Part III, column	n (b); and any other a	dditional information.		
PART II, LINE 1, COLUMN (H):						
NAME OF ORGANIZATION OR GOVERNMEN	T:					
ANN & ROBERT H. LURIE CHILDREN'S	HOSPITAL	OF CHICAGO	)			
(H) PURPOSE OF GRANT OR ASSISTANCE	E: SALARY	SUPPORT C	F SEVERAL	POSITIONS		
- AUDIOLOGY SOCIAL WORKERS, AUDIO	LOGY TECH	NICIAN, AN	ID THE COCH	ILEAR		
IMPLANT EDUCATION COORDINATOR.						

# SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

FOUNDATION FOR HEARING AND SPEECH REHABILITATION

**Employer identification number** 36-6082810

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

DIRECTORS DAVID AND CAREY GELFAND ARE HUSBAND AND WIFE.

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

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

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

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

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

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

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

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

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

A FULL SEARCH WAS CONDUCTED IN REGARDS TO THE COMPENSATION OF THE EXECUTIVE DIRECTOR IN 2016. A BOARD MEMBER OVERSAW THE SEARCH COMMITTEE. THIS WAS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2	:020				Page 2
Name of the organization FOUL REH	NDATION FOR HEARI ABILITATION	ING AND SPEECH		Employer identificat	
FURTHER VOTED ON,	APPROVED AND DOC	UMENTED BY THE	BOARD OF	DIRECTORS.	THE
BOARD TAKES INTO	CONSIDERATION THE	PERFORMANCE OF	THE EXE	CUTIVE DIREC	CTOR
AND THE PROPOSED	CONTRACT IS DISSE	MINATED ANNUALL	Y FOR CO	NSIDERATION	
SEVERAL WEEKS PRICE	OR TO THE MEETING	AT WHICH TIME	A VOTE I	S EXPECTED.	THE
DISCUSSION AND VO	TE TAKE PLACE IN	EXECUTIVE SESSI	ON OF TH	E BOARD.	
LINE 15B: THERE A	RE NO OTHER COMPE	NSATED OFFICERS	OR KEY	EMPLOYEES.	
FORM 990, PART VI	, SECTION C, LINE	19:			
THE ORGANIZATION'S	GOVERNING DOCUM	HENTS, CONFLICT	OF INTER	EST POLICY A	AND
FINANCIAL STATEMEN	NTS ARE AVAILABLE	TO THE PUBLIC	UPON REQ	UEST.	
TODY 000 DADE TV					
FORM 990, PART IX	, LINE IIG, OTHER	rees:			
CONSULTANT:	Z DENGE G				
PROGRAM SERVICE EX					43,958.
MANAGEMENT AND GEI					12,805.
FUNDRAISING EXPEN	BES				22,587.
TOTAL EXPENSES				-	79,350.
GRANT CONSULTANT:					
PROGRAM SERVICE EX	KPENSES				0.
MANAGEMENT AND GEI	NERAL EXPENSES				0.
FUNDRAISING EXPEN	SES				9,383.
TOTAL EXPENSES					9,383.
INTERPRETER:					
	VDENCEC				394.
PROGRAM SERVICE EX					
MANAGEMENT AND GEI	VERAL EXPENSES		Sche	edule O (Form 990 or 9	0 • 990-EZ) 2020
		33			

Name of the organization FOUNDATION FOR HEARING AND SPEECH REHABILITATION	Employer identification number 36-6082810
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	394.
AUDIOVISUAL:	
PROGRAM SERVICE EXPENSES	1,940.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,940.
TEACHING SERVICES:	
PROGRAM SERVICE EXPENSES	3,160.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,160.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
	_

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

STATE COPY

	ffice Use Only ILLINOIS CHARITABLE ORGAN				Revised 1/1
PMT				01	
	Charitable Trust Bureau 11th Floor, Chicag		י co		001287
	_	•			items attached:
AMT	Report for the Fisc			Copy of IR	
	Paringing 01 /0:		ke Checks		nancial Statements
	Beginning 01/03	_/ <u>ZUZU</u> Pay	/able to	Copy of Fo	
INIT		Cha	arity 🖳		nual Report Filing Fee
			reau Fund		ate Report Filing Fee
		OAY YR		MO	
Are co	ontributions to the organization tax deductible? X Yes No		ization was created	: 0.	1/11/1956
	LEGAL FOUNDATION FOR HEARING AND SPEEC		Year-end		
	NAME REHABILITATION		amounts	A) Ø	2 2 5 0 4 1 5
	MAIL		ASSETS		2,359,415
1	DDRESS PO BOX 180018	'		B) \$	56,867
	Y, STATE CHICAGO, IL	<u>(C)</u>	NET ASSETS	C) \$	2,302,548
	P CODE 60618		DEDOENTAGE		ANACHINT
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR		PERCENTAGE		AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS	AMTS.)	80.076%	D) \$	129,857
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	<u> </u>		E) \$ F) \$	32,310
	F) OTHER REVENUES	<u> </u>	19.924%	г) ф	32,310
	ON TOTAL DEVENUE INCOME AND CONTRIBUTIONS DESCRIPTO (ADD D. F. A. D.	,	400.0/	C)	160 167
١	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F	·	100 %	G) \$	162,167
II.	SUMMARY OF ALL EXPENDITURES DURING THE YE		37.826%	ть Ф	61 201
	H) OPERATING CHARITABLE PROGRAM EXPENSE	<u> </u>	37.040%	H) \$	64,384
	III EDUCATION DECORAM OFFICIOS EVENOS		2/	n	
	I) EDUCATION PROGRAM SERVICE EXPENSE	_	%	l) \$	
	IV TOTAL CHARITARI F RECORDAM CERVICE EVERNOF (ARR II 0 IV		37.826%	ı, m	64,384
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	<u></u> :	37.020%	J) \$	04,304
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	¢			
	JI) JOINT COSTS ALLOCATED TO FROGRAM SERVICES (INCLUDED IN J).	\$			
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		26.477%	K) \$	45,066
	(i) divinio io orientorialimisee orientialisee	<del>  </del>	2002770	Τ() Ψ	
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	,	64.303%	L) \$	109,450
	E, TOTAL STRUMBLE FROM SERVICE EXCENSIONE (NOS CARY		0 2 0 0 0 70	-, ψ	
	M) MANAGEMENT AND GENERAL EXPENSE		16.091%	M) \$	27,389
	,		,,	, ψ	,
	N) FUNDRAISING EXPENSE		19.606%	N) \$	33,372
	.,,			··/ <del>•</del>	
	O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	0) \$	170,211
l					
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSUL (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. C				
	PROFESSIONAL FUNDRAISERS:	no for each first.)			
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS		100 %	P) \$	0
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS:				
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$	0
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSON	S DURING THE YEAR	R: [		
	T) NAME, TITLE: NONE			T) \$	
	U) NAME, TITLE:			U) \$	
	V) NAME, TITLE:			V) \$	
V.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM CODE CATEGORIES	AM (3 HIGHEST BY \$ EXPENDED)		List on ba	ck side of instructions
I					CODE
098091 04-22-20	W) DESCRIPTION: FUNDING OF MEDICAL RESEARCH			W)#	150
091	X) DESCRIPTION: SERVICES FOR THE HEARING AI	ID SPEECH IMPA		X) #	125
860	Y) DESCRIPTION:			Y) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
				77
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
۷.	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
1	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
٦.	THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
	OR ORGANIZATION?	5.		X
c	DID THE ODGANIZATION HEE THE CEDVICES OF A DROFFSCIONAL FUNDRAISEDS (ATTACH FORM IFS)	6.		X
0.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	0.		Λ
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?			X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND  GENERAL \$ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
	, AND (IV) THE ANIOUNT ALLOCATED TO TONDITAIOING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			77
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
10.	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
		1		
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	CHARLES SCHWAB, 114 WEST 47TH ST., NEW YORK, NY 10036-1525			
	<u></u>			
	BMO HARRIS BANK N.A., PO BOX 94033, PALATINE, IL 60094			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KRISTEN VAN DYKE - (312)519-5400			
Δ1 1	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

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

### BE SURE TO INCLUDE ALL FEES DUE:

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

# STEVE SALZMAN

PRESIDENT or TRUSTEE (PRINT NAME) **SIGNATURE** DATE DAN LOCKWOOD SIGNATURE TREASURER or TRUSTEE (PRINT NAME) DATE

**SIGNATURE** 

SUSAN M GREGGO

PREPARER (PRINT NAME)

DATE

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

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

Inspection

А	For the	e 2020 calendar year, or tax year beginning and	enaing	_			
В	Check if applicab	C Name of organization		D Employer identifi	cation number		
	FOUNDATION FOR HEARING AND SPEECH						
F	□Name			36-60828	1.0		
F	chang lnitial return		Doom/cuito	+			
	return Final return	DO DOV 190019			-6060		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	493,819.		
	Amen return	CHICAGO, IL 00010	average		eturn		
	Application			for subordinates	? Yes X No		
	Pending   SAME AS C ABOVE H(K			H(b) Are all subordinates included? Yes No			
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
		te: WWW.FHSR.ORG		H(c) Group exemptio			
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1956 N	<b>M</b> State of legal domicile: <b>IL</b>		
P	art I	Summary	T110 E	D MILE MOOR	T1710172 M T170		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: $FUND$ HEARING AND SPEECH PROGRAMS IN AMERICA.	ING FO	OR THE MOST	INNOVATIVE		
rns	2	Check this box if the organization discontinued its operations or disposition	sed of mor	e than 25% of its net as			
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	15		
ر ق	4	Number of independent voting members of the governing body (Part VI, line 1b)			15		
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0		
Ĭ₹	6	Total number of volunteers (estimate if necessary)			35		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······	7b	0.		
	1		_	Prior Year	Current Year		
ne	8	Contributions and grants (Part VIII, line 1h)		117,394.	129,857.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39,035. 2,938.	32,310.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		159,367.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		46,847.	53,661.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
"	1			0.	0.		
Expenses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  33,3		0.	0.		
ber	h	Total fundraising expenses (Part IX, column (D), line 25) 33.3	72.				
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		111,548.	116,550.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		158,395.	170,211.		
		Revenue less expenses. Subtract line 18 from line 12		972.			
Or Soc	3			eginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		2,163,105.	2,359,415.		
ASS	21	Total liabilities (Part X, line 26)		61,717.	56,867.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		2,101,388.	2,302,548.		
P	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.			
		Signature of officer		 Date			
Sig		<b>,</b>		Date			
He	re	STEVE SALZMAN, CO-CHAIR Type or print name and title					
				Date Check	PTIN		
Pai	Н	Print/Type preparer's name  SUSAN M GREGGO  Preparer's signature		if			
Paid Preparer		Firm's name WARADY & DAVIS LLP		self-employ Firm's EIN ▶	36-2170602		
	Only	Firm's address 1717 DEERFIELD RD SUITE 300S		I IIIII 2 LIIV	JU 2110002		
DEERFIELD, IL 60015   Phone no. (847) 267-9600							
					X Yes No		
	001 12-2	·	ions.		Form <b>990</b> (2020)		
					(=320)		

	THEIR FULL POTENTIAL, ENJOY THE SAME SOCIAL AND EDUCATIONAL
	OPPORTUNITIES AS THEIR PEERS, AND LEAD HEALTHY AND FULFILLING LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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 \$97,160 •including grants of \$45,066 •) (Revenue \$)
	SUPPORT OF INNOVATIVE CLINICAL SERVICES, RESEARCH AND TRAINING PROGRAMS
	THAT ENABLE INDIVIDUALS WITH COMMUNICATIVE DISORDERS TO PARTICIPATE FULLY IN SOCIETY.
	FOREI IN BOCIEII:
	10.000
4b	(Code:) (Expenses \$ 12,290. including grants of \$ 8,595. ) (Revenue \$) THE MUSIC TO MY EARS SCHOLARSHIP PROGRAM PROVIDES AN EARLY CHILDHOOD
	MUSIC TUITION SCHOLARSHIP FOR CHILDREN BORN WITH HEARING LOSS UP TO
	FOUR YEARS OF AGE.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 109,450.
	Form <b>990</b> (2020)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			3,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ <sub>37</sub>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ <sub>37</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ •
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	l

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#### FOUNDATION FOR HEARING AND SPEECH REHABILITATION

Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			٠,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part III	21		1
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
07	If "Yes," complete Schedule R, Part V, line 2	36		Α.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

032004 12-23-20

Form **990** (2020)

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5C		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		Х
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		41
	ii 165, complete i umi 4120, conedule o.	Form	990	(2020)

Form 990 (2020)

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

						Δ			
Sec	tion A. Governing Body and Management								
		1 1	1 5		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		اء ہ						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?			2	X				
3	Did the organization delegate control over management duties customarily performed by or under t								
	of officers, directors, trustees, or key employees to a management company or other person?			3	X				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х			
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?			7a		X			
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?		[	8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b		Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
			_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the for	m?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		[	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official		[	15a	X				
b	Other officers or key employees of the organization		[	15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a							
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶IL								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Section 50	1(c)(3)	s only	) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain	n on Schedule O)							
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,									
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records							
	KRISTEN VAN DYKE - (312)519-5400	<u>-</u>							
	PO BOX 180018 CHTCAGO II. 60618								

Form **990** (2020)

00060021

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

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

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

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

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

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

(A)	(B)			((	C)	•		(D)	(E)	(F)
Name and title	Average		Position (do not check more than one pox, unless person is both an		Reportable	Reportable	Estimated			
	hours per week		, unle cer ar					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or director	au au			rted		organization	(W-2/1099-MISC)	from the
	related	stee	Institutional trustee		9	Highest compensated employee		(W-2/1099-MISC)		organization
	organizations below	lual tr	tional		nploye	st con yee	_			and related organizations
	line)	ndivid	nstitu	Officer	Key employee	Highes amplo	Former			organizations
(1) STEVEN SALZMAN	6.00	<del>  -</del>	<del>  -</del>		_	-				
CO-CHAIR		X		х				0.	0.	0.
(2) ROBERT HANDLER	6.00									
CO-CHAIR		X		Х				0.	0.	0.
(3) HEATHER BENNETT	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) RUDY RADASEVICH	3.00									
SECRETARY		Х		Х				0.	0.	0.
(5) DAN LOCKWOOD	1.50								_	_
TREASURER		Х		Х				0.	0.	0.
(6) JAMES G. BOROVSKY	5.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) DAVID GELFAND	5.00									
DIRECTOR		Х						0.	0.	0.
(8) ELLEN BABBITT	3.00	١								0
DIRECTOR	0.00	Х						0.	0.	0.
(9) JEFF GRAUNKE	2.00	١,,								0
DIRECTOR	0 50	Х						0.	0.	0.
(10) LOUISE HART	0.50	X						0.	0.	0
DIRECTOR	2 00	Α.						0.	0.	0.
(11) PAUL LURIE	2.00	X						0.	0.	0.
(12) CAREY R. GELFAND	2.00	^						0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
(13) AMANDA BIEDRON LONG	2.00	<u> </u>						0.	0.	
DIRECTOR	2.00	X						0.	0.	0.
(14) BENJAMIN KANTERS	2.00	122							•	
DIRECTOR	2.00	$\mathbf{x}$						0.	0.	0.
(15) JENNIFER EVANGELIDES	3.00	1							•	
DIRECTOR	3.30	$\mathbf{x}$						0.	0.	0.
(16) PATRICIA M. LIVINGSTON	1.00	ᢡ								
DIRECTOR THROUGH 6/8/21		x						0.	0.	0.
(17) LAURA BRITTON	2.00	Ť								
DIRECTOR THROUGH 6/8/21		x						0.	0.	0.
020007 10 02 00	•	_			•	_		•		Form <b>990</b> (2020)

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00060021

36-6082810

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)	• • • • • • • • • • • • • • • • • • • •					(D)	(E)			(F)		
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Es	timate	èd
	hours per week					is bot			compensation			nount	
	(list any	<del>-</del>					<u> </u>	from the	from related organizations			other	
	hours for	direct				L		organization	(W-2/1099-MISC	3)		pensa om th	
	related	3e or	stee			nsate		(W-2/1099-MISC)	(W 2) 1000 WIGG	"		anizat	
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		,			•	d relat	
	below	vidual	tutior	Je.	Key employee	nest co	ner				orga	anizati	ons
	line)	ib	Insti	Officer	Key	High	Former						
(18) ENRIQUE LOPEZ	2.00												_
DIRECTOR THROUGH 6/8/21		Х						0.		0.			0.
(19) KRISTEN VAN DYKE	20.00			l				F.4. F.0.2		_			^
EXECUTIVE DIRECTOR				Х				54,583.		0.			0.
										$\dashv$			
						-	_			$\dashv$			
						-	_			$\dashv$			
						$\vdash$				$\dashv$			
						-	$\vdash$			$\dashv$			
										$\dashv$			
1b Subtotal	l				I	1	<b>—</b>	54,583.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								54,583.		0.			0.
2 Total number of individuals (including but n								received more than \$100	,000 of reportable				
compensation from the organization						•							0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, o	r hig	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		Х
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual		[	4		Х
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	uch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		/ear.				
<b>(A)</b> Name and business	address	NT/	ONE	7				<b>(B)</b> Description of s	envices	C,	(C	<b>))</b> nsatio	n
- Name and business	<u>audic33</u>	TAC	)INI	<u> </u>			$\dashv$	Description of s	CIVICCS				
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	ore than				
\$100,000 of compensation from the organi						0							
										ı	Form	990 (2	2020)

36-6082810

Form 990 (2020) REHABIL
Part VIII Statement of Revenue

			Check if Schedule O contains a response or	r note to any lin	e in this Part VIII			
			Check if Schedule O contains a response or	Tible to arry iiri	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
<u> </u>								sections 512 - 514
nts I	1	а	Federated campaigns 1a					
Sra or		b	Membership dues1b					
S, (		С	Fundraising events1c	1,630.				
a it			Related organizations 1d					
s, (			Government grants (contributions) 1e					
io io			All other contributions, gifts, grants, and					
he bt				28,227.				
들턴		~	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts		_			129,857.			
		'''	Total. Add lines 1a-1f	Business Code	125,0574			
	_		<del>  '</del>	Susiness Code				
်	2							
le G		b						
n S		С						
₹e		d						
Program Service Revenue		е						
۵.		f	All other program service revenue					
		g	Total. Add lines 2a-2f	<b>&gt;</b>				
	3		Investment income (including dividends, interes	t, and				
			other similar amounts)	<b>&gt;</b>	38,735.			38,735.
	4		Income from investment of tax-exempt bond pro					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a	· ·				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not worth line and a william					
			Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other				
	′	а	005 005	(ii) Other				
		_	· <del>                                     </del>					
a		b	Less: cost or other basis					
ğ			and sales expenses 7b 331,652.  Gain or (loss) 7c -6,425.					
Revenue		С	Gain or (loss) [7c] -6,425•		C 405			6 405
Ğ.			Net gain or (loss)	<b></b>	-6,425.			-6,425.
ther	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See	_				
			Part IV, line 188a	0.				
		b	Less: direct expenses8b	0.				
		С	Net income or (loss) from fundraising events		0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
			Gross sales of inventory, less returns					
			and allowances 10a					
		h	Less: cost of goods sold 10b					
-		U	Net income or (loss) from sales of inventory	Business Code				
ns			<del>  '</del>	Susiness Code				
ne ge	11							
le le		b		<del> </del>				
Miscellaneous Revenue		С						
Ξ̈́			All other revenue					
		е	Total. Add lines 11a-11d		160 160	^	^	20 210
	12		Total revenue. See instructions	<b>_</b>	162,167.	0.	0.	32,310.

00060021

# Part IX Statement of Functional Expenses

Soction 50	1(c)(3) and 501(c)(4) organizations must complete all columns	All other erganizations must complete column (A)
Section 30	HUNDI AHU DU HUN4I UHAHIZANUHS HIUSI UUHDIELE AH UUUHHIS	. Ali Uli lei Uluai ilzaliUlis Iliusi Culliblele Cululi II (A).

Do n	Check if Schedule O contains a respon of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	45 066	45 066		
	and domestic governments. See Part IV, line 21	45,066.	45,066.		
2	Grants and other assistance to domestic	0 505	0 505		
	individuals. See Part IV, line 22	8,595.	8,595.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
0	Payroll taxes				
	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	7,450.		7,450.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
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.)	94,227.	49,452.	12,805.	31,970 1,307
2	Advertising and promotion	2,535.		1,228.	1,307
	Office expenses	1,506.	792.	677.	37
	Information technology	1,050.		1,050.	
	Royalties				
	Occupancy				
	Travel	203.		203.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,089.		1,089.	
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	1,781.		1,781.	
4	Other expenses. Itemize expenses not covered	-			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	FOOD AND BEVERAGE	4,186.	4,186.		
	PROGRAM EVENT VENUE	1,274.	1,274.		
	BANK CHARGES AND CREDIT	856.	, = : = 0	856.	
	DONATION DONATION	250.		250.	
	All other expenses	143.	85.		58
	Total functional expenses. Add lines 1 through 24e	170,211.	109,450.	27,389.	33,372
	Joint costs. Complete this line only if the organization		200, 200	= 1,505.	33,372
	reported in column (B) joint costs from a combined				
	1 1 1				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (2020

Part X | Balance Sheet

Part 2	<u> </u>	Balance Sneet					
		Check if Schedule O contains a response or n	ote to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			97,693.	1	77,489
:	2	Savings and temporary cash investments			65,961.	2	405,706
;	3	Pledges and grants receivable, net				3	
4	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, suk	ostantial	contributor, or 35%			
		controlled entity or family member of any of th	ons		5		
(	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
şį .	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖   १	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	1,838.			
	b	Less: accumulated depreciation	10b	1,838.	0.	10c	0
1	1	Investments - publicly traded securities			1,999,451.	11	1,876,220
1:	2	Investments - other securities. See Part IV, line	e 11			12	
1:	3	Investments - program-related. See Part IV, lin	e 11			13	
14	4	Intangible assets			14		
1	5	Other assets. See Part IV, line 11		15			
10	6	Total assets. Add lines 1 through 15 (must ed	qual line :	33)	2,163,105.	16	2,359,415
1	7	Accounts payable and accrued expenses	10,967.	17	8,617		
18	8	Grants payable			50,750.	18	48,250
19	9	Deferred revenue		19			
20	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
<u>se</u> 2	2	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, suk					
Liabilities		controlled entity or family member of any of the				22	
2		Secured mortgages and notes payable to unr				23	
2		Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on lin	es 17-24	). Complete Part X			
	_	of Schedule D			61,717.	25	56,867
20	:6	Total liabilities. Add lines 17 through 25			01,/1/•	26	30,007
es es		Organizations that follow FASB ASC 958, c	песк пе	e 🕨 🔼			
وَ ا	7	and complete lines 27, 28, 32, and 33.			2,010,540.	27	2 211 700
32 3					90,848.	28	2,211,700
둳   ~	8.	Net assets with donor restrictions Organizations that do not follow FASB ASC			70,040.	20	70,040
죠			956, CII	eck nere			
ة   م	Ω	and complete lines 29 through 33.	10			20	
ets	.9 .0	Capital stock or trust principal, or current fund				29 30	
Net Assets or Fund Balances		Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated		_		31	
و ا <u>ح</u>		Total net assets or fund balances			2,101,388.	32	2,302,548
ž   3		Total liabilities and net assets/fund balances			2,163,105.	33	2,359,415
	<u>.</u>	rotal habilities and het assets/fullu balances		l	2,100,100	JJ	Form <b>990</b> (2020

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	62,3	L67.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		211.			
3	Revenue less expenses. Subtract line 2 from line 1	3			)44.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			388. 204.			
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,3	02,	548.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2	) <u> </u>	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	3				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit					
	Act and OMB Circular A-133?		3	a	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2020)

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

me	rgai	nization is not a private found	ation because it is.	(For lines 1 through 12, t	check only	one box.)						
1	Щ	A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).					
2	Щ	A school described in <b>secti</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3	Щ	A hospital or a cooperative	hospital service org	anization described in se	ection 170	)(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	oed in				
		section 170(b)(1)(A)(iv). (C	omplete Part II.)									
6		A federal, state, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).					
	X	An organization that norma	-					public described in				
		section 170(b)(1)(A)(vi). (Co	•				anni or nom and general	pasing decembed in				
8			•	(1)(A)(vi) (Complete Par	+ 11 \							
9		A community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)  An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college										
9		· ·	<i>*</i>				· ·	•				
		or university or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state of the colleg	e or				
		university:										
10		An organization that norma										
		activities related to its exen		·				-				
		income and unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.				
		See <b>section 509(a)(2).</b> (Cor	mplete Part III.)									
11	Щ	An organization organized a	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclus	sively for the benefit of, to	o perform	the functio	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> 0	Check the box in				
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete line:	s 12e, 12f, and 12g.					
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving				
		the supported organization	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting				
		organization. You must c	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting orga	-		tion with it	ts support	ed organization(s), by ha	vina				
		control or management o	•					-				
		organization(s). You mus										
С		Type III functionally inte			in connec	tion with	and functionally integrate	ed with				
·		its supported organization					•	od with,				
A		¬ '' -						ization(a)				
d		☐ Type III non-functionally  that is not five stieved by integrally integral.					• • • • • •	• •				
		that is not functionally int	-	- ·	•		•	iveness				
		requirement (see instructi	•									
е							a Type I, Type II, Type III					
		functionally integrated, or	* *	onally integrated support	ing organi	zation.						
f		er the number of supported o	•									
g		vide the following information			(iv) Is the orga	nization lieted	[	( - 1 \				
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
r <sub>ata</sub>												

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

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

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	120,990.	51,878.	153,045.	117,394.	129,857.	573,164.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	120,990.	51,878.	153,045.	117,394.	129,857.	573,164.				
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)						206,697.				
6	Public support, Subtract line 5 from line 4.						366,467.				
	ction B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
	Amounts from line 4	120,990.	51,878.	153,045.	117,394.	129,857.	(f) Total 573,164.				
	Gross income from interest,	220,000	32,0,00	200,0101		223,007	3,3,2323				
0	dividends, payments received on										
	securities loans, rents, royalties,	39,942.	44,705.	39,039.	44,611.	38,735.	207,032.				
9	and income from similar sources  Net income from unrelated business	35,542.	44,703.	33,033.	44,011.	30,733.	201,032.				
9											
	activities, whether or not the										
10	business is regularly carried on  Other income. Do not include gain										
10	•										
	or loss from the sale of capital										
44	assets (Explain in Part VI.)						780,196.				
		ata (aga inatu lati	200)			12	29,196.				
12	•		,	fa			20,100				
13	First 5 years. If the Form 990 is for the	-			-						
50	organization, check this box and storection C. Computation of Publ						<u> </u>				
				l (f)		44	46.97 %				
	Public support percentage for 2020 (					15	46.97 %				
15											
102	33 1/3% support test - 2020. If the contains the contains the contains the contains the contains and the contains the contains and the contains the	•		•		•					
	stop here. The organization qualifies										
	33 1/3% support test - 2019. If the construction was						IIS DOX				
47.	and <b>stop here.</b> The organization qual						<b>P</b>				
1/8	10% -facts-and-circumstances tes										
	and if the organization meets the fact				· ·	VI now the organiz	ation				
_	meets the facts-and-circumstances to	•	•		•		<b>P</b>				
b	10% -facts-and-circumstances tes	-					10% or				
	more, and if the organization meets the				-						
	organization meets the facts-and-circ				,						
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions										

Schedule A (Form 990 or 990-EZ) 2020

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

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

qualify under the		w, please com	plete Part II.)				
Section A. Public Sup							
Calendar year (or fiscal year be	· · · · —	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<ol> <li>Gifts, grants, contribution</li> </ol>							
membership fees receive include any "unusual gra	,						
2 Gross receipts from adm merchandise sold or ser formed, or facilities furni any activity that is relate	nissions, vices per- shed in						
organization's tax-exemp	ot purpose						
3 Gross receipts from acti	vities that						
are not an unrelated trac	de or bus-						
iness under section 513							
4 Tax revenues levied for	the organ-						
ization's benefit and eith	•						
or expended on its beha	ulf						
5 The value of services or	facilities						
furnished by a governme							
the organization without	charge						
6 Total. Add lines 1 through	gh 5						
7a Amounts included on lin	es 1, 2, and						
3 received from disquali	· —						
b Amounts included on lines 2 and from other than disqualified persexceed the greater of \$5,000 or amount on line 13 for the year.	ons that 1% of the						
c Add lines 7a and 7b							
8 Public support. (Subtract lin							
Section B. Total Supp					•		
Calendar year (or fiscal year be	ginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6							
10a Gross income from inter dividends, payments red securities loans, rents, re and income from similar	est, ceived on oyalties,						
<b>b</b> Unrelated business taxable	income						
(less section 511 taxes) fro							
acquired after June 30, 197							
c Add lines 10a and 10b 11 Net income from unrelat activities not included in whether or not the busir regularly carried on	ed business line 10b,						
12 Other income. Do not in or loss from the sale of cassets (Explain in Part V	capital						
13 Total support. (Add lines 9, 1	· · · · · · · · · · · · · · · · · · ·						
14 First 5 years. If the Form		organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	ion,
check this box and stop							<u></u> ▶∟
Section C. Computation						11	
15 Public support percenta				column (f))		15	9
16 Public support percenta						16	9
Section D. Computation						11	
17 Investment income perc						17	9
18 Investment income perc						18	9
19a 33 1/3% support tests		=					7 is not
more than 33 1/3%, che b 33 1/3% support tests							
line 18 is not more than	"	•			•		
20 Private foundation If the							

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	۵h		
	9b		
	9c		
	10a		
	10b		
m Q	90 or 90	00_F7	2020

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Jec	uon o. Type ii oupporung organizations		Va	N' -
_	Managaratik, af the grandination is directors on the character of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	men 2 m m rype in capper and confamiliations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
<b>L</b>	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	ZU		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
_	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	0 0002010 Fage 7
	ion D - Distributions	<del>\(\)</del>	COntinu	ucu,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	-
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	<u> </u>		
•	(provide details in Part VI). See instructions.	o.ga <b>_</b> a		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Eine o amount divided by line o amount	(i)	(ii)	1.0	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
ī	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	EA0000 HOIH 2020				

Schedule A (Form 990 or 990-EZ) 2020

# FOUNDATION FOR HEARING AND SPEECH

Schedule A	(Form 990 or 990-EZ) 2020 REHABILITATION	36-6082810 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOUNDATION FOR HEARING AND SPEECH REHABILITATION

**Employer identification number** 36-6082810

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 200
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	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 quality	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
Dai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Similar Assats
I al	Complete if the organization answered "Yes" on Form		nei olilliai Assets.
10	If the organization elected, as permitted under FASB ASC 95		ad balance about works
ıa	of art, historical treasures, or other similar assets held for pul	'	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in further	erance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	·	ga, provido
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2020

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 make significant use of its	
collection items (check all that apply):	
b Scholarly research e Other	
c Preservation for future generations	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	
· · ·	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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?	No
on Form 990, Part X? Yes Yes," explain the arrangement in Part XIII and complete the following table:	NO
Amount	
c Beginning balance 1c	
d Additions during the year	
e Distributions during the year	
f Ending balance	
, , , , , , , , , , , , , , , , , , , ,	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	ack
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ► %	
b Permanent endowment \( \begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
· · · · · · · · · · · · · · · · · · ·	No
(i) Unrelated organizations	
(ii) Related organizations 3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	
basis (investment) basis (other) depreciation	
1a Land	
b Buildings	
c Leasehold improvements	
	0.
e Other	
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	0.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F) (G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.
	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	45.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)	<b>&gt;</b>
	on Form 000. Dort IV. line	a 11a av 11f Caa Fawn 000 Part V lina 25
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	(b) Book value
(1) Federal income taxes		(S) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>
2. Liability for uncertain tax positions. In Part XIII, provide		
organization's liability for uncertain tax positions under	FASB ASC 740. Check I	nere if the text of the footnote has been provided in Part XIII $lacksquare$

032053 12-01-20

	t XI Reconciliation of Revenue per Audited Financial State	Silicities with liceci	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information.	D : 11/11/11/11/11/11		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		Part V, line 4; Part X, line 2; Part )	(1
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			ν,
		additional information.		α,
		additional imormation.		,
•		additional information.		
		additional information.		,
		additional information.		,
		additional information.		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

FOUNDATION FOR HEARING AND SPEECH Name of the organization Employer identification number REHABILITATION 36-6082810 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) SALARY SUPPORT OF SEVERAL ANN & ROBERT H. LURIE CHILDREN'S POSITIONS - AUDIOLOGY HOSPITAL OF CHICAGO - 225 E. SOCIAL WORKERS, AUDIOLOGY TECHNICIAN, AND THE CHICAGO AVE. - CHICAGO, IL 60611 36-2170833 501 (C) (3) 33,616. 0 THE CHICAGO HEARING SOCIETY 2001 N. CLYBOURN AVE. CHICAGO, IL 60614 36-2244895 501 (C) (3) 8,250 LITERACY PROGRAM UNIVERSITY OF CHICAGO COMER CHILDREN'S HOSPITAL - 5758 SOUTH MARYLAND AVE DCAM 4718 - CHICAGO TT. 60637 36-2177139 501 (C) (3) 1,000 0 LOANER HEARING AIDS UNIVERSITY IF ILLINOIS CHICAGO 1855 W. TAYLOR STREET; B46 CHICAGO IL 60612 37-6000511 501 (C) (3) 2 200 LOANER HEARING AIDS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MUSIC TO MY EARS SCHOLARSHIPS	13	8,595.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, Iir	ne 2; Part III, column	(b); and any other a	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	' <b>:</b>				
ANN & ROBERT H. LURIE CHILDREN'S H	OSPITAL	OF CHICAGO	)		
(H) PURPOSE OF GRANT OR ASSISTANCE	: SALARY	SUPPORT C	F SEVERAL	POSITIONS	
- AUDIOLOGY SOCIAL WORKERS, AUDIOL	OGY TECH	NICIAN, AN	D THE COCH	LEAR	
IMPLANT EDUCATION COORDINATOR.					

#### 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. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FOUNDATION FOR HEARING AND SPEECH REHABILITATION

**Employer identification number** 36-6082810

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

DIRECTORS DAVID AND CAREY GELFAND ARE HUSBAND AND WIFE.

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

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

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

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

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

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

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

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

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

A FULL SEARCH WAS CONDUCTED IN REGARDS TO THE COMPENSATION OF THE EXECUTIVE DIRECTOR IN 2016. A BOARD MEMBER OVERSAW THE SEARCH COMMITTEE. THIS WAS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 9		Page 2
Name of the organization	FOUNDATION FOR HEARING AND SPEECH REHABILITATION	Employer identification number 36-6082810
FURTHER VOTED	ON, APPROVED AND DOCUMENTED BY THE BOARD OF	DIRECTORS. THE
BOARD TAKES IN	NTO CONSIDERATION THE PERFORMANCE OF THE EXE	CUTIVE DIRECTOR
AND THE PROPOS	SED CONTRACT IS DISSEMINATED ANNUALLY FOR CO	NSIDERATION
SEVERAL WEEKS	PRIOR TO THE MEETING AT WHICH TIME A VOTE I	S EXPECTED. THE
DISCUSSION AND	D VOTE TAKE PLACE IN EXECUTIVE SESSION OF TH	E BOARD.
LINE 15B: THE	RE ARE NO OTHER COMPENSATED OFFICERS OR KEY	EMPLOYEES.
FORM 990, PAR	r VI, SECTION C, LINE 19:	
THE ORGANIZAT	ION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY AND
FINANCIAL STAT	TEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	UEST.
FORM 990, PAR	T IX, LINE 11G, OTHER FEES:	
CONSULTANT:		
PROGRAM SERVIO	CE EXPENSES	43,958.
MANAGEMENT ANI	D GENERAL EXPENSES	12,805.
FUNDRAISING EX	KPENSES	22,587.
TOTAL EXPENSES	3	79,350.
GRANT CONSULTA	ANT:	
PROGRAM SERVIO	CE EXPENSES	0.
MANAGEMENT ANI	D GENERAL EXPENSES	0.
FUNDRAISING EX	KPENSES	9,383.
TOTAL EXPENSES	3	9,383.
INTERPRETER:		
PROGRAM SERVIO	CE EXPENSES	394.
MANAGEMENT ANI	D GENERAL EXPENSES Sche	0 . edule O (Form 990 or 990-EZ) 2020
	♥ -··-	,

Name of the organization FOUNDATION FOR HEARING AND SPEECH REHABILITATION	Employer identification number 36-6082810
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	394.
AUDIOVISUAL:	_
PROGRAM SERVICE EXPENSES	1,940.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,940.
TEACHING SERVICES:	
PROGRAM SERVICE EXPENSES	3,160.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,160.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	94,227.
	_
	_