NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

Applicant/Program: The Edith and Henry Heuser Hearing Institute Inc., Operating Costing
Executive Summary of Request: District Four is allocating \$2000 to help cover the cost of utilities for The Edith and Henry Heuser Hearing Institute, Inc. Heuser Hearing is a non-profit organization in district four that provides services for children and adult experiencing hearing loss, dizziness, imbalance or any other ear-related problems.
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? Yes No Yes No
I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.
District # Suncil Member Signature \$2000 Amount 3/17/2016 Date
Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
Approved by:
Approved by:
Appropriations Committee Chairman Date
Clerk's Office Only:
Request Amount: Committee Amended Appropriation:
Original Appropriation: Council Amended Appropriation:

1|Page Effective July 2015



David W. Tandy District 4 Councilman Keidra D.C. King Legislative Aide

April 4, 2016

Metro Council Clerk:

I have given my aide Keidra King permission to sign for me regarding the following Neighborhood Development Funds: Heusering Institute and the Independent Business Alliance.

Please contact my office if you have further question.

With warmest regards, I am...

Very truly yours,

David W. Tandy

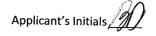
Fourth District Councilman

Legal Name of Applicant Organization: The Edith and Henry Heuser Hearing Institute, Inc. Program Name and Request Amount: Operating Cost Yes/No/NA Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Yes Is the funding proposed by Council Member(s) less than or equal to the request amount? Yes Is the proposed public purpose of the program viable and well-documented? Yes Will all of the funding go to programs specific to Louisville/Jefferson County? Yes Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? Yes Has prior Metro Funds committed/granted been disclosed? Yes Is the application properly signed and dated by authorized signatory? Yes Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? Yes If Metro funding is for a separate taxing district is the funding appropriated for a program outside N/A the legal responsibility of that taxing district? Is the entity in good standing with: Kentucky Secretary of State? Louisville Metro Revenue Commission? Yes Louisville Metro Government? Internal Revenue Service? Louisville Metro Human Relations Commission? Is the current Fiscal Year Budget included? Yes Is the entity's board member list (with term length/term limits) included? Yes Is recommended funding less than 33% of total agency operating budget? Yes Does the application budget reflect only the revenue and expenses of the project/program? Yes Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? N/A Is the most recent annual audit (if required by organization) included? N/A Is a copy of Signed Lease (if rent costs are requested) included? N/A Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is N/A faith-based) included? Are the Articles of Incorporation of the Agency included? Yes Is the IRS Form W-9 included? Yes Is the IRS Form 990 included? Yes Are the evaluation forms (if program participants are given evaluation forms) included? N/A Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if N/A required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant N/A met the BBB Charity Review Standards? Prepared by: Date:



		ECTION 1 - APPLIC	ANT INFORMATIO	N		
Legal Name of Appli	cant Organization	: The Edith				
(as listed on: http://www				user Hearing Institute, inc		
Main Office Street 8			y Street Louisvill	e Ky 40203		
Website:www.thehe						
Applicant Contact:		nn/Joan Stewart	Title:	CEO/Grants		
Phone:		/502.593.1242	Email:	bbachmann@thehearinginstituteorg		
Financial Contact:	Dan Johnso	n	Title:	CFO		
Phone:	502.515.33	20	Email:	djohnson@thehearinginstitute.org		
Organization's Repre	sentative who att	ended NDF Trainin	g:Joan Stewart js	stewart@thehearinginstitute.org		
GEO	GRAPHICAL AREA	S) WHERE PROGRA	M ACTIVITIES ARE	(WILL BE) PROVIDED		
Program Facility Loca		East Kentucky				
Council District(s):	4		Zip Code(s):	40203 (serving all zip codes in Jefferson County)		
	SECTION 2 – I	PROGRAM REQUES	Γ& FINANCIAL INF	ORMATION		
PROGRAM/PROJECT	NAME:Heuser H	earing InstituteL	anguage Acaden	ny		
Total Request: (\$)	20000.00	Total Metro Awa	rd (this program)	in previous year: (\$) 0.00		
Purpose of Request (
Operating F	unds (generally ca	nnot exceed 33% of	agency's total ope	erating budget)		
Programmir	ng/services/events	for direct benefit t	community or qu	alified individuals		
		tion (equipment, fu	rnishing, building,	etc)		
The Following are Rec	quired Attachmen	ts:				
IRS Exempt Status De	termination Letter		Signed lease if rent	costs are being requested		
Current Year Projecte			RS Form W9			
List of Board of Direct Current financial state		term limits	Evaluation forms if	used in the proposed program		
Most recent IRS Form			Annual audit (if req	uired by organization)		
Articles of Incorporati				zation Certification Form, if required		
Cost estimates from p		equest is for	Staff including the	3 highest paid staff		
capital expense						
For the current fiscal y	ear ending June 3	0, list all funds appr	opriated and/or re	eceived from Louisville Metro		
government for fills of	any other program	m or expense, inclu	ling tunds received	d through Metro Federal Grants, ment Funds). Attach additional		
sheet if necessary.		ppropriation (reigi	ibornood Developi	ment Funds). Attach additional		
Source:		An	nount: (\$)			
Source:			nount: (\$)			
Source: Amount: (\$)						
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las the applicant met t						

Page 1 Effective April 2014



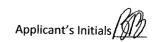


SECTION 3 - AGENCY DETAILS Describe Agency's Vision, Mission and Services: Mission Statement: The Mission of the Heuser Hearing Institute is to provide quality services for any child or adult experiencing a hearing loss, dizziness, imbalance or any other ear-related problems. The Heuser Hearing & Language Academy is a comprehensive educational community that exists to empower children with hearing loss and those experiencing a speech, language and communication delay to reach their full potential and to effectively participate in the larger community. Services: The Heuser Hearing Institute offers in-depth evaluations for hearing and balance, ear-related medical services, amplification options and assistive listening devices, rehabilitation services and research opportunities. A full range of audiology services is available for all ages performed by experienced clinical audiologists obtaining reliable results in state-of-the-art sound-treated suites. Heuser offers Cochlear Implant Services when hearing aids cannot provide sufficient understanding or amplification for an adult or and rehabilitation services. After the Implant occurs, the Team provides evaluation, post-surgical counseling, post surgical device mapping and management





SECTION 4 – PROGRAM/PROJECT NARRATIVE A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, with regards to specific cheric population. Long particles (specific cherical population). Long particles (specific cherical particles) (specific cherical p The Art and Music Program of the Heuser is a big part of the culting-edge methodology of the teachers at the HHLA. The child has Art and Music each day. There are special methods of using Art and Music to enhance the learning process...and the reasoning process in order to empower the children to be ready to compete with and work with those 1st Graders who are not deal. B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): The requested funds will be spent toward the cost of Utilities for the Heuser Hearing Institute. Of the total Budgeted cost of \$81345, the \$20000 requested funds will pay for approximately 3.333 months of LG&E charges.



Part A. Description of Agency

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The Heuser Hearing Institute is a regional center offering comprehensive services for hearing loss and ear-related disorders. The Mission of the Heuser Institute is <u>to provide quality services to any child or adult experiencing a hearing loss, dizziness, imbalance, or other hearing related problems</u>. The Heuser Institute offers in-depth diagnostic evaluations for hearing and balance, ear-related medical services, amplification options and assistive listening devices and rehabilitation services. The Heuser Institute also is involved in research opportunities.

<u>Please see attached flyer for a discussion of the services of the Hearing Component of The Heuser</u> <u>Hearing Institute.</u>

The Heuser Hearing and Language Academy (HHLA), formerly The Louisville Deaf Oral School, began in 1948 with three children in a basement room in the Woman's Club on 4th Street. That was then...and now... The Heuser (35000 sq. ft. of state-of-the-art educational facility for deaf, deaf/blind, hard of hearing and speech/language delayed children) houses not only the Hearing part of the Institute but a highly regarded school working with a targeted population of those youngsters who are deaf or hard of hearing from birth to 1st Grade. The mission/goal of the HHLA is to graduate students who are ready to attend any 1st Grade in any school in the Country! ...and the goal is attained each year...

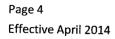
The deaf child has services beginning at birth. From birth to age 3 the child and parents are offered services through the Parent Infant Program (home based service provided by Kentucky and Indiana First Steps Program). During the birth to age 3 time period, the parents learn about their deaf child...expectation level, learn how to process with their child, and in some cases how to accept their child...at age 2 there are group play-dates arranged for the children. At age 3, the child begins attending The HHLA. They are in a classroom, working with caring, highly trained and resourceful teachers. The goal of the age 3 to age 6 program is to make sure the child is ready for 1st Grade both academically and behaviorally.

The Art and Music Program of the Heuser is a big part of the cutting-edge methodology of the teachers at the HHLA. The child has Art and Music each day. There are special methods of using Art and Music to enhance the learning process...and the reasoning process in order to empower the children to be ready to compete with and work with those 1st Graders who are not deaf.

See attached flyer for more information.



C: If this request is a fundraiser, please detail how the proceeds will be spent: Not a Fundraiser
D: For Expenditure Reimbursement Only — The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:
Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.
The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.







E: Describe the program's benefits to those being served (measurable process for collecting data and the indicators that will be tracked to measurable out the program is designed to make sure out children are easy for contact in program is designed to make sure out children are ready for common time. First Grade in the area. Thus for the contact in the development level to be reach the contact in the past of success area of the past. Our bacters are on the culting edge of using innovative methods and curriculum for the growth of our students class "coloning it a short list of the benefits for our children and globally for the community as a whole **Coloning the coloning is a short list of the benefits for our children and globally for the community as a whole **Coloning the coloning is a short list of the benefits for our children and globally for the community as a whole	easure the benefits to those being ser by for First Grade at most of the regions school when they enter into our program. Our Find the been most successful. However, the successful throughout throughout the successful throughout throughout the successful throughout through the successful throughout throughout throughout through throughout throughout throughout throughout throughout throughout through the successful throughout thr
*Following directions *Working as a team	room, academic and social skills.
"Working independently "Learning focusing skills	
"segmning the process of organization"	
beginning to learn the social skill of accepting compliments	
*Beginning to understand the feeling of self acceptable.	
The rubric for measuring the outcomes happening by the use of IEPs, follow up with the First Grade teachers in the schools attended by our alumni, follow up with the First Grade teachers in the schools attended by our alumni, follow up with the pour substance. Four students are tracked after leaving us. The data shows the students Houser prepares are well prepared for the rigors of 1st Grade, which seek a new of the students houser prepares are well prepared for the rigors of 1st Grade, which seek a new of the students houser prepares are well prepared for the rigors of 1st Grade, which seek a new of the students houser prepares are well prepared for the rigors of 1st Grade, which seek a new of the students have the stude	
Our students are implicate the schools attended by our alumni, follow up with the p	sarents of our alumni and following up
and the backed after leaving us. The data shows the students Heuser prepares are well prepared for the rigors of 1st Gode, which are	of outside and louiswing the progress of the children from three year old classifications.
Our students are tracked after leaving us. The data shows the students Heuser prepares are well prepared for the rigors of 1st Grade, which sets a precedent for the ren	nainder of their pre-university experience.
D. C. C.	
Briefly describe any existing collaborative relationships the organizations. Describe what those partners are bringing to the relationsh	
ganizations. Describe what the	on has with other
ganizations. Describe what those partners are bringing to the relationsh ogram/project specifically.	in in a
ogram/project specifically.	ip in general and to this
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iversity of Louisvillepartner in research concerning hea iversity of Kentuckypartner in research concerning hea	ring loss and mothodo
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and an action mile flea	illy loss and methods
	1



E. Description of Benefits for Program

Our children are deaf or severely hard of hearing. Their textile skills, focusing skills, follow thru skills, and acceptance traits are not at the development level to be ready for First Grade at most of the regions schools when they enter into our program. Our Early Education Program is designed to make sure our children are ready for entrance into any First Grade in the area. Thus far the curriculum in our Early Education Component has been most successful. However, it is a known fact that programs must grow in order to maintain the level of success earned in the past. Our teachers are on the cutting edge of using innovative methods and curriculum for the growth of our students' classroom, academic and

The following is a short list of the benefits for our children and globally for the community as a whole...

*Listening

ř ř

- *Following directions
- *Working as a team
- *Working independently
- *Learning focusing skills
- *Beginning the process of organization
- *Completing tasks on a deadline
- *Beginning to learn the social skill of accepting compliments
- *Being the understanding of differences in learning styles and achievement
- *Beginning to understand the feeling of self-accomplishments and being proud of those accomplishments The rubric for measuring the outcomes happening by the use of IEP's, follow up with the First Grade teachers in the schools attended by our alumni, follow up with the parents of our alumni and following the progress of the children from three year old classroom through the Kindergarten Classroom.

Our students are tracked after leaving us. The data shows the students Heuser prepares are well prepared for the rigors of 1st Grade, which sets a precedent for the remainder of their pre-university



SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

	Column 1	Column 2	Column (1+2)=3	
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds	
A: Personnel Costs Including Benefits				
B: Rent/Utilities	20000	61345	81345	
C: Office Supplies				
D: Telephone				
E: In-town Travel				
F: Client Assistance (Attach Detailed List)				
G: Professional Service Contracts				
H: Program Materials				
I: Community Events & Festivals (Attach Detail List)				
J: Small Equipment				
K: Capital Equipment				
L: Other Expenses (Attach Detail List)				
*TOTAL PROGRAM/PROJECT FUNDS	20000	61345	81345	
% of Program Budget	24.59 %	75.41 %	100%	

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Total Revenue for Columns 2 Expenses **	61345
ther (please specify)	61345 (Grants and fundraising)
ees Collected from Program Participants	
rivate Contributions (do not include individual donor names)	
Inited Way	
Other State, Federal or Local Government	

^{*}Total of Column 1 MUST match "Total Request on Page 1, Section 2"

Page 6 Effective April 2014



^{**}Must equal or exceed total in column 2.



Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency). Donor*/Type of Contribution Value of Contribution Method of Valuation

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Vol	match Program	Budget Line Ite	m.				
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Effective April 2014

Applicant's Initials



SECTION 6 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application. Standard Assurances

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of
- Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal
- Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic 3. records related to the awarded grant for up to five years of the grant agreement date.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
- Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld
- Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered
- Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the

Standard Certifications

- The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities. 1.
- 2.
- The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 7 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the

application	on.	authorized to sign this application	for the applying or	received and e	xpended are subject to be
Signatu	gnature of Legal Signatory: gal Signatory: (please print): Brett Bachmann Title: CFO				
		1000		Date:	
	502.515.3319	Extension:		Title:	CEO
		Excension.	Email: b	bachmann(@thehearinginstitute.org

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Effective April 2014

Applicant's Initials

Internal Revenue Service P.O. Box 2508 Cincinnati, OH 45201

Department of the Treasury

Date: MAR J 9 2009

Person to Contact:
Vaida Singleton
10# 0203345
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:

Heuser Hearing & Language Academy Inc 115 E Kentucky St Louisville KY 40203-2793

Dear Sir or Madam:

This is in response to the amendments to your organization's Articles of Incorporation filed with the state on October 29, 2008. We have updated our records to reflect the name change from Louisville Deaf Oral School to Heuser Hearing & Language Academy Inc, as indicated above.

Our records indicate that a determination letter was issued in September 1955, that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501 (c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(ii).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055,2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Manager, Exempt Organizations . Determinations



To Whom It May Concern:

The members of the Board for Directors for The Heuser Hearing Institute do NOT have term limits. The members stay for as long as each member chooses to help The Heuser Hearing Institute.

Respectfully,

Brett Bachmann

CEO Heuser Hearing Institute

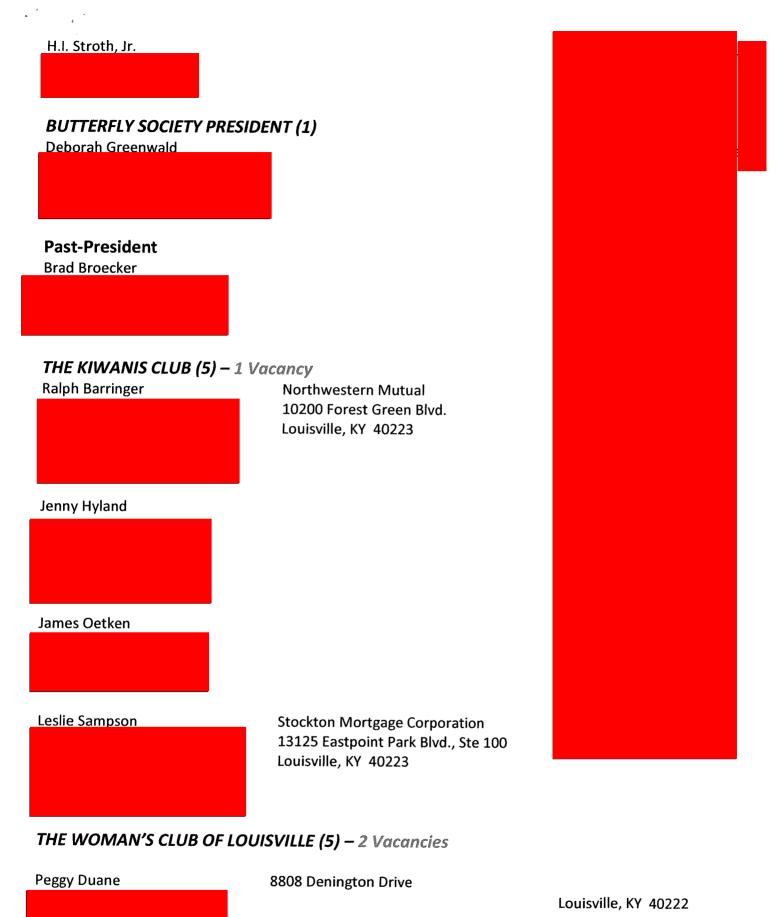
HEUSER HEARING INSTITUTE AND

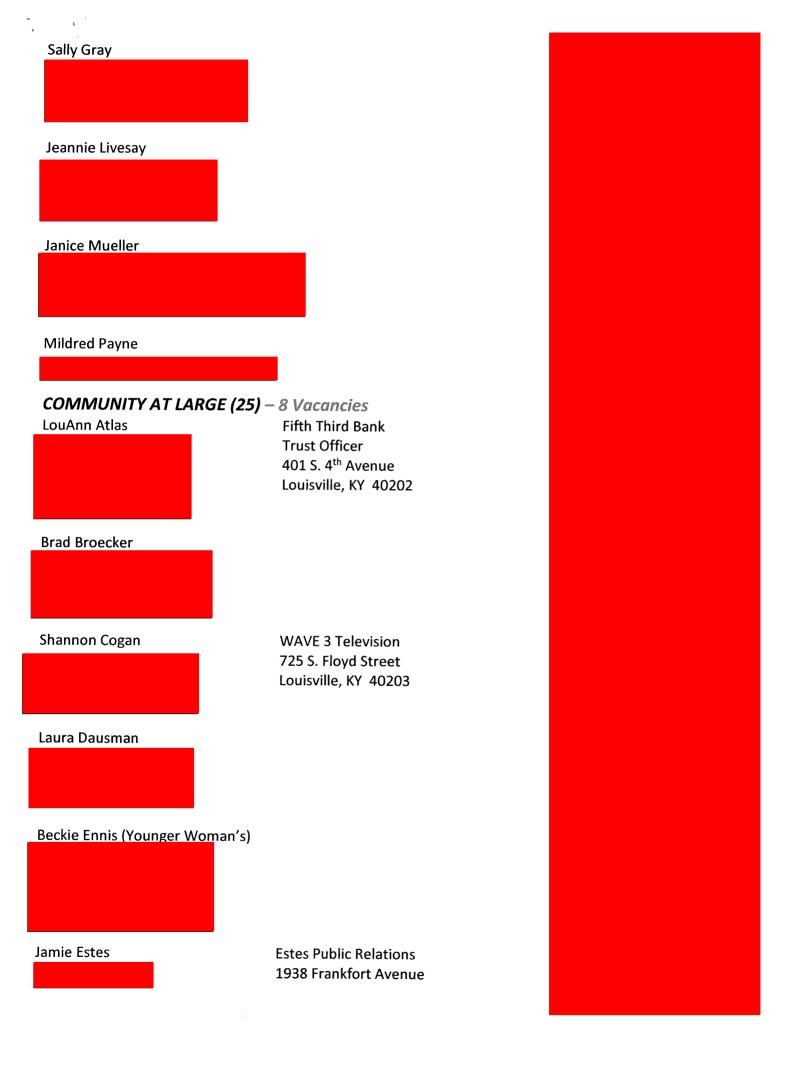
HEUSER HEARING & LANGUAGE ACADEMY

111 E. Kentucky Street Louisville, KY 40203 515-3320

By Laws Stipulates Membership: Minimum 3 – Maximum 44 2015-2016

EXECUTIVE COMMITTEE MEMBERS:					
OFFICERS	BUSINESS ADDRESS	HOME ADDRESS			
PRESIDENT					
Jenny Headlee	•				
VICE-PRESIDENT					
David Ferguson	D DR Laboratories, LLC				
	332 W. Broadway, Suite 1500				
	Louisville, KY 40202				
dferguson@3drinc.com					
TREASURER/SECRETARY	Υ				
Laura Dausman					
LouAnn Atlas	Fifth Third Bank				
	Trust Officer				
	401 S. 4 th Avenue				
	Louisville, KY 40202				
Jeannie Livesay					
Suzanne Moeller					
Suzaime ivioeller					







Louisville, KY 40202 Bryan Yoffe InnovateLTC 201 E. Jefferson Street, Ste 110 Louisville, KY 40202 SUPPORTING ORGANIZATIONS/FOUNDATIONS/COMMITTEES LOUISVILLE DEAF ORAL SCHOOL FOUNDATION REPRESENTATIVE (1 Betsy Holton (C) **UNIVERSITY OF LOUISVILLE REPRESENTATIVES: (2)** University of Louisville **Justin Cooper** Professor 2301 S. Third Street Louisville, KY 40292 U of L School of Medicine Charles R. Woods, MD, MS **Pediatric Infectious Deseases** 571 S. Floyd Street, Suite 321 Louisville, KY 40202 NORTON HEALTHCARE REPRESENTATIVE: (2) 1 Vacancy Director, Kosair Children's Hospital **Annette Stambaugh Rehabilitation Services** P.O. Box 35070, Mailbox #N-15 Louisville, KY 40232 **VACANT** KENTUCKYONE HEALTH REPRESENTATIVES: (2) 1 Vacancy KentuckyOne Health Lanette Vandertoll **Chief Marketing Officer** 3920 Dutchman's Lane

VACANT

UNIVERSITY OF KENTUCKY REPRESENTATIVES: (2)

Louisville, KY 40207

William Britton



John-Kenyon Eye Institute 519 State Street New Albany, IN 47150



Updated August 2015

Form (Rev. October 2007) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

	waite (as shown on your income tax return)		
ς.	Houses Hoosing 8 Language A - day		
page	Business name, if different from above		
Print or type Specific Instructions on	Check appropriate box: ☐ Individual/Sole proprietor ☑ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, F ☐ Other (see instructions) ►	²=partnership) ►	Exempt payee
ř.	Address (number, street, and apt. or suite no.)	Requester's name and	address (optional)
<u> 1</u>	111 East Kentucky Street		
Ş.	City, state, and ZIP code		
Š	Louisville, KY	-	
See	List account number(s) here (optional)		
menumen			
Pa	Taxpayer Identification Number (TIN)		
alien	er your TIN in the appropriate box. The TIN provided must match the name given on Line kup withholding. For individuals, this is your social security number (SSN). However, for a name of social security number (SSN). However, for a name of social security number (SSN). However, for a social security number (SSN). However, for a social security number (SSN). If you do not have a number, see <i>How to get a TIN</i> of the security is in the security in the security in the security is in the security in the security in the security is in the security in the security in the security is in the security in the security in the security is in the security in the security in the security is in the security in the security in the security is in the security in the security in the security is not security in the security in the security is not security in the security in the security in the security is not security in the security in the security is not security in the security in the security in the security is not security in the security in the security in the security is not security in the security in the security is not security in the security in the security is not security in the security in the security is not security in the security in the security in the security is not security in the security in the security in the security is not security in the security in the security in the security is not security in the security in the security in the security is not security in the security in the security in the security is not security in the security in the security in the security is not security in the security in the security in the security is not security in the security in the security in the security in the security is not security in the security in the security in the security is not security in the security in the security in the security is not security in the security in the security in the security is not security in the security in the security is not security in the security in the security in the securi	resident ntities, it is V on page 3.	urity number
num	b. If the account is in more than one name, see the chart on page 4 for guidelines on who ber to enter.	ose	
Pa	tt II Certification		
	er penalties of perjury, I certify that:		
1. T	The number shown on this form is my correct taxpayer identification number (or I am wait	ting for a number to be is	squed to mak and
2. j	am not subject to backup withholding because: (a) I am exempt from backup withholdin Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to notified me that I am no longer subject to backup withholding, and	A A (No.) 4.1	
3. 1	am a U.S. citizen or other U.S. person (defined below).		*
For n	ification instructions. You must cross out item 2 above if you have been notified by the holding because you have failed to report all interest and dividends on your tax return. For nortgage interest paid, acquisition or abandonment of secured property, cancellation of orgement (IRA), and generally, payments other than interest and dividends, you are not recommend.	or real estate transactions	, item 2 does not apply.

arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

n Signature of C U.S. person ▶

Date ► 5-28-/5

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

05694971

ARTICLES OF ENCORPORATION

THE ENTE & HEXRY HELISTR MEARING INSTITUTE, INC.

John Y. Brown Secretary of St Received mass 61/25/2361 03 12 Fee Raceipt \$8

The undersigned, acting as incorporated of a menunck, margrotic corporation under Kannacky Barrined Standards Chapter 27), as assembled, for the purpose of forming such a companied books despet the following Articles of Incorporation for such corporation: Anna Mary

ARTICLE!

The name of the namenck, margaroffs corporation is THE EDITH & HENRY HEUSER HEARING INSTITUTE INC (the "Corporation").

ARTICLE III

The Cooperation is organized and shall be operated exchainely for the following charinable purposes within the manning of Section 501(c)(3) of the Internal Revenue Code of

- To provide, administer and support educational, clinical, medical, counseling and national surraces to individuals who have bearing, belonce and speech needs, and also to individuals who care and support those who have those produ-
- To provide, administer and support research in the disciplines of hearing, balance and speech needs; and
- To puricipate, so he as circumstances may warrant, in any activity designed and Consider the processes the process banks of the region.

The Componition is empowered to exercise all righes and powers conferred by the Kentucky Musquale Composition Act, so long to they are committed with the requirements of Marting (0)((e)(3) of the Code, including, without limitation, to participate, either directly or through a submittee relich is controlled by or affiliated with the Corporation, as a minutes a superior regularity of short-order in a business organization in a manner that will permit the Conjunction to act exchangely in furthermore of its charitable purposes within the meaning of Section 501(c)(3) of the Code.

It is intended that this Corporation shall have the status of a corporation which is exempt from finited income termion under Section 501(c)(3) of the Code, contributions to which are distinctible under Section 170(e)(2) of the Code. These Articles shall be construed accordingly. und all powers and activities of the Corporation shall be limited accordingly. **元以175-16位78- F25月38- F086040477**

of the Corporation; and second, to any other organizations or governmental entity with the same or substantially similar purpose to the Corporation. Any such assets that are not disposed of in that manner shall be disposed of by a court of competent jurisdiction located in Jefferson County, Kennicky. The court shall distribute the Corporation's assets in the same priorities exclusively for the purposes stated above, and if that goal is not practical, to such other organization or organizations which are organized and operated exclusively under Code section 501(c)(3) as the court shall determine.

ARTICLE VII -AMENDMENTS-

Amendments to the Articles of Incorporation may be made by the Board of Directors show the majorith some of the quectors' supject to the bosset of abbroad asserted to one of mote of the Corporation's Members as specified in the Corporation's Bylaws.

ARDCLE VID -INITIAL REGISTERED OFFICE AND REGISTERED AGENT/PRINCIPAL OFFICE-

The ween address of the initial registered office of the Corporation is 400 West Market Street. Some 1800. Louisville. Kentucky 40202, and the name of its initial registered agent at sect address is S & H Louisville, LLC.

The mailing address of the Corporation's principal office is 414 West Ormsby Avenue, Louisville, Kentucky 40203.

-BOARD OF DIRECTORS-

The number of directors constituting the initial Board of Directors of the Corporation is neven, and the names and making addresses of the persons who are to serve as directors until their successions are selected in accordance with the provisions of the bylaws of the Curporation Address

Jany E. Alexandra

Frost Brown Fodd, PLLC 3200 Providian Center Louisville, KY 40202

Ountry Brown France

P.O. Box 1000

Louisville, KY 40201

Laws R. Grant

Fifth Third Bank 401 S. 4 Avenue Louisville, KY 40202

mustic passible (1984) 1984 (1984)

STATEMENT OF CONSENT OF INITIAL REGISTERED AGENT

Pursuant to KRS 273.247(5), the undersigned as the initial registered agent, and agent for service of process identified in Article VIII of the Articles of Incorporation of The Edith & Henry Henrer Henring Institute, Inc. (the "Company") hereby consents to serve the Company in that capacity until such time as such appointment is terminated or the initial registered agent resigns in accordance with the Kentucky Business Corporation Act.

S & H LOUISVILLE, LLC
10b < 1
Mary Scott Herrington Marsh
Mary Scott Herrington, Member

COMMONWEALTH OF KENTUCKY

) \$\$

COUNTY OF JEFFERSON

Deted: January

The foregoing instrument was acknowledged before me on this the 2001, by John A. Johnson, Incorporator of The Edith & Henry Heuser Hearing Institute, Inc., on behalf of Corporation.

My commission Expires:

THIS INSTRUMENT PREPARED BY:

Stites & Harbison

400 West Market Street, Suite 1800

Louisville, KY 40202

(502) 587-3400

L0112:000L0:102134:L00ISVILLE

Heuser Hearing and Language Academy FY 2015-2016 annual Budget

Revenue	June	July	August	September	October
Revenue					
Tuition	633	563	7,100	3,366	4,180
State Allocation	-	50,000	-	-	4,100
Service Fees	11,922	10,903	14,354	18,550	10 001
Grants	9,900	75,731	19,000	58,000	18,001
Supporting Organizations	-	-	-	151	4.070
Contributions	22,710	3,421	50,544		1,670
Special Events-net	-	0,721	30,344	85,440	17,587
Chair Fund Distribution	_	126,902	-	-	-
Foundation Contribution	_		-	-	-
Total Revenue	45,165	267,519	90,997	165,507	41,438
Evenous		· · · · · · · · · · · · · · · · · · ·			41,400
Expenses					
Salaries	50,511	51,446	54,324	55,620	55,445
Contract Labor	3,600	3,600	3,600	3,600	3,600
Employee Benefits	11,858	12,077	12,753	13,057	13,016
Professional Development	131	1,633	215	(51)	6,277
General Insurance	890	890	1,890	1,684	1,684
Professional Fees	425	425	4,425	425	425
Advertising & Public Relations	2,800	3,565	3,182	2,800	2,800
Dues/Licenses	58	406	394	65	99
Utilities	6,040	5,320	4,552	5,815	4,008
Repair & Maintenance	6,475	5,228	11,189	9,427	11,120
Cleaning & Landscaping		246	265	402	214
Supplies	1,152	1,195	3,369	2,101	3,625
Telephone	30	292	40	39	32
Postage	199	341	(10)	184	
Travel	751	1,569	998	1,375	105
Miscellaneous Expense	976	183	2,603		1,525
Interest & Fees	3,416	1,075	2,003	20	2,351
Total Operating Expenses	89,312	89,491	105,792	2,163 98,728	1,918 108,245
Net Operating Surplus/(Deficit)	(44,146)	178,028	(14,795)	66,779	(66,808)
Non Operating Income/Expenses					
Depreciation	05.55				
Chair Fund Investment Expenses	25,551	25,437	25,551	25,111	25,012
Realized (Gains)/Losses on Investments	1,156	16,741	1,194	1,226	1,028
Unrealized (Gains/Losses on Investments Unrealized Gains/Losses	-	-	-	-	-
	**	-	_	-	•
Total Non-operating (Income)/Expense	26,707	42,178	26,745	26,337	26,039

November	December	January	February	March	April	May
2,982	2,947	7,941	3,087	3,715	3,357	3,492
-	-	50,000	-	-	-	-
19,452	20,942	22,119	17,805	29,100	25,492	25,492
50,000	16,000	55,000	2,500	234	50,000	5,000
3,180	975	-	1,101	-	-	-
34,337	36,785	8,881	11,235	13,044	21,698	9,000
~	-	-	-	~	-	-
-	-	-	-	-	-	
-	-	166,000	_			-
109,951	77,649	309,940	35,727	46,093	100,547	42,983
56,119	56,119	56,352	55,419	55,419	55,419	55,419
3,600	3,600	3,600	3,600	3,600	3,600	3,600
13,174	13,174	13,229	13,010	13,010	13,010	13,010
365	922	75	867	<u>-</u>		-
1,684	1,890	1,890	1,890	1,810	1,200	1,200
425	3,425	425	425	425	425	425
2,800	3,565	3,652	2,800	2,800	2,800	2,800
115	608	108	102	65	800	800
4,539	3,469	4,474	3,888	4,513	3,600	4,538
6,229	5,740	4,499	4,076	6,273	5,544	5,544
542	-	429	1,626	706	354	354
2,474	1,220	1,281	1,698	1,520	1,442	708
386	386	117	32	83	140	140
189	83	102	113	181	142	142
1,214	1,489	1,672	1,643	1,561	1,675	1,675
1,532	1,234	(1,136)	(760)	1,555	455	324
2,585	2,541	2,085	1,948	1,973	2,140	2,140
97,971	99,462	92,854	92,377	95,494	92,747	92,820
11,980	(21,813)	217,087	(56,650)	(40,404)	7.000	(40.000)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(= 1,0 10)	217,007	(30,030)	(49,401)	7,800	(49,836)
25,092	25,092	24,899	24,761	25,066	24,761	24,761
1,236	1,238	1,113	1,182	1,413	1,200	1,200
-	-	-	-,	-		
-	-	=	-	-	-	-
26,328	26,330	26,013	25,944	26,478	25,961	25,961

Total Budget
42.000
43,363
100,000
234,130
341,365
7,077
314,681
-
126,902
166,000
1,333,518
657,613
43,200
154,375
10,433
18,603
12,100
36,364
3,618
54,757
81,345
5,138
21,785
1,719
1,771
17,146
9,337
25,988
1,155,292
178,225
201.001
301,094
29,927
-
204.604
331,021

For the Heuser Hearing Institute, the 3 highest paid Staff:

Brett Bachmann	CEO	\$87487.00
Dan Johnson	CFO	\$64308.00
Cheryl Donaldson	Speech/Language Pathologist.	\$69641.52

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990 rax year beginning JUN 1, 2014 and ending MAY 31, 2015

A	For t	ne 2014 calendar year, or tax year beginning $$ JUN $1,$ 2014 and ending	MAY 31, 2015	OBSTRUCTO Colores Colores
	Check applica	C Name of organization	D Employer identif	
Г	Add	HEUSER HEARING & LANGUAGE ACADEMY		
Ē	Nan	16		****
F	Initia			
	Fine retur	111 EAST KENTUCKY STREET		515-3320
Γ	beta Ame	nded Transfer of province, codinity, and Zir or loreign postal code	G Gross receipts \$	1,662,065.
늗	retur		H(a) Is this a group r	
<u> </u>	tion pend	F Name and address of principal officer: BRETT BACHMANN	for subordinates	
_	Taya		H(b) Are all subordinates i	
		xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or itie: ► THEHEAR INGINSTITUTE . ORG	•	list. (see instructions)
			H(c) Group exemption	
È	art I	Trust Association Other Summary	fear of formation; 1954	M State of legal domicile: KY
251995	1	Briefly describe the organization's mission or most significant activities: TO PROVI	DE A COMPRISE	ATOTTER NA POU
9		PROGRAM IN SPEECH/LANGUAGE DEVELOPMENT AND AL	DE A COMPREHE	NSIVE DAILY
ä	2	Check this box if the organization discontinued its operations or disposed of n	DITORY SKILL	
Governance	3	Nicondraw of continuous conference of the contract of the cont	1	1
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)	3	31 31
δ. αΩ	5	Total number of individuals employed in calendar year 2014 (Part V, line 12)	4	44
ij	6	Total number of volunteers (estimate if necessary)	6	160
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u> </u>	
	b	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
8	8	Contributions and grants (Part VIII, line 1h)	531,428.	775,248.
Ĕ	9	Program service revenue (Part VIII, line 2g)	221,823.	272,774.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	278,528.	614,043.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,469.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,054,248.	1,662,065.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	2,818.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	613,635.	766,071.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
8	b	Total fundraising expenses (Part IX, column (D), line 25) 100,122.		
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	613,470.	664,243.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,227,105.	1,433,132.
_ 0	19	Revenue less expenses. Subtract line 18 from line 12	-172,857.	228,933.
sets or	20	Total counts (D. 137 E. 149)	Beginning of Current Year	End of Year
ASS Raise	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	11,060,763.	11,080,007.
) E	21 22	Net assets or fund balances. Subtract line 21 from line 20	412,531.	455,522.
	ŦII	Signature Block	10,648,232.	10,624,485.
2010/14/14	CAIDE	this of perjury, I declare that I have examined this return, including accompanying schedules and state		•
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer.	ements, and to the best of my	knowledge and belief, it is
		A Court state of the first in based of all million and which prepa	iter has any knowledge.	0_1/
Sigr	1	Signature of office	Date	<i></i>
Her	8	DAN JOHNSON, CFO	- 4.0	
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		CARRIE A. MERRILL, CPA CARRIE A. MERRILL, C	02/19/16 if self-employe	
	arer	Firm's name BLUE & CO., LLC	Firm's EIN	**_*****
Use	Only	Firm's address 2650 EASTPOINT PKWY, SUITE 300		
		LOUISVILLE, KY 40223	Phone no. 5 0 2	2-992-3500
Мау	the II	3S discuss this return with the preparer shown above? (see instructions)		X Yes No

# "Yes," complete Schedule A 2 Is the regulated in explicit of complete Schedule & Schedule of Committed or all private foundations? 3 Id the organization angele of complete Schedule & Schedule of Committed or all privates on behalf of or in opposition to candidates for public official if "Yes," complete Schedule & Part V 3 Section Strip(Si) organizations. Did the organization engage in lobbying activities, or have a section Strip(si) electronic in the did using the tax year? If "Yes," complete Schedule & Part V 4 X 5 Section Strip(Si) organizations. Did the organization engage in lobbying activities, or have a section Strip(si) electronic in effect during the tax year? If "Yes," complete Schedule & Part V 5 Is the organization assertion Schedule & Part V 5 Is the organization assertion Schedule & Part V 5 Is the organization assertion Schedule & Part V 6 Is the organization assertion behalf and you do any aimst strade or accounts for which denors have the light to provide advice on the distribution or investment of amounts in such thinds or accounts? If "Yes," complete Schedule D, Part II 6 Id the organization relevant or hold a conservation essement, including essements to present explore your species, the environment, but the environment, increase in such advices on the such account leading essement in continuous accounts all building account leading or developed properties Schedule D, Part II 7 If the organization account and organization in such account leading or developed properties Schedule D, Part V 8 If the organization such accounts and your the following questions in Yes," then complete Schedule D, Part V VII, VIII,	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Ye	s No
Dut the organization engage in direct or inflered political carning activities on behalf of or in opposition to candidates for public office? If "res," complete Schedule C, Part I Section SOTIC(\$) organizations. Did the organization engage in lobbying activities, or have a section 501(\$) election in effect during the tax year? I" "res," complete Schedule C, Part II Is the organization a section 501(6)(\$). 501(6)(\$), 501(6)(\$), 601(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(If "Yes " complete Schoolule A		1	
public officin? (if "Yes," complete Schedulic C, Part I Section SO1(c/Q) organizations. Did the organization engage in bibbying activities, or have a section 501(h) election in effect during the tax year? I "Yes," complete Schedule C, Part II b is the organization a section 501(c/Q), 501(c/Q), or 501(c/Q) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule C, Part II b) the organization maintain any donor advised funds or any elimitar funds or accounts for which donors have the right to provide activities on the distribution or investment of amounts in such hands or accounts for which donors have the right to provide activities on the distribution or investment of amounts in such hands or accounts for which donors have the right to provide active on the distribution or investment of amounts in such hands or accounts? If "Yes," complete Schedule D, Part II b) the organization molerie or hold a conservation essement, including easements to preserve open apace, the environment, historic structures? If "Yes," complete Schedule D, Part II c) Did the organization maintain collections of works of art, historical resource, or debt negotiation services? If "Yes," complete Schedule D, Part II b) Did the organization is port an amount in Part X, line 21, for econow or custodial account liability, serve as a custodian for amounts on tisted in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II b) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II b) Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part X II c) Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part X II d) D	2	Is the organization required to complete Salvative B. Cod. (1)	1		
Section 501(*)%; *complete Schedule C, Part I	3	Did the organization engage in direct or indirect political companies and its second in the organization engage in direct or indirect political companies and its second in the organization engage in direct or indirect political companies and its second in the organization engage in direct or indirect political companies.	2	X	
during the tax year? // "yes," compiete Schedule C, Part II It the organization a section 50 (c)(4), 501 (c)(5), or 50 (c)(5) organization that receives memberahily dues, assessments, or similar amounts as defined in Revenue Proceeding 99 (19)? "re", complete Schedule C, Part II Did the organization receive or hold a conservation essement, including assessments to preserve open space, the environment, historic land areas, or historic of amounts in such funds or accounts? // "res," complete Schedule D, Part II Did the organization report an amount for investments of the service of the significant organization report an amount for land, buildings, and equipment in Part X, in products a complete Schedule D, Part II Did the organization report an amount for land, buildings, and equipment in Part X, in products or complete Schedule D, Part II Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part IV Did the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part IV Did the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part IV Did the organization report an amount for investments - organization report an amount for investments or the securities in Part X, line 10? // "Yes," complete Schedule D, Part X II Did the organization report an amount for investments or the fax year risclide a foomtone that addresses the organization report an amount for investments or the fax year risclide a foomtone that addr		public office? # "Yes." complete Schedulo C. Boot !	j		1_
summar amounts as defined in Revenue Procedure 9.419 // revs. "complete Schedule C, Part III 5 X X Similar amounts as defined in Revenue Procedure 9.419 // revs. "complete Schedule C, Part III 5 X X X X X X X X X	4	Section 501(c)(3) organizations. Did the organization engage in lobbying sets titles and the control of the organization engage in lobbying sets titles and the control of the organization engage in lobbying sets titles and the organization engage in lobbying sets the organization engage in lobbying engage in	3		<u> </u>
similar amounts as defined in Revenue Procedure 99-197 (**) "res," complete Schedulo (**) Part III		during the tax year? If "Yes " complete Schedule C root !!	1		
Similar alticularia and potential and potent	5	Is the organization a section 501(c)(4) 501(c)(5) or 501(c)(6)	4		X
provide advice on the distribution or investment of amounts in such funds or accounts if **\text{Vis.}* complete Schedule D, Part I		Similar amounts as defined in Revenue Procedure 09 100.			
provide advice on the distribution or investment of amounts in such funds or accounts if **\text{Vis.}* complete Schedule D, Part I	6	Did the organization maintain only does addised in "Yes," complete Schedule C, Part III	5		X
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Enter the number reported in Box 3 of Form 1066. Enter 0- if not applicable Enter the number of forms W3G included in line 1s. Enter 0- if not applicable Coll the comparisation comply with backup withholding rules for reportable payments to vendors and reportable gaming (gimbling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the celendar year ending with or within the year covered by this return I all least one is reported on line 2a, did the organization file all required federal employment tax returns? Abde. If the sum of lines 1 and 2a is greater than 250, you may be required to -8th (see instructions) If I "Yes," I are it filed a Form 950 The this year? "I A"y " to le oil 2b, provide an explanation in Schedule 0 If "Yes," a still the calendar year, did the organization have an interest it, or a signature or other authority over, a financial accountly Such as a bank account, securities account, or other financial accountly? If "Yes," a still the comparization is the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? If you have a still the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? If you have a still the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? If you have a still the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? If you have a still party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? If you have a still party notify the organization that it was or is a party to a prohibited tax shelter transaction at any contributions between the property to the prohibited tax shelter transaction at any contribution in the wear or tax deductibles as chartisation for the year of the year of th		Check if Schedule O contains a response or note to any line in this Part V					
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year?	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	10/12				il c.i
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Did the organization receive any payments for indoor tanning services during the tax year?	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		128		
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand da Did the organization receive any payments for indoor tanning services during the tax year?	13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
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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 c Enter the amount of reserves on hand da Did the organization receive any payments for indoor tanning services during the tax year?		Note. See the instructions for additional information the organization must report on Schedule O		•••••	138		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 4a Did the organization receive any payments for indoor tanning services during the tax year?	b	Enter the amount of reserves the organization is required to maintain by the states in which the					
4a Did the organization receive any payments for indoor tanning services during the tax year?		organization is licensed to issue qualified health plans	13h				
The dryanization receive any payments for indoor tanning services during the tax year?	C	enter the amount of reserves on hand					
b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	170	Did the digarization receive any payments for indoor tanning services during the tax year?			14p	2011/0	X
IAD :	b	f "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	0		14b	-	

Form 990 (2	Componentian of Offi	R HEARING &	LANGUAGE	ACADRMY	**_***	
	Annheusemon of Ottic	ers, Directors, T	nistage Kay Er	mnlovees High	ant Comment of	
	Employees, and Indep	endent Contract	ors	mpioyees, mgm	ssi compensated	

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.

Page 7

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: Individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees;

Check this box if neither the organ (A)	(B)	ł		-	(C)					Т
Name and Title	Average hours pe week	r li	io not ox, uni fficer a	Po: check	Sitio: mare	in ho	44	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount o
(1) JENNY HEADLEE	(list any hours for related organizatio below line)	ns Individual trustee or direc	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organization
PRESIDENT	0.50							0.		
(2) DAVID FERGUSON VICE PRESIDENT	0.50								0.	
(3) LAURA DAUSMAN SECRETARY/TREASURER	0.50							0.	0.	
(4) ANNETTE STAMBAUGH DIRECTOR	0.50		\vdash	\dashv		\dashv	\dashv	0.	0.	
(5) BECKIE ENNIS	0.50			\dashv	4	\dashv		0.	0.	
OIRECTOR (6) BETSY HOLTON	0.50	\mathbf{x}			\perp			0.	0.	
OIRECTOR (7) BRAD BROECKER	0.50 0.50			ļ				0.		
DIRECTOR	0.50	X							0.	
8) BRYAN YOFFE TRECTOR	0.50	\prod		\top	\top	+	+	0.	0.	
9) CHARLES R WOODS IRECTOR	0.50	X	\dashv	+	\dashv	+	+	0.	0.	
10) DEBORAH GREENWALD	0.50	X	+	4	_	\perp	4	0.	0.	
RECTOR 1) E BRITT BROCKMAN, MD	0.50	X	\perp	\perp		\perp	\perp	0.	0.	
RECTOR 2) H.I. STROTH JR.	0.50	х						0.		
RECTOR	0.50	x			T				0.	(
3) JAMES OETKEN RECTOR	0.50			\top	\top	+	+	0.	0.	(
4) JAMIE ESTES RECTOR	0.50	X	+	+	+	+	+	0.	0.	0
5) JANICE MUELLER	0.50	X	+	+	+	+	4-	0.	0.	0
RECTOR 6) JEANIE LIVESAY	0.50	Х	4	\perp	\perp	1	_	0.	0.	0
RECTOR) JENNY HYLAND	0.50	x						0.	0.	
RECTOR 007 11-07-14	0.50	x					Γ	0.	0.	0 0

Total revenue Related or Country Investor Related Related Or Country Investor Related Related Or Country Investor Related Rela	-	un	25545-27.	Check if Schedule O con	tains a response	or note to any i	ine in this Part VIII			
1							(A)	Related or exempt function	Unrelated business	from tax under
d Politetic organizations d Politetic contributions (Richards and Smills amounts are included above d Politetic contributions related inches to tit a	\$	쎩	1 8	Federated campaigns	1a					
d Politeid organizations of Government grants (contributions) to Government grants) to Government grants (contributions) to Government grants (contributions) to Government grants) to Government grants (contributions) to Government grants (contributi	ē	a	b	Membership dues	1b	10,286.				
2	σ.	8	C	Fundraising events	1c				100	
2	雋	Ä	d	Related organizations	1d		7			
2	s,	8	e	Government grants (contribut	tions) 1e	433,365.				
2	Ę.	3	f					a stores		
2	<u>ā</u> :					331,597.		1.5		
2	Ę.	3	9	Noncash contributions included in fines	1a-1f: \$		7			
2 a NET PATIENT SERVICE RE b TUITION AND SERVICE FE c c d d d d d d d d d d d d d d d d d d	<u>ပိ</u>	<u> </u>	h	Total. Add lines 1a-1f	****************		775.248.			
2 a NET PATIENT SERVICE RE b TUITION AND SERVICE FE c d d c d d d d d d d d d d d d d d d d						Business Code	\$750.57 ECC25 EVE 64000 September 1, 100 Company of the Company of			
g Total. Add linas 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6 Less: rental expenses 9 Ce Rental income or (loss) 1 Net rental income or (loss) 2 Less: cost or other basis and sales expenses 9 Less: cost or other basis and sales expenses 1 Net gain or (loss) 397, 980. 397, 980.	8	:	2 a	NET PATIENT SER	VICE RE					
g Total. Add linas 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6 Less: rental expenses 9 Ce Rental income or (loss) 1 Net rental income or (loss) 2 Less: cost or other basis and sales expenses 9 Less: cost or other basis and sales expenses 1 Net gain or (loss) 397, 980. 397, 980.	Ž	6	ь	TUITION AND SER	VICE FE	611600	44,136.	44 136	· · · · · · · · · · · · · · · · · · ·	
g Total. Add linas 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6 Less: rental expenses 9 Ce Rental income or (loss) 1 Net rental income or (loss) 2 Less: cost or other basis and sales expenses 9 Less: cost or other basis and sales expenses 1 Net gain or (loss) 397, 980. 397, 980.	Ø,		C							
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Investment income (including dividends, interest, and other similar amounts) 216,063. 216,063. 216,063.		<u> </u>	д	Total. Add lines 2a-2f	*****************		272,774.			NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,
Formal from investment of tax-exempt bond proceeds Royalties Roy		3	3	Investment income (including	dividends, intere	st, and			335500000000000000000000000000000000000	
Formal from investment of tax-exempt bond proceeds Royalties Roy		ĺ		other similar amounts)	***************************************		216,063.			216 063
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12 Total revenue. See instructions	Ì			宇 - 4 - 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		D				PROPORTOR STREET
	2200			Total revenue. See instructions			,662,065.	272.774.	n	614 042

Section 501(c)(3) and 501(c)(4)

Do	Check if Schedule O contains a responsion of include amounts reported on lines 6b,	! (A)	(B)	(0)	
<i>75</i>	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
٠	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				CAPORISES
2		2,818	2,818.		
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations feeding assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members				
٠	Compensation of current officers, directors,				
6	trustees, and key employees	43,911.		43,911.	
Ü	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		1		
7	persons described in section 4958(c)(3)(B)			ļ	
	Other salaries and wages	605,995.	519,925.	40,577.	45,493
8	Pension plan accruals and contributions (include			20/3//-	43,433
_	section 401(k) and 403(b) employer contributions)	<u>21,583</u> .	17,266.	2,806.	1 511
9	Other employee benefits	49,644.	39,715.	6,454.	1,511
0	Payroll taxes	44,938.	35,950.	5,842.	3,475
1	rees for services (non-employees):			3,042.	3,146
a	Management				
b	Legal	368.	294.	40	
C	Accounting	6,399.	5,119.	48.	26
d	Lobbying		3,113.	832.	448
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	30,227.	24,181.		
9	Other. (If line 11g amount exceeds 10% of line 25.		24,101.	3,930.	2,116
	column (A) amount, list line 11g expenses on Sch (L)	99,168.	79,334.	10.000	
2	Advertising and promotion	14,757.	11,806.	12,892.	6,942
3	Office expenses	12,372.	9,898.	1,918.	1,033
ŀ	Information technology	6,865.		1,608.	866
5	Royalties	0,003.	5,492.	892.	481
•	Occupancy	55,830.	11 554		
, ,	Travel	16,833.	44,664.	7,258.	3,908
	Payments of travel or entertainment expenses	10,033.	13,467.	2,188.	1,178.
1	for any federal, state, or local public officials				
• •	Conferences, conventions, and meetings				
	Interest	9,200.			
ı		9,200.	7,360.	1,196.	644.
ŧ	Depreciation, depletion, and amortization	304 670			
1	nsurance	304,672.	283,345.		21,327.
(Other expenses Itemize expenses not covered	19,531.	15,625.	2,539.	1,367.
a	WUVB. (LIST MISCALIANADUS avnances in line due 14 11 - 1888				
- 4	24e amount exceeds 10% of line 25, column (A) imount, list line 24e expenses on Schedule 0.)				Par Property
. F	REPAIR AND MAINTENANCE	20 02			
5	SUPPLIES	22,861.	18,289.	2,972.	1,600.
	BAD DEBT EXPENSE	17,700.	14,160.	2,301.	1,239.
Ē	BANK SERVICE CHARGES	16,558.	13,246.	2,153.	1,159.
	di other expenses	16,238.	12,990.	2,111.	1,137.
	otal functional expenses. Add lines 1 through 24e	14,664.	11,732.	1,906.	1,026.
	oint costs. Complete this line only if the organization	1,433,132.	1,186,676.	146,334.	100,122.
10	enorted in column (P) joint needs to	1			, 122.
10	eported in column (B) joint costs from a combined ducational campaign and fundraising solicitation.	İ			
GL	vaccional campaign and fundraising solicitation.	l		1	

	m 990 (2014) HEUSER HEARING & LANGUAGE ACADEMY Reconciliation of Net Assets	**_*	*****	Page 12
	Check if Schedule O contains a response or note to any limit in the Decision			
	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)			
2	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 form line 3.	1	1,662	<u>,065.</u>
3	Revenue less expenses. Subtract line 2 from line 1	2	1,433	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		,933.
5	Net unrealized gains (losses) on investments	4	10,648	
6	Donated services and use of facilities	5	-199	,460.
7	Investment even	6		······································
8	Drive and add add add	7		
9	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at and after a Company of the company of th	8	-53	,220.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	9		0.
	County (D)			
F	Financial Statements and Reporting	10	10,624	485.
	Check if Schedule O contains a response or note to any line in this Part XII			
				. X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Y	s No
	If the organization changed its method of accounting from a prior was a second to the control of accounting from a prior was a second to the control of accounting from a prior was a second to the control of accounting from a prior was a second to the control of accounting from a prior was a second to the control of accounting from a prior was a second to the control of accounting from a prior was a second to the control of accounting from a prior was a second to the control of accounting from a prior was a second to the control of accounting to the control of a			- 1
2a	The second of the second statements compiled or reviewed by an independent			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis. Consolidated basis or both:		2a	X
	separate basis, consolidated basis, or both:	in a		
	Separate basis Consolidated basis Both consolidated and an analysis			1
b	Were the organization's financial statements audited by an independent account and a separate basis			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate to	••••••	2ь Х	Water Date Designation
	consolidated basis, or both:	asis,		
	Separate basis X Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that against a second transfer that against the second transfer tha second transfer that against the second transfer that against th			
	The state of the s			
			2c X	-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A.1332	ile O.		
	and and an additional and a second a second and a second			
b	If "Yes," did the organization undergo the required audit or audite? If the opposition is	••••••	3a	X
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	l audit		
	any stops taken to undergo such audits		3b	1

Form 990 (2014)

(Complete only if you checked fails to qualify under the tests Section A. Public Support	listed below, plea	o, 7, or 8 of Part I on use complete Part I	r if the organization	on failed to qualify	d 170(b)(1)(A)(vi	organization
alendar year (or fiscal year beginning in)	(a) 2010	6.) 0044	I		1	
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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	Thirties and the second					
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,		. Tale 1				
column (f)				1		
6 Public support. Subtract line 5 from line 4.						
ection B. Total Support					- CANAL SAME ENGINEERING STREET	
llendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
B Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties					j	
and income from similar sources	ł					
Net income from unrelated business						
activities, whether or not the	1	1				
business is regularly carried on	į					
Other income. Do not include gain						
or loss from the sale of capital	ļ					
assets (Explain in Part VI.)	İ		.		1	
Total support. Add lines 7 through 10					(1) Zuras direjinis (alasa alas	
Gross receipts from related activities, et	c. (see instruction	s)				
First five years. If the Form 990 is for the	e organization's f	irst second third	fourth or fifth tox		12	
organization, check this box and stop hection C. Computation of Public	Ara				5U1(C)(3)	>
Public support percentage for 2014 (line	6 column (0 elisis	dod by line 14	44)	· · · · · · · · · · · · · · · · · · ·		
Public support percentage from 2013 Sc	thedule A Part II	ilina 14	ımn (t))	·····	14	
a 33 1/3% support test - 2014. If the org	anization did not	thack the have as 8	no 12 and the		15	
stop here. The organization qualifies as	a publicly support	ted organization	110 10, arki IM9 14			
b 33 1/3% support test - 2013. If the org						

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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.
- 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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9b	1714-1717	agrae II

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	AND RESIDENCE	1471年前
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1 Check	e III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	Page (
1 Check				
ndhar "	here if the organization satisfied the Integral Part Test as a qualify	ying trust o	n Nov. 20, 1970. See inst	ructions. All
Outer	Type III non-functionally integrated supporting organizations must	complete 5	Sections A through E.	
Section A - Adjus	ted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-ter	m capital gain	1		
2 Recoveries o	of prior-year distributions	2		
Other gross i	income (see instructions)	3		
4 Add lines 1 ti	hrough 3	4		
5 Depreciation	and depletion	5		
6 Portion of op	perating expenses paid or incurred for production or			
collection of	gross income or for management, conservation, or			
	of property held for production of income (see instructions)	6		
	ses (see instructions)	7		
8 Adjusted Ne	t Income (subtract lines 5, 6 and 7 from line 4)	8		
	um Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fai	ir market value of all non-exempt-use assets (see			
instructions f	or short tax year or assets held for part of year):			
	thly value of securities	1a	The second and the second section 20 to be a second section 20 to 10 to	1. 100-2016 (A. 100-2016 A.
b Average mon	thly cash balances	1b		
c Fair market v	alue of other non-exempt-use assets	1c		
	es 1a, 1b, and 1c)	1d		
	imed for blockage or other			
factors (expla	in in detail in Part VI):			
	debtedness applicable to non-exempt-use assets	2		
	2 from line 1d	3		
4 Cash deemed see instruction	d held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ons).	4		
5 Net value of n	non-exempt-use assets (subtract line 4 from line 3)	5	<u> </u>	
6 Multiply line 5		6		
	prior-year distributions			<u> </u>
	set Amount (add line 7 to line 6)	7 8		
ection C - Distrib				Current Year
1 Adjusted net i	income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of	line 1	2		
	et amount for prior year (from Section B, line 8, Column A)	3		
	of line 2 or line 3	4		
	nposed in prior year	5		
	Amount. Subtract line 5 from line 4, unless subject to	1 2		
	mporary reduction (see instructions)			
	nere if the current year is the organization's first as a non-functions	<u> </u>		<u> </u>

Schedule A	(Form 990 or 990-EZ) 20	14 HEUSER HE	ARING & L	ANGUAGE AC	ADEMY	**_***** Page (
LICALI		ormation. Provide	the explanations re	quired by Part II, line	e 10; Part II, line 17a or	17b; and Part III, line 12.
	Also complete this part	t for any additional info	rmation. (See instr	uctions).		
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·				·		

Employer Identification number

HEUSER HEARING & LANGUAGE ACADEMY

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Peru	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	P.O. BOX 32760 LOUISVILLE, KY 40232	\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GOOD SAMARITAN FOUNDATION 7500 FLOYDSBURG ROAD CRESTWOOD, KY 40014	s 12,231.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FUND FOR THE ARTS 623 W MAIN STREET LOUISVILLE, KY 40202	\$ <u>11,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	KOSAIR CHARITIES 982 EASTERN PARKWAY, P.O. BOX 37370 LOUISVILLE, KY 40233	s200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NORTON FOUNDATION 333 E MAIN ST, STE 400 LOUISVILLE, KY 40202	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE GHEENS FOUNDATION 401 w. MAIN STREET, SUITE #705 LOUISVILLE, KY 40202	\$50,000.	Person X Payroli
****** (1-02)	- 17	Schedule B (Form 9	90 990-F7 or 990-PE\ (2014)

Employer identification number

HEUSER	HEARING	&	LANGUAGE	ACADEMY

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Par II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		*			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		* * * * * * * * * * * * * * * * * * *			
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		*			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
423453 11-05-	14	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2014)		

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

E SHAFT TO THE

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number **_**** HEUSER HEARING & LANGUAGE ACADEMY

	organization answered "Yes" to Form 990, Part IV, line				
	-	(a) Donor advised funds		(b) Fun	nds 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 w				
_	are the organization's property, subject to the organization's ea	xclusive legal control?			Yes I
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?			*******	Yes 1
	Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or ed	· · · · · · · · · · · · · · · · · · ·			
	Protection of natural habitat	Preservation of a cer	tified h	istoric s	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a co	nserva	tion easement on the last
	day of the tax year.			Hamman	
	Tatal accept of the state of th				Held at the End of the Tax Ye
a	Take a common consideration and the consideration of the consideration and the considera	***************************************		2a	
b	Total acreage restricted by conservation easements		•••••	2b	
C	Number of conservation easements on a certified historic struc	cture included in (a)		2c	
d	Number of conservation easements included in (c) acquired aff				
3	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, release vear	ased, extinguished, or terminated by the	organi	zation	during the tax
4	Number of states where property subject to conservation ease	mant is bounted by			
5	Does the organization have a written policy regarding the period				
Ĭ	violations, and enforcement of the conservation easements it h				
6	Staff and volunteer hours devoted to monitoring, inspecting, at				Yes N
7	Amount of expenses incurred in monitoring, inspecting, and en				
8	Does each conservation easement reported on line 2(d) above				a
_				**	Пу П.
9	In Part XIII, describe how the organization reports conservation	a pasaments in its revenue and evenue			YesN
	include, if applicable, the text of the footnote to the organization	yn's financial statements that describes	the ora	anizatio	no balance stieet, and
	conservation easements.	or a marious statements stat describes	ule org	di lizavi	on accounting for
=	Organizations Maintaining Collections of	Art, Historical Treasures, or O	her S	imilaı	r Assets.
SANSANDAS.					
1000000	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.			
	Complete if the organization answered "Yes" to Form 98 If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue staten	nent an	d balan	nce sheet works of art
	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue staten	nent an	d balan	nce sheet works of art, service, provide, in Part XIII.
		958), not to report in its revenue staten pition, education, or research in furthera	nent an	d balan	nce sheet works of art, service, provide, in Part XIII,
1a	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe	958), not to report in its revenue staten pition, education, or research in furthera es these items.	nce of (oublic s	service, provide, in Part XIII,
1a	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue staten pition, education, or research in furthera es these items. 958), to report in its revenue statement	nce of p	oublic s	service, provide, in Part XIII, sheet works of art, historica
1a	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe	958), not to report in its revenue staten pition, education, or research in furthera es these items. 958), to report in its revenue statement	nce of p	oublic s	service, provide, in Part XIII, sheet works of art, historica
1a	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurelating to these items:	958), not to report in its revenue staten bition, education, or research in furthera es these items. 958), to report in its revenue statement location, or research in furtherance of pul	nce of p and bablic ser	oublic s slance s vice, pr	service, provide, in Part XIII, sheet works of art, historica ovide the following amount
1a	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurelating to these items: (i) Revenue included in Form 990, Part VIII, line 1	958), not to report in its revenue staten bition, education, or research in furthera es these items. 958), to report in its revenue statement ication, or research in furtherance of pul	nce of particular and baselic services	alance : vice, pr	service, provide, in Part XIII, sheet works of art, historica rovide the following amount
1a	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurelating to these items: (i) Revenue included in Form 990, Part VIII, line 1	958), not to report in its revenue staten bition, education, or research in furthera es these items. 958), to report in its revenue statement acation, or research in furtherance of pul	nce of particular and baselic services	alance s	service, provide, in Part XIII, sheet works of art, historica rovide the following amount
1a b	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurelating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas	958), not to report in its revenue staten bition, education, or research in furthera es these items. 958), to report in its revenue statement acation, or research in furtherance of pul	nce of particular and baselic services	alance s	service, provide, in Part XIII, sheet works of art, historica rovide the following amount
1a b	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurelating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	958), not to report in its revenue staten bition, education, or research in furtheral es these items. 958), to report in its revenue statement acation, or research in furtherance of pulsures, or other similar assets for financials (ASC 958) relating to these items:	and be blic ser	alance s vice, pr	service, provide, in Part XIII, sheet works of art, historica rovide the following amount \$

Dan VIII			

Complete if the organization answered "Yes"	to Form 990, Part IV, li		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-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 YIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, li	ine 11c, See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			<u> </u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Other Assets.			
Complete if the organization answered "Yes"		ine 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
	UNDATION		3,561,361.
(2) BENEFICIAL INTEREST IN CH	ARITABLE TRU	JST	413,549.
(3) ADVANCES TO AFFILIATES			421,209.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 15.)		4,396,119.
Par X Other Liabilities.			
Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV, I	The state of the s	5. 74741119121131111144144122113131313131
		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)		ii, the state of t	
(5)			
(6)			
(7)			
(8)			
rs-as	•		PROGRAMMENT THE COMPANY OF THE PROGRAMMENT AND THE PROGRAMMENT OF THE

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Part XIII Supplemental Information (continued)

DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT

GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT

ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR

GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND.

THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT

CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS, IF ANY, IS CLASSIFIED AS

TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR

EXPENDITURE BY THE ORGANIZATION IN A MANNER CONSISTENT WITH THE STANDARD

OF PRUDENCE PRESCRIBED BY UPMIFA.

PART X, LINE 2:

THE ACADEMY IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE. AS SUCH, THE ACADEMY IS GENERALLY EXEMPT FROM INCOME TAXES. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF MAY 31, 2015 AND 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS. HOWEVER, AS OF THE DATE THE CONSOLIDATED FINANCIAL STATEMENTS WERE ISSUED, THERE WERE NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Schedule E	(Form 990 or 990-EZ) (2014) HEUSER	HEARING	& LANGUAGE	ACADEMY	**_*****	Page 2
264	(Form 990 or 990 EZ) (2014) HEUSER Supplemental Information. Pro	ovide the explana	tions required by Part	I, lines 3, 4d, 5h, 6b, and 7,	as applicable.	
	Also provide any other additional inform	nation.				
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	44	·				
	The state of the s	- <u>-</u>				

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Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization HEUSER HEARING & LANGUAGE ACADEMY	Employer identification number **_******
FORM 990 PART XI LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE ORGA	NIZATION
CONTINUES TO MAINTAIN AN AUDIT AND FINANCE COMMITTEE COME	PRISED
EXCLUSIVELY OF DIRECTORS WHO SELECT THE INDEPENDENT AUDIT	OR. THE
COMMITTEE MEETS WITH THE INDEPENDENT AUDITOR PRIOR TO AND	AT THE
CONCLUSION OF THE ANNUAL AUDIT, INCLUDING AN EXECUTIVE SE	SSION WITHOUT
MANAGEMENT.	
	Later and the second se
	1444

Page 2

Schedule R (Form 990) 2014 HEUSER HEARING & LANGUAGE ACADEMY

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule K-1 (Form 1065) Yes No × Yes Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership \$00 $\hat{\boldsymbol{\epsilon}}$ 0 Share of end-of-year assets Disproportionate Yes No allocations? Ê ö Share of total income (g)
Share of end-of-year assets Type of entity (C corp, S corp, or trust) **⊕** (f) Share of total income CORP (d)
(d)
Inect controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ê Legal domicile (state or foreign country) K Ü (d)
(Direct controlling | PROVIDE AUDIOLOGICAL Primary activity MEDICAL SERVICES (c)
Legal
domicile
(state or
foreign
county) Primary activity ****** Ð Name, address, and EIN of related organization HEUSER HEARING PRODUCTS, INC. Name, address, and EIN of related organization LOUISVILLE, KY 40203 111 E KENTUCKY ST <u>e</u>

Schedule R (Form 990) 2014

132 162 08-14-14

Form 886	8 (Rev. 1-2014)				Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	dension, d	complete only Part II and check thi	s box	X
	ly complete Part II if you have already been granted an a				
If you a	ere filing for an Automatic 3-Month Extension, comple	ete only Pa	art I (on page 1).		
Part	Additional (Not Automatic) 3-Month E	xtensior	of Time. Only file the origin	al (no copies needed)	
			Enter filer's	identifying number, see i	nstructions
Туре ог	Name of exempt organization or other filer, see instru	ctions.		Employer identification nu	
print	3				
File by the	HEUSER HEARING & LANGUAGE AC	CADEMY	r	**_***	***
due date for	Number, street, and room or suite no. If a P.O. box, s			Social security number (S	SNI
filing your return, See	111 EAST KENTUCKY STREET			Occide Gooding Hamber (O	211)
instructions.	City, town or post office, state, and ZIP code. For a fe	oreign add	ress, see instructions.		
	production in the second				
Enter the	Datum code for the return that this application is for ##		for any see the seek and		0 1
CHIEL BIO	Return code for the return that this application is for (file	e a separat	e application for each return)	********************************	[0]-1
Annliaati		Datum	I A IX AT		Ta
Application	Utt	Return	Application		Return
is For	or Form 000 F7	Code	ls For		Code
	or Form 990-EZ	01		BF at the continuous and the second	
Form 990		02	Form 1041-A		08
	0 (individual)	03	Form 4720 (other than individual)		09
Form 990	· · · · · · · · · · · · · · · · · · ·	04	Form 5227		10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	-T (trust other than above)	06	Form 8870		12
STOP! Do	not complete Part II if you were not already granted		natic 3-month extension on a prev	ously filed Form 8868.	
	THE ORGANIZATIO				
	ooks are in the care of 111 EAST KENTUC	CKY SI	r LOUISVILLE, KY	40203	
-	one No. > 502-515-3320		Fax No. 🕨		
• If the o	organization does not have an office or place of business	s in the Un	ited States, check this box		>
If this i	s for a Group Return, enter the organization's four digit				
box 🕨	. If it is for part of the group, check this box			all members the extension	is for.
	quest an additional 3-month extension of time until				
5 For	calendar year, or other tax year beginning	JUN 1	, 2014 , and endin	g MAY 31, 2015	<u>i</u> .
6 If th	e tax year entered in line 5 is for less than 12 months, c	heck reaso	on: Initial return	Final return	
L	_ Change in accounting period				
	te in detail why you need the extension				
	XPAYER RESPECTFULLY REQUESTS				HE
NE	CESSARY INFORMATION TO FILE	A COM	PLETE AND ACCURATE	RETURN.	
8a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less any		
	refundable credits. See instructions.		· .	8a \$	0.
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and estimated		
	payments made. Include any prior year overpayment all				
	viously with Form 8868.		,,,,,	8b \$	0.
c Bal	ance due. Subtract line 8b from line 8a. Include your pa	vment wit	h this form, if required, by using		
	PS (Electronic Federal Tax Payment System). See instru		and the second second	8c s	0.
			t be completed for Part II o		
Under pena it is true, c	alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ling accomp	-	_	belief,
Signature	Title >	CPA		Date >	
a. a. miur V	Hug				/Day 1 2014
				rum 5868	(Rev. 1-2014)

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Schedule R (Form 990) 2014 HEUSER HEARING & LANGUAGE ACADEMY

Interest Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

For Month Ended 01/31/16, Fiscal Year 06/15-05/16 Heuser Hearing & Language Academy Income Statement

1											
Revenue											
Tuition	4,318	7,464	(3.147)	7.941	(3.623)	19,409	28 703	(9 294)	29 712	(10.303)	
State Allocation	50,000	50,000	1	50,000		100,000	100,000	1 (100,000	(10,000)	100.000
Service Fees	13,959	14,212	(253)	22,119	(8,160)	155,996	93,119	62,877	136,242	19,753	234,130
Grants	56,161	55,000	1,161	55,000	1,161	382,681	283,631	99,050	283,631	99,050	
Supporting Organizations	225	(324)	549	•	225	71,261	2,119	69,141	5,976	65,285	7,077
Contributions	23,625	8,881	14,744	8,881	14,744	814,594	257,529	557,065	259,704	554.890	314.681
Special Events-net	,	970	(970)		1	(2,504)	(7,438)	4,934	1 1	(2.504)	,
Chair Fund Distribution	•	•	1	•	i	136 105	121 902	3 303 .	126 000	(202)	
Foundation Contribution	170.000	161 000	9 000	188 000	4 000	170,100	161,902	4,200	166 000	4000	188,000
Total Revenue	318.287	297 203	21 084	309 940	8 347	1 837 540	1 040 565	706 075	1 108 167	700 272	1 222 510
1	010,207	231,200	21,004	308,840	0,347	1,037,540	1,040,565	678,087	1,108,167	729,373	1,333,518
Expenses											
Salaries	56,639	53,995	2,644	56,352	287	451,837	433,869	17,967	435,935	15,901	657,613
Contract Labor	2,760	4,640	(1,880)	3,600	(840)	25,301	30,215	(4,913)	28,800	(3,499)	43,200
Employee Benefits	12,267	10,713	1,555	13,229	(961)	80,452	66,486	13,966	102,336	(21,884)	154,375
Professional Development	1	59	(59)	75	(75)	1,312	7,383	(6,072)	9,566	(8,254)	10,433
General Insurance	2,161	1,862	299	1,890	271	15,634	12,318	3,315	12,503	3,131	18,603
Professional Fees	600		600	425	175	1,188	6,336	(5,149)	10,400	(9,213)	12,100
Advertising & Public Relations	•	852	(852)	3,652	(3,652)	17,265	2,764	14,502	25,164	(7,898)	36,364
Dues/Licenses	420	108	312	108	312	1,941	1,786	155	1,851	90	
Utilities	8,835	4,461	4,374	4,474	4,361	38,585	38,160	425	38,217	368	54,757
Repair & Maintenance	7,568	4,444	3,125	4,499	3,069	50,003	59,310	(9,307)	59,908	(9,905)	81,345
Cleaning & Landscaping	740	424	316	429	310	2,759	2,073	686	2,098	661	
Supplies	1,050	1,266	(217)	1,281	(232)	25,677	15,011	10,665	16,417	9,260	21,785
Telephone	707	196	511	117	590	1,847	1,974	(127)	1,322	525	
Postage	121	101	20	102	19	1,180	1,179	>	1,193	(13)	
Travel	1,224	1,652	(427)	1,672	(447)	13,622	9,899	3,723	10,594	3,029	17,146
Miscellaneous Expense	111	(1,122)	1,234	(1,136)	1,247	15,367	7,612	7,755	7,764	7,603	
Interest & Fees	2,757	2,085	672	2,085	672	20,001	18,188	1,813	17,788	2,213	25,988
Total Operating Expenses	97,960	85,733	12,226	92,854	5,106	763,971	714,564	49,407	781,855	(17,884)	1,155,292
Net Operating Surplus/(Deficit)	220.328	211 470	α α.τ.α	217 087	3 2 2 4 1	1 073 560	336	747 550	220	747 267	_
	Compliant Company	TOWN COLUMN TOWN						A COMPANY OF THE PARTY OF THE P		The second secon	
Non Operating Income/Expenses											

THE EDITH & HENRY HEUSER HEARING INSTITUTE, INC.

General Information

Organization Number 0509497

Name THE EDITH & HENRY HEUSER HEARING INSTITUTE, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

Status A - Active Standing G - Good

State KY

File Date 1/25/2001 **Organization Date** 1/25/2001 **Last Annual Report** 3/16/2016

Principal Office 111 EAST KENTUCKY STREET

LOUISVILLE, KY 40203

Registered Agent DANIEL R. JOHNSON

> 115 E. KENTUCKY ST. LOUISVILLE, KY 40203

Current Officers

President Jenny Headlee Vice President David Ferguson **Treasurer** Laura Dausman Director Suzanne Moeller

Director H. Stroth Director Brad Broecker **Director** LouAnn Atlas Director Pam Thompson

Individuals / Entities listed at time of formation

Director JERRY E ABRAMSON

Director OWSLEY BROWN FRAZIER

Director JAMES R GAUNT Director **OLIVIA KIRTLEY Director JAMES MCDOWELL**

Director WILLIAM E MCANULTY IR Director **LINDY B RICHARDSON** Incorporator **JOHN A JOHNSON**

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report 3/16/2016 **PDF** 1 page