

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
DECEMBER 31, 2015

Prepared for	RITA TINTERA 9835 MANCHESTER RD ST. LOUIS, MO 63119
Prepared by	CLIFTONLARSONALLEN LLP 600 WASHINGTON AVENUE, SUITE 1800 ST. LOUIS, MO 63101 314-925-4300
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	<p>THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.</p> <p>IF A COVER LETTER IS INCLUDED WITH THESE FILING INSTRUCTIONS IT SHOULD BE REVIEWED FOR ADDITIONAL ITEMS, IF ANY, THAT MAY REQUIRE YOUR ACTION BEFORE THE DUE DATE OF THIS RETURN.</p>

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">CENTER FOR HEARING & SPEECH</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">9835 MANCHESTER RD</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">ST. LOUIS, MO 63119</p> F Name and address of principal officer: RITA TINTEA <p align="center">SAME AS C ABOVE</p>	D Employer identification number <p align="center">43-0652678</p> E Telephone number <p align="center">314-968-4710</p> G Gross receipts \$ 2,120,671. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HEARING-SPEECHSTLOUIS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1920 M State of legal domicile: MO

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE CENTER FOR HEARING & SPEECH IMPROVES THE QUALITY OF LIFE FOR INDIVIDUALS WITH HEARING AND SPEECH		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	39
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	706,092.	862,743.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,935.	705,519.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,851.	19,245.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,411.	176,187.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,453,289.	1,763,694.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,247,769.	1,296,502.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,274.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	476,512.	447,130.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,724,281.	1,743,632.
19	Revenue less expenses. Subtract line 18 from line 12	-270,992.	20,062.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	3,105,315.	3,118,041.
22	Net assets or fund balances. Subtract line 21 from line 20	136,261.	142,625.
22	Net assets or fund balances. Subtract line 21 from line 20	2,969,054.	2,975,416.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p align="center">RITA TINTEA, EXECUTIVE DIRECTOR</p> Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name <p>JEFF PARKER</p> Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <p>P00970069</p> Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 Firm's address ▶ 600 WASHINGTON AVENUE, SUITE 1800 ST. LOUIS, MO 63101 Phone no. 314-925-4300	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE CENTER FOR HEARING & SPEECH IMPROVES THE QUALITY OF LIFE FOR INDIVIDUALS WITH HEARING AND SPEECH DISORDERS BY PROVIDING CARING AND HIGH QUALITY SERVICES, REGARDLESS OF ONE'S ABILITY TO PAY, AND CONTINUALLY STRIVING TO ADDRESS A GREATER PORTION OF THE UNMET NEED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 630,608. including grants of \$) (Revenue \$ 212,709.) THE CENTER'S AUDIOLOGY PROGRAM IDENTIFIES AND TREATS CHILDREN AND ADULTS WITH HEARING PROBLEMS AND PROVIDES THEM WITH APPROPRIATE HEARING AIDS AND OTHER ASSISTIVE LISTENING DEVICES. THIS PROGRAM TARGETS LOW-INCOME INDIVIDUALS WHO CANNOT PAY FOR SERVICES. HEARING LOSS IS A CRITICAL ISSUE FACING OUR COMMUNITY'S AGING POPULATION, ESPECIALLY THOSE WHO ARE LIVING IN POVERTY, NEAR POVERTY, OR THOSE WHO FACE THE FINANCIAL STRAIN OF MULTIPLE MEDICAL EXPENSES ON A FIXED INCOME. THE NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS STATES THAT ONE IN THREE PEOPLE OLDER THAN 60 AND HALF OF THOSE OLDER THAN 85 HAVE HEARING LOSS. HEARING LOSS CAUSES OR AGGRAVATES LONELINESS, DEPRESSION, ISOLATION AND CRIME. THESE PROBLEMS ARE EXACERBATED FOR THOSE WITH LIMITED ECONOMIC MEANS. HEARING LOSS SEVERELY LIMITS ONE'S

4b (Code:) (Expenses \$ 385,746. including grants of \$) (Revenue \$ 127,921.) THE SPEECH PATHOLOGY PROGRAM IDENTIFIES INDIVIDUALS WITH SPEECH/LANGUAGE DISORDER AND/OR DELAYS AND HELPS THESE CHILDREN ACHIEVE AGE-APPROPRIATE SPEECH/LANGUAGE SKILLS; OR, FOR PERSONS WITH COMMUNICATION SKILLS AFFECTED BY A MEDICAL AND/OR BEHAVIORAL DIAGNOSES, ACHIEVE A FUNCTIONAL LEVEL OF COMMUNICATION.

CHILDREN FROM LOW-INCOME HOUSEHOLDS ARE THE PRIMARY CASELOAD. HOWEVER, THE PROGRAM SERVES INDIVIDUALS OF ALL AGES, RACES, SOCIOECONOMIC BACKGROUNDS AND ABILITIES WHO ARE AFFLICTED WITH: SPEECH/LANGUAGE DELAYS; VOICE, LANGUAGE OR ARTICULATION DISORDERS; STUTTERING; AUDITORY PROCESSING DISORDERS; TONGUE THRUST; OR TRAUMATIC BRAIN INJURY.

4c (Code:) (Expenses \$ 425,959. including grants of \$) (Revenue \$ 465,230.) MOBILE SERVICES PROGRAMS DESCRIPTION

THE CENTER HAS TWO (2) MOBILE SERVICES PROGRAMS: SCHOOL SCREENING AND INDUSTRIAL HEARING CONSERVATION. BELOW ARE SPECIFIC DESCRIPTIONS FOR EACH PROGRAM.

SCHOOL SCREENING

THE SCHOOL SCREENING PROGRAM IDENTIFIES POSSIBLE HEARING AND VISION PROBLEMS IN PRE-SCHOOL AND SCHOOL AGE CHILDREN AND REFERS THESE IDENTIFIED CHILDREN FOR FURTHER TREATMENT.

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

4e Total program service expenses 1,442,313.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes sub-questions for Form 1096, Form W-2G, Form W-3, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 23		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - (314) 968-4710**
9835 MANCHESTER RD, ST LOUIS, MO 63119

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANK D'ANTONIO PRESIDENT	1.00	X		X				0.	0.	0.
(2) CARMEL HENGES VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) LEE KLEPPER SECRETARY	1.00	X		X				0.	0.	0.
(4) ROBERT ADEN, JR. TREASURER	1.00	X		X				0.	0.	0.
(5) ERIC HUMES DIRECTOR	1.00	X						0.	0.	0.
(6) JOHN WATERHOUSE DIRECTOR	1.00	X						0.	0.	0.
(7) SALLIE KRATZ DIRECTOR	1.00	X						0.	0.	0.
(8) SHERRIE HALL DIRECTOR	1.00	X						0.	0.	0.
(9) CINDY COLLINS DIRECTOR	1.00	X						0.	0.	0.
(10) LISA GOULD DIRECTOR	1.00	X						0.	0.	0.
(11) LISA LUETKEMEYER DIRECTOR	1.00	X						0.	0.	0.
(12) SHAUN NORDGAARDEN DIRECTOR	1.00	X						0.	0.	0.
(13) JAMES TYRRELL DIRECTOR	1.00	X						0.	0.	0.
(14) MARY JENNINGS DIRECTOR	1.00	X						0.	0.	0.
(15) PATRICK KENNY DIRECTOR	1.00	X						0.	0.	0.
(16) STEVE WINTERMANN DIRECTOR	1.00	X						0.	0.	0.
(17) JOYCE REESE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIA STEURER DIRECTOR	1.00	X						0.	0.	0.
(19) AZRA AHMAD DIRECTOR	1.00	X						0.	0.	0.
(20) MIKE ARENDES, CPA DIRECTOR	1.00	X						0.	0.	0.
(21) SAYEED SANALLAH DIRECTOR	1.00	X						0.	0.	0.
(22) DAN SOUCY DIRECTOR	1.00	X						0.	0.	0.
(23) GABRIEL WILSON DIRECTOR	1.00	X						0.	0.	0.
(24) RITA TINTEIRA EXECUTIVE DIRECTOR	40.00			X				85,665.	0.	2,060.
1b Sub-total								85,665.	0.	2,060.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								85,665.	0.	2,060.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 414,003.					
	b Membership dues	1b					
	c Fundraising events	1c 26,613.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 422,127.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	▶ 862,743.					
Program Service Revenue	2 a MOBILE UNIT PROG.	Business Code 621400	465,230.	465,230.			
	b SPEECH EVAL./THER.	621400	127,921.	127,921.			
	c HEARING EVAL./THER.	621400	112,368.	112,368.			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶ 705,519.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 19,245.				19,245.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)	▶					
	8 a Gross income from fundraising events (not including \$ 26,613. of contributions reported on line 1c). See Part IV, line 18	a 51,475.					
		b Less: direct expenses	b 11,170.				
c Net income or (loss) from fundraising events		▶ 40,305.				40,305.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a 446,148.						
	b Less: cost of goods sold	b 345,807.					
	c Net income or (loss) from sales of inventory	▶ 100,341.	100,341.				
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	621400	35,541.				35,541.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d	▶ 35,541.						
12 Total revenue. See instructions.	▶ 1,763,694.	805,860.	0.	95,091.			

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	87,725.	71,931.	9,897.	5,897.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	984,579.	807,318.	111,076.	66,185.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,958.	51,658.	8,508.	1,792.
9 Other employee benefits	70,331.	53,780.	13,341.	3,210.
10 Payroll taxes	91,909.	76,198.	9,881.	5,830.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,298.	12,391.	2,442.	465.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	45,581.	40,999.	3,457.	1,125.
12 Advertising and promotion	38,364.	24,676.	3,977.	9,711.
13 Office expenses	11,723.	9,277.	1,843.	603.
14 Information technology				
15 Royalties				
16 Occupancy	41,883.	34,945.	5,828.	1,110.
17 Travel	55,777.	55,548.	183.	46.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,784.	2,032.	1,807.	945.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	77,112.	64,722.	12,390.	
23 Insurance	18,896.	16,623.	1,910.	363.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	67,274.	66,814.	40.	420.
b MISCELLANEOUS EXPENSE	14,765.	2,532.	10,230.	2,003.
c AUTO REPAIR	12,074.	12,074.		
d EQUIPMENT RENTAL & MAIN	11,705.	11,075.	501.	129.
e All other expenses	31,894.	27,720.	2,734.	1,440.
25 Total functional expenses. Add lines 1 through 24e	1,743,632.	1,442,313.	200,045.	101,274.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	550.	1	550.	
	2 Savings and temporary cash investments	178,869.	2	198,895.	
	3 Pledges and grants receivable, net	592,326.	3	606,747.	
	4 Accounts receivable, net	161,943.	4	196,603.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9	5,470.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,423,837.			
	b Less: accumulated depreciation	10b 1,298,068.	1,169,375.	10c	1,125,769.
	11 Investments - publicly traded securities	1,002,252.	11	984,007.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		3,105,315.	16	3,118,041.	
Liabilities	17 Accounts payable and accrued expenses	88,534.	17	111,189.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	47,727.	25	31,436.	
	26 Total liabilities. Add lines 17 through 25		136,261.	26	142,625.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,322,398.	27	2,302,706.	
	28 Temporarily restricted net assets	646,656.	28	672,710.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances		2,969,054.	33	2,975,416.	
34 Total liabilities and net assets/fund balances		3,105,315.	34	3,118,041.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,763,694.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,743,632.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,062.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,969,054.
5	Net unrealized gains (losses) on investments	5	-13,700.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,975,416.

Part XII Financial Statements and Reporting

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

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

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **CENTER FOR HEARING & SPEECH** Employer identification number **43-0652678**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	650,747.	787,296.	907,456.	706,092.	862,743.	3,914,334.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	650,747.	787,296.	907,456.	706,092.	862,743.	3,914,334.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3,914,334.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	650,747.	787,296.	907,456.	706,092.	862,743.	3,914,334.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,202.	21,851.	20,824.	17,851.	19,245.	102,973.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			16,503.	13,789.	35,541.	65,833.
11 Total support. Add lines 7 through 10						4,083,140.
12 Gross receipts from related activities, etc. (see instructions)					12	4,922,234.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	95.87 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	96.13 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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

MISCELLANEOUS

2013 AMOUNT: \$ 16,503.

2014 AMOUNT: \$ 13,789.

2015 AMOUNT: \$ 35,541.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

CENTER FOR HEARING & SPEECH

Employer identification number

43-0652678

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization CENTER FOR HEARING & SPEECH	Employer identification number 43-0652678
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>414,003.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTER FOR HEARING & SPEECH	Employer identification number 43-0652678
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Part 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization CENTER FOR HEARING & SPEECH	Employer identification number 43-0652678
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: CENTER FOR HEARING & SPEECH; Employer identification number: 43-0652678

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and compliance questions.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		591,355.	155,231.	436,124.
c Leasehold improvements		746,823.	217,264.	529,559.
d Equipment		1,008,125.	858,178.	149,947.
e Other		77,534.	67,395.	10,139.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,125,769.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS & OTHER DOWN PAYMENTS	31,436.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,436.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,095,801.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-13,700.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	345,807.	
e	Add lines 2a through 2d	2e		332,107.
3	Subtract line 2e from line 1	3		1,763,694.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,763,694.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,089,439.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	345,807.	
e	Add lines 2a through 2d	2e		345,807.
3	Subtract line 2e from line 1	3		1,743,632.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,743,632.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE CENTER HAS ADOPTED ASC 740-10, INCOME TAXES, AS IT RELATES TO UNCERTAIN TAX POSITIONS AND HAS EVALUATED THEIR TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS. BASED ON THE EVALUATION OF THE CENTER'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED AS OF DECEMBER 31, 2015 AND 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 345,807.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

COST OF GOODS SOLD 345,807.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MUSICAL MAYHEM EVENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	78,088.		78,088.
	2	Less: Contributions	26,613.		26,613.
	3	Gross income (line 1 minus line 2)	51,475.		51,475.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment	1,500.		1,500.
	9	Other direct expenses	9,670.		9,670.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			11,170.
	11	Net income summary. Subtract line 10 from line 3, column (d)			40,305.

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

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

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PAGE II, LINE 6

THE ORGANIZATION RECEIVED A SPONSORSHIP OF ADDITIONAL DONATIONS WITH A FAIR MARKET VALUE OF \$10,000 FOR FOOD, RENT, AND FACILITY COSTS ASSOCIATED WITH THE MUSICAL MAYHEM FUNDRAISING EVENT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

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

DISORDERS BY PROVIDING CARING AND HIGH QUALITY SERVICES, REGARDLESS OF
ONE'S ABILITY TO PAY, AND CONTINUALLY STRIVING TO ADDRESS A GREATER
PORTION OF UNMET NEED RELATING TO SPEECH AND AUDIOLOGY IN THE ST. LOUIS
REGION.

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

RELATING TO SPEECH AND AUDIOLOGY IN THE ST. LOUIS REGION.

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

ABILITY TO COMMUNICATE AND MAKES IT DIFFICULT OR IMPOSSIBLE TO
ADEQUATELY ADDRESS HEALTH NEEDS, LIVE INDEPENDENTLY, AND PARTICIPATE IN
SOCIAL AND DAILY ACTIVITIES. HEARING AIDS WORK FOR 95% OF PEOPLE WITH
HEARING LOSS; HOWEVER, ONLY 20% OF PEOPLE NEEDING AIDS HAVE THEM.
TREATING HEARING LOSS IS A COST-EFFECTIVE APPROACH TO IMPROVING HEALTH
AND QUALITY OF LIFE.

THE CENTER PROVIDES HEARING TESTING FOR THE BIRTH TO ELDERLY
POPULATIONS USING A STANDARD AUDIOMETRIC TEST BATTERY, AUDITORY
PROCESSING (AP) TESTING, AUDITORY BRAINSTEM RESPONSE (ABR) AND
OTOACOUSTIC EMISSIONS (OAE) TESTING. THE LATTER TWO TESTS UTILIZE
INVOLUNTARY PATIENT RESPONSE ENABLING AUDIOLOGISTS TO TEST INDIVIDUALS
WHO CANNOT RESPOND TO TRADITIONAL TEST METHODS (SUCH AS INFANTS, VERY
YOUNG CHILDREN AND ADULTS WITH MENTAL AND/OR PHYSICAL DISABILITIES).
AP TESTING IDENTIFIES CHILDREN WHO HAVE NORMAL HEARING, BUT ARE UNABLE
TO PROCESS WHAT THEY HEAR. FOR THOSE IDENTIFIED WITH HEARING LOSS, THE

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CENTER PROVIDES HEARING AIDS, HEARING AID REPAIRS AND PROFESSIONAL COUNSELING ON THE CARE AND USE OF HEARING AIDS. FM SYSTEMS AND OTHER ASSISTIVE LISTENING DEVICES THAT SUPPLEMENT BENEFITS DERIVED FROM HEARING AID USE ARE SUPPLIED TO CHILDREN WITH HEARING LOSS. AUDIOLOGISTS WORK DILIGENTLY TO IDENTIFY AND PROVIDE THE MOST APPROPRIATE HEARING AID FOR EACH CLIENT. AUDIOLOGISTS ALSO PARTICIPATE IN COMMUNITY HEALTH FAIRS AND PROVIDE HEARING SCREENINGS, HEARING AID MAINTENANCE WORKSHOPS, AND PRESENTATIONS ON HEARING LOSS PREVENTION, HOW TO COPE WITH HEARING LOSS AND/OR THE BENEFITS ASSOCIATED WITH USING HEARING AIDS.

THE PROGRAM PROVIDES AUDIOLOGY SERVICES AND HEARING AIDS TO LOW INCOME ADULTS AND CHILDREN (AND FM SYSTEMS TO CHILDREN) AT A LEVEL UNMATCHED BY ANY OTHER FACILITY IN THE ST. LOUIS AREA. NO OTHER FACILITY PROVIDES COMPARABLE FINANCIALLY ASSISTED SERVICES TO LOW-INCOME ADULTS. PROGRAMMATICALLY, OUR AUDIOLOGISTS UTILIZE THE LATEST TECHNOLOGY IN FITTING HEARING AIDS AND ARE NOT RESTRICTED IN THE SELECTION OF AIDS DISPENSED TO LOW-INCOME CLIENTS. AUDIOLOGISTS SPEND SIGNIFICANT TIME TEACHING CLIENTS HOW TO GAIN OPTIMAL BENEFIT FROM USING HEARING AIDS. TRANSPORTATION IS PROVIDED FOR SOME CLIENTS WHO HAVE NO OTHER WAY TO GET TO THE CENTER.

THE CENTER UTILIZES WELL-ESTABLISHED SUBJECTIVE AND OBJECTIVE TOOLS TO VERIFY PROGRAM OUTCOMES. EVALUATIONS ARE COMPLETED IN-HOUSE. AUDIOLOGISTS COMPLETE OBJECTIVE MEASUREMENTS BY UTILIZING REAL EAR MEASUREMENTS TO VERIFY APPROPRIATE HEARING AID FUNCTION BASED ON TARGETS THAT ARE PROPOSED BY WIDELY ACCEPTED RESEARCH DATA, AND BY MEASURING THE SPEECH INTELLIGIBILITY INDEX (SSI). TWO QUESTIONNAIRES

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ARE UTILIZED TO GAIN SUBJECTIVE MEASUREMENTS OF SUCCESS. BOTH QUESTIONNAIRES AND OUR OBJECTIVE REAL EAR MEASUREMENTS HAVE NATIONAL NORMATIVE DATA AVAILABLE. OUR OUTCOME RESULTS ARE BETTER THAN THE NORMATIVE DATA. OUR MEAN SCORES FOR HEARING AID FITTINGS MEET OR EXCEED THE MEAN GLOBAL VALUES ON THE VARIOUS ITEMS QUESTIONED.

IN 2015, WE PROVIDED 1,813 CLIENTS WITH AUDIOLOGY SERVICES. OF THOSE, 52% WERE PROVIDED WITH FINANCIAL ASSISTANCE FOR THESE SERVICES. WE ALSO PROVIDED 702 HEARING AIDS WITH 89% OF THEM GOING THROUGH FINANCIAL ASSISTANCE.

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

ANNUALLY IN THE ST. LOUIS AREA, AN ESTIMATED 10,000 CHILDREN ENTER FIRST GRADE WITH A MODERATE TO SEVERE SPEECH/LANGUAGE PROBLEM. 8,500 ELEMENTARY AND HIGH SCHOOL AGE CHILDREN SUFFER FROM CHRONIC SPEECH DISORDERS. CHILDREN FROM LOW-INCOME HOUSEHOLDS ARE DISPROPORTIONATELY AFFECTED WITH SPEECH/LANGUAGE DISORDERS AND ARE MUCH MORE LIKELY NOT TO GET TREATMENT. THIS PROGRAM SERVES MORE LOW-INCOME CHILDREN THAN ANY OTHER (NON-SCHOOL) PROGRAM IN ST. LOUIS. RESTRICTIVE ELIGIBILITY REQUIREMENTS AND A SHORTAGE OF FUNDS BLOCK SOME CHILDREN WITH SPEECH/LANGUAGE PROBLEMS FROM ACCESSING SERVICES THROUGH SCHOOL SYSTEMS AND/OR GOVERNMENT FUNDED PROGRAMS. THIS PROGRAM PROVIDES CHILDREN THE SKILLS TO OVERCOME OR MINIMIZE COMMUNICATION DISORDERS OR DELAYS THAT CAN CAUSE PROBLEMS ACHIEVING LITERACY, ACADEMIC UNDERPERFORMANCE, LOW SELF-ESTEEM, AND SOCIAL DISADVANTAGES. SPEECH/LANGUAGE PROBLEMS ARE AMONG THE MOST CORRECTABLE OF HEALTH CONDITIONS AFFECTING YOUNG CHILDREN, BUT WITHOUT DIAGNOSIS AND TREATMENT, THEY ARE DETRIMENTAL TO A CHILD'S INTELLECTUAL AND SOCIAL DEVELOPMENT.

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THE CENTER PROVIDES SCREENINGS, DIAGNOSTIC EVALUATIONS AND INDIVIDUALIZED THERAPY PROGRAMS FOR PERSONS WHO ARE SUSPECTED OF HAVING, OR WHO DO HAVE, SPEECH, LANGUAGE OR VOICE DISORDERS OR DELAYS. MASTER DEGREE, STATE LICENSED AND NATIONALLY CERTIFIED SPEECH/LANGUAGE PATHOLOGISTS PROVIDE ALL SERVICES. SCREENINGS IDENTIFY CHILDREN WHO ARE IN NEED OF FULL EVALUATION, ALTHOUGH SCREENINGS ARE NOT ALWAYS NECESSARY PRIOR TO A FULL EVALUATION. A FULL EVALUATION YIELDS A DIAGNOSIS AND, IF THERAPY IS RECOMMENDED, A SPEECH PATHOLOGIST DEVELOPS AN INDIVIDUALIZED TREATMENT PLAN THAT IDENTIFIES REALISTIC AND MEASURABLE THERAPY GOALS. GROUP THERAPY IS PROVIDED WHEN DEEMED BENEFICIAL FOR THOSE INVOLVED. THERAPY DURATION IS DETERMINED ON AN INDIVIDUAL BASIS AND CAN RANGE FROM AS FEW AS 8 SESSIONS TO AS MANY AS 100, DEPENDING ON THE SEVERITY OF THE DISORDER. PARENTS AND CAREGIVERS ARE COUNSELED AND PROVIDED SIMPLE CARRYOVER TECHNIQUES FOR USE IN THE HOME, DAYCARE OR CLASSROOM SETTING THAT SERVE TO ACCELERATE THE CHILD'S PROGRESS TOWARDS THERAPY GOALS. THE CENTER'S CLINIC IS EQUIPPED WITH OBSERVATION ROOMS TO FURTHER EDUCATE AND INVOLVE THE PARENT/CAREGIVER IN THE THERAPY PROCESS. SERVICES ARE PROVIDED AT THE CENTER'S CLINIC FACILITY AS WELL AS EIGHT LOCAL CHILDCARE CENTERS AND SCHOOLS. AT COMMUNITY-BASED LOCATIONS, THE CENTER'S SPEECH PATHOLOGISTS SUPPLEMENT A CHILD'S INDIVIDUAL THERAPY SESSIONS WITH THERAPY SESSIONS PROVIDED IN THE CLASSROOM SETTING. CLASSROOM TEACHERS AND AIDES LEARN CARRYOVER TECHNIQUES FROM THE CENTER'S SPEECH PATHOLOGISTS.

THIS PROGRAM TARGETS LOW-INCOME INDIVIDUALS AND PROVIDES SERVICES AT LITTLE OR NO COST AT ALL FOR OVER 85% OF OUR THERAPY CASELOAD.

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OUR PROGRAM EFFECTIVENESS IS MEASURED IN-HOUSE, UTILIZING SEVERAL DIFFERENT TOOLS. THE CENTER PARTICIPATES IN THE PRE-KINDERGARTEN AND ADULT MODULES OF THE AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION'S NATIONAL OUTCOMES MEASUREMENT SYSTEM (NOMS). NOMS PROVIDES A COMPARISON OF THE PROGRESS OUR THERAPY CLIENTS ACHIEVE WITH THE AVERAGE PROGRESS ACHIEVED WITHIN THE NATIONAL DATABASE OF MORE THAN 7,000 THERAPY CLIENTS.

SPEECH PATHOLOGISTS, USING CLINICAL TESTS, MEASURE CLIENTS' COMMUNICATION ACCURACY LEVELS BEFORE AND AT REGULAR INTERVALS DURING THERAPY. THIS DATA QUANTIFIES LEVELS OF SUCCESS. CLIENTS, UPON EXITING THE PROGRAM, COMPLETE SURVEYS THAT DOCUMENT THEIR SATISFACTION WITH, AND LEVEL OF, IMPROVEMENT ACHIEVED. THE PROGRAM ACHIEVES INTENDED OUTCOMES WHEN CLIENTS' PROGRESS IS GREATER THAN THE NOMS NATIONAL AVERAGE; WHEN CLIENTS ACHIEVE FUNCTIONAL COMMUNICATION OR AGE APPROPRIATE COMMUNICATION SKILLS; AND WHEN CLIENTS REPORT SATISFACTION ABOVE THE 85% LEVEL.

IN 2015, 239 CHILDREN WERE ENROLLED IN OUR THERAPY PROGRAMS, RECEIVING A TOTAL OF 3,217 THERAPY SESSIONS. OF THE 239 THERAPY CASES, 81% WERE CHILDREN FROM LOW-INCOME HOUSEHOLDS WHO RECEIVED SERVICES AT GREATLY REDUCED RATES OR NO COST AT ALL TO THE FAMILIES.

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

THE PROGRAM SERVES PRE-SCHOOL AND ELEMENTARY SCHOOL CHILDREN THROUGHOUT METROPOLITAN ST. LOUIS, WITH A STRONG EMPHASIS PLACED ON SERVING CHILDREN ENROLLED AT SCHOOLS LOCATED IN THE CITY OF ST. LOUIS AS WELL AS OTHER DISADVANTAGED NEIGHBORHOODS.

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HEARING LOSS IS THIS COUNTRY'S MOST COMMON BIRTH DEFECT WITH ONE OF EVERY THREE BABIES BEING BORN WITH A PERMANENT HEARING LOSS. ADDITIONALLY, BY AGE 6, 75% OF ALL CHILDREN WILL HAVE AT LEAST ONE EAR INFECTION. RECURRING EAR INFECTIONS OFTEN RESULT IN PERMANENT HEARING LOSS AND SPEECH DELAY. 37% OF CHILDREN WITH ONLY A MINIMAL HEARING LOSS FAIL AT LEAST ONE GRADE. VISION DISORDERS, AMERICA'S FOURTH MOST COMMON DISABILITY, INTERFERE WITH A CHILD'S EDUCATION AND PARTICIPATION IN ALL CHILDHOOD ACTIVITIES. HEARING AND VISUAL IMPAIRMENTS ARE ASSOCIATED WITH DEVELOPMENTAL DELAYS, SPECIAL EDUCATION, AND VOCATIONAL AND SOCIAL SERVICES, OFTEN INTO ADULTHOOD. DETECTING HEARING OR VISION PROBLEMS IS DIFFICULT FOR PARENTS AND TEACHERS. BUDGET CUTS, OVERWORKED SCHOOL NURSES, AND SCHOOLS WITHOUT NURSES ALL SUPPORT THE NECESSITY FOR THIS PROGRAM WHICH MEETS CRITICAL NEEDS BY TARGETING CHILDREN FROM LOW-INCOME FAMILIES AND SUCCESSFULLY REACHING AN UNDERSERVED AUDIENCE IN NEED OF PREVENTIVE HEALTHCARE. TRAINED AUDIOMETRIC TECHNICIANS PERFORM HEARING SCREENINGS, TESTS OF MIDDLE EAR FUNCTION (TYMPANOMETRY), AND VISION SCREENINGS FOR CHILDREN AGE 3 AND UP. SERVICES ARE PROVIDED ON-SITE AT THE SCHOOL OR CHILDCARE CENTER. WE PROVIDE EASY-TO-READ LITERATURE OUTLINING THE IMPORTANCE OF SCREENINGS AND THE PREVENTION OF HEARING LOSS TO SCHOOLS WHERE SCREENINGS WILL BE PERFORMED. THIS INFORMATION IS GIVEN TO ALL PARENTS OF ENROLLED CHILDREN. SCHOOL PERSONNEL AND FAMILIES ARE NOTIFIED IN WRITING OF ALL RESULTS AFTER SCREENINGS ARE COMPLETE. THE CENTER PROVIDES SCHOOL PERSONNEL AND FAMILIES WITH EXPLICIT FOLLOW-UP RECOMMENDATIONS FOR THOSE CHILDREN UNABLE TO PASS ANY/ALL OF THE SCREENINGS. CHILDREN NOT PASSING A SCREENING AT THEIR SCHOOL OR CHILDCARE CENTER ARE ELIGIBLE TO RECEIVE A FOLLOW-UP SCREENING AT THE

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CENTER'S FACILITY. AFTER SCREENINGS ARE PERFORMED, THE CENTER'S PROGRAM COORDINATOR MAKES PHONE CALLS TO FAMILIES AND SCHOOL NURSES TO EXPLAIN THE SCREENING RESULTS, ENCOURAGE FOLLOW-UP AND ANSWER QUESTIONS. CENTER STAFF AND SCHOOL NURSES SHARE FOLLOW-UP FINDINGS WITH EACH OTHER IN AN EFFORT TO GET AS MANY CHILDREN AS POSSIBLE IN FOR INTERVENTION SERVICES.

THIS PROGRAM FOLLOWS THE PROTOCOL FOR AUDIOLOGICAL SCREENINGS RECOMMENDED BY THE AMERICAN SPEECH LANGUAGE HEARING ASSOCIATION (NATIONAL ACCREDITING BODY FOR THE AUDIOLOGY AND SPEECH PATHOLOGY PROFESSIONS) AND THE AMERICAN ACADEMY OF AUDIOLOGY. VISION SCREENINGS ARE PERFORMED IN ACCORDANCE WITH THE PROTOCOL RECOMMENDED BY THE AMERICAN ACADEMIES OF OPHTHALMOLOGY AND PEDIATRICS. ALL SCREENINGS ARE DONE IN ACCORDANCE WITH THE GOALS OF THE AMERICAN MEDICAL ASSOCIATION. THE AFOREMENTIONED PROTOCOLS ARE REVIEWED ANNUALLY AND PROGRAM CHANGES MADE ACCORDINGLY.

THE CENTER AGGRESSIVELY SEEKS OPPORTUNITIES TO SERVE CHILDREN FROM FINANCIALLY IMPOVERISHED FAMILIES.

THE PROGRAM PROVIDES HEARING AND VISION SCREENINGS AND TESTS OF MIDDLE EAR FUNCTION. THE CENTER IS THE ONLY KNOWN PROVIDER OF TYMPANOMETRY (MIDDLE EAR TEST) AS PART OF THE MOBILE SCREENING PROCESS. AN AUDIOLOGIST SUPERVISES THE PROGRAM AND MAKES THE REFERRALS FOR CHILDREN NOT PASSING THE HEARING AND/OR TYMPANOGRAM PORTION. FOLLOW-UP CALLS ARE MADE FOR CHILDREN NOT PASSING ANY SCREENING. FOLLOW-UP SCREENINGS ARE PROVIDED AT THE CENTER AND, ON OCCASION, AT THE SCHOOL SITE. IN-DEPTH TESTING IS AVAILABLE TO CHILDREN WHO DO NOT PASS THE SECOND HEARING

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SCREENING.

PROGRAM EVALUATION IS PERFORMED IN-HOUSE. STAFF MAINTAINS DATA NECESSARY TO CALCULATE DEMOGRAPHICS OF ALL CHILDREN SCREENED; NUMBERS AND PERCENTAGES OF CHILDREN PASSING AND NOT PASSING EACH OF THE THREE SCREENINGS; AND THE NUMBER AND RESULTS OF MEDICAL REPORTS RECEIVED FOR CHILDREN NOT PASSING. COMPARISON OF DATA SHOWS THE PERCENTAGES OF CHILDREN IN THIS PROGRAM NOT PASSING SCREENINGS IS CONSISTENT WITH NATIONAL AVERAGES. FOLLOW-UP INFORMATION QUANTIFIES THE NUMBER OF MEDICALLY CONFIRMED HEARING AND VISION PROBLEMS. RECORDS SHOW THAT ALL FAMILIES OF CHILDREN IN THE PROGRAM RECEIVE EDUCATIONAL LITERATURE.

WE PROVIDED HEARING AND VISION SCREENINGS TO 13,203 CHILDREN, WITH 48% OF CHILDREN RECEIVING THE SERVICES FREE OF CHARGE DUE TO LOW HOUSEHOLD INCOME.

INDUSTRIAL HEARING CONSERVATION

THE PRIMARY PROGRAM GOAL IS TO IDENTIFY PERSONS WITH WORK RELATED HEARING LOSS DUE TO PROLONGED EXPOSURE TO HIGH NOISE LEVEL WORK ENVIRONMENTS.

THE PROGRAM SERVES EMPLOYEES WORKING IN HIGH NOISE LEVEL WORK ENVIRONMENTS. THE CENTER CONTRACTS WITH THE EMPLOYER TO DELIVER SERVICES TO EMPLOYEES.

HIGH NOISE LEVEL WORK ENVIRONMENTS ARE PREVALENT THROUGHOUT THE UNITED STATES. THE FEDERAL GOVERNMENT'S OCCUPATIONAL SAFETY & HEALTH ACT

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(OSHA) MANDATES THAT EMPLOYERS WHO EXPOSE THEIR WORKFORCES TO POTENTIALLY DAMAGING NOISE LEVELS MUST PROVIDE THEIR WORKFORCES WITH A HEARING CONSERVATION PROGRAM. HEARING CONSERVATION PROGRAMS INCLUDE ANNUAL HEARING TESTS, FOLLOW-UP EVALUATIONS WHERE INDICATED BY TEST RESULTS, EDUCATION ON HEARING LOSS PREVENTION, AND HEARING PROTECTION.

THE CENTER CONTRACTS WITH EMPLOYERS TO PROVIDE HEARING TESTING ON-SITE AT THE EMPLOYER'S LOCATION(S). MOBILE TRAILERS EQUIPPED WITH MICROPROCESSOR AUDIOMETERS ARE USED TO TEST THE EMPLOYEES HEARING ABILITY. CERTIFIED AUDIOMETRIC TECHNICIANS PERFORM THE TESTING. A MASTERS DEGREEED, STATE LICENSED, NATIONALLY CERTIFIED AUDIOLOGIST REVIEWS THE TESTS, PRODUCES SUMMARY REPORTS AND PROVIDES MANAGEMENT WITH RECOMMENDATIONS REGARDING THE HEARING HEALTH OF THE EMPLOYEES.

THIS PROGRAM GENERATES REVENUE THAT IS USED TO PROVIDE FINANCIAL ASSISTANCE TO CLIENTS IN THE CENTER'S OTHER THREE PROGRAMS (AUDIOLOGY, SPEECH PATHOLOGY AND SCHOOL SCREENING).

26,516 TESTS WERE PERFORMED IN 2015.

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

DIRECTOR OF FINANCE AND EXECUTIVE DIRECTOR PERFORM AN INITIAL REVIEW OF THE FORM 990 AND THEN PASS IT TO THE FINANCE AND EXECUTIVE COMMITTEES OF THE BOARD OF DIRECTORS FOR FINAL REVIEW BY EMAIL CORRESPONDENCE.

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

THE ORGANIZATION EXAMINES RELATIONSHIPS WITH ALL NEW BUSINESS ENTITIES TO ENSURE THAT THERE IS NO POTENTIAL CONFLICT OF INTERESTS PRIOR TO

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TRANSACTING WITH NEW BUSINESS PARTNERS. BOARD MEMBERS MUST ALSO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY, FOR REVIEW. ADDITIONALLY, DURING THE COURSE OF THE YEAR, BOARD MEMBERS ARE REMINDED OF THE CONFLICT INTEREST POLICY.

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

THE ORGANIZATION ASSESSES CURRENT MARKET COMPENSATION RATES AVAILABLE THROUGH THE UNITED WAY OF GREATER ST. LOUIS. AS A SECONDARY ASSESSMENT TOOL, THE ORGANIZATION USES SOME INDEPENDENT STUDY DATA SUCH AS THAT OFFERED THROUGH INTERNET EMPLOYMENT WEB-SITES.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE TO THE PUBLIC VIA LINK ON AGENCY WEBSITE TO GUIDESTAR; AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PAGE 12, PART XII, LINE 2C

NO CHANGES FROM PRIOR YEAR