

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

2013

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning SEP 1, 2013 and ending AUG 31, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEARING LOSS ASSOCIATION OF AMERICA Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7910 WOODMONT AVENUE, 1200 City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814	D Employer identification number 52-1177011
	F Name and address of principal officer: ANNA GILMORE HALL 7910 WOODMONT AVENUE, #1200, BETHESDA, MD 20814	E Telephone number 301-657-2248
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		G Gross receipts \$ 3,147,225.
J Website: ▶ WWW.HEARINGLOSS.ORG		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)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶ 3802
	L Year of formation: 1979	M State of legal domicile: MD

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO OPEN THE WORLD OF COMMUNICATION TO PEOPLE WITH HEARING LOSS BY PROVIDING INFORMATION, 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 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 17 6 Total number of volunteers (estimate if necessary) 6 6500 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 193,880. b Net unrelated business taxable income from Form 990-T, line 34 7b 11,383.		
Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		1,959,604.	1,783,276.
9 Program service revenue (Part VIII, line 2g)		277,454.	628,722.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,906.	5,923.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		204,144.	4,304.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,447,108.	2,422,225.
Expenses			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
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)		899,118.	870,954.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 642,372.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,504,894.	1,297,518.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,404,012.	2,168,472.
19 Revenue less expenses. Subtract line 18 from line 12		43,096.	253,753.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		1,942,848.	1,997,471.
21 Total liabilities (Part X, line 26)		364,384.	414,691.
22 Net assets or fund balances. Subtract line 21 from line 20		1,578,464.	1,582,780.

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		Date	
	▶ ANNA GILMORE HALL, EXECUTIVE DIRECTOR			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name HAE LEE	Preparer's signature HAE LEE	Date	Check if self-employed <input type="checkbox"/> PTIN P00727444
	Firm's name ▶ RENNER AND COMPANY, CPA, P.C	Firm's EIN ▶ 54-1498950		
	Firm's address ▶ 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314	Phone no. 703-535-1200		

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: TO OPEN THE WORLD OF COMMUNICATION TO PEOPLE WITH HEARING LOSS BY PROVIDING INFORMATION, EDUCATION, ADVOCACY, AND SUPPORT THROUGH OUR NATIONAL OFFICE, STATE ORGANIZATIONS, AND 200 LOCAL CHAPTERS.

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

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

4 Describe the 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 \$ 400,803. including grants of \$) (Revenue \$ 157,885.) CONVENTION - HLAA'S ANNUAL CONVENTION AND TRADESHOW OFFER CONSUMERS WITH HEARING LOSS, THEIR FAMILIES, AND HEARING HEALTH CARE PROVIDERS AN OPPORTUNITY TO ATTEND: EDUCATIONAL WORKSHOPS, A RESEARCH SYMPOSIUM WITH LEADING EXPERTS ON HEARING LOSS, NETWORKING AND SOCIAL EVENTS, AND DEMONSTRATIONS ON THE LATEST IN HEARING ASSISTIVE TECHNOLOGY. THE EDUCATIONAL WORKSHOPS OFFER HEALTH CARE PROFESSIONALS AN OPPORTUNITY TO EARN CEU'S FOR THEIR PARTICIPATION. IN ADDITION, HLAA'S LOCAL CHAPTERS ARE PROVIDED WITH AN EDUCATIONAL TRACK TO LEARN HOW TO CONDUCT OUTREACH TO UNDERSERVED AND OTHER COMMUNITIES. HLAA'S TRADESHOW IS THE LARGEST IN THE COUNTRY FOR CONSUMERS WITH HEARING LOSS. THE CONVENTION AND TRADESHOW ARE COMPLETELY ACCESSIBLE FOR PEOPLE WITH HEARING LOSS.

4b (Code:) (Expenses \$ 209,452. including grants of \$) (Revenue \$ 5,829.) HEARING LOSS MAGAZINE AND OUTREACH - HLAA IS A MEMBERSHIP ORGANIZATION THAT INCLUDES A NATIONAL NETWORK OF LOCAL CHAPTERS AND STATE ORGANIZATIONS THAT PROVIDE FREE SUPPORT, EDUCATION, INFORMATION, AND ADVOCACY FOR CONSUMERS WITH HEARING LOSS. HLAA UTILIZES VARIOUS MEDIA PLATFORMS TO CONDUCT OUTREACH TO CONSUMERS WITH HEARING LOSS INCLUDING ITS WEBSITE, WWW.HEARINGLOSS.ORG; A BI-MONTHLY ONLINE NEWSLETTER, THE E-NEWS; AND SOCIAL MEDIA. ALSO OFFERED AS A BENEFIT OF MEMBERSHIP IS HEARING LOSS MAGAZINE, WHICH IS AVAILABLE IN TRADITIONAL PAPER FORMAT AS WELL AS ONLINE. HEARING LOSS MAGAZINE PROVIDES INFORMATION ON THE LATEST IN HEARING ASSISTIVE TECHNOLOGY, HEARING LOSS COPING STRATEGIES, PERSONAL STORIES, RELATED GOVERNMENT REGULATIONS AND CONSUMER RIGHTS INFORMATION, AND HEARING LOSS RESOURCE INFORMATION.

4c (Code:) (Expenses \$ 150,935. including grants of \$) (Revenue \$ 164,002.) MEMBERSHIP - IN ORDER TO PARTICIPATE FULLY IN SOCIETY, MEMBERS OF HLAA ADVOCATE TOGETHER FOR THEIR COMMUNICATION RIGHTS. HLAA HAS A NATIONAL MEMBERSHIP AND LOCAL CHAPTER MEMBERS NATIONWIDE THAT ORGANIZE EDUCATIONAL MEETINGS TO HELP INDIVIDUALS TO LIVE AND WORK SUCCESSFULLY WITH HEARING LOSS. NATIONAL AND LOCAL CHAPTER MEMBERS DO OUTREACH TO INCREASE PUBLIC AWARENESS ABOUT THE IMPACT OF HEARING LOSS. AN IMPORTANT EXAMPLE OF MEMBERHSIP OUTREACH TO INCREASE PUBLIC AWARENESS IS THE WALK FOR HEARING, A NATIONWIDE WALK HELD IN MORE THAN 20 CITIES, MANAGED BY NATIONAL AND LOCAL CHAPTER MEMBERS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 381,192. including grants of \$) (Revenue \$ 3,934.)

4e Total program service expenses 1,142,382.

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
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?		

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with Yes/No columns and input fields.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 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); 7b 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: 8a The governing body? (X); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (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? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 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); 16b 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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. [X] Own website [] Another's website [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: ANNA GILMORE HALL - 3016572248 7910 WOODMONT AVE SUITE 1200, BETHESDA, MD 20814

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) MARGARET WALLHAGEN, PH.D CHAIRPERSON	1.00	X		X				0.	0.	0.
(2) KATHERINE BOUTON SECRETARY	1.00	X		X				0.	0.	0.
(3) MICHAEL H. STONE TREASURER	1.00	X		X				0.	0.	0.
(4) DIANA D. BENDER TRUSTEE	1.00	X						0.	0.	0.
(5) DON DOHERTY TRUSTEE	1.00	X						0.	0.	0.
(6) RICHARD EINHORN TRUSTEE	1.00	X						0.	0.	0.
(7) TONI IACOLUCCI TRUSTEE	1.00	X						0.	0.	0.
(8) DAVID M. JONES TRUSTEE	1.00	X						0.	0.	0.
(9) PATRICIA KRICOS, PH. D. TRUSTEE	1.00	X						0.	0.	0.
(10) JAMES C. SAUNDERS, PH. D. TRUSTEE	1.00	X						0.	0.	0.
(11) VALERIE STAFFORD-MALLIS VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(12) ALYSSA TERK, M.D. TRUSTEE	1.00	X						0.	0.	0.
(13) MARK SPRADLEY TRUSTEE	1.00	X						0.	0.	0.
(14) NANCY SONNABEND TRUSTEE	1.00	X						0.	0.	0.
(15) JEANNETTE KANTER TRUSTEE	1.00	X						0.	0.	0.
(16) KATHY BORZELL TRUSTEE	1.00	X						0.	0.	0.
(17) JIM DECARO TRUSTEE	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	5,103.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,778,173.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1,783,276.			
	Program Service Revenue	2 a	CONVENTION	Business Code 900099	272,561.	157,885.	7,550.
b		PUBLICATIONS	900099	192,159.	5,829.	186,330.	
c		MEMBERSHIP DUES	900099	164,002.	164,002.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		628,722.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,923.			5,923.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		370.			370.
	6 a	Gross rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	725,000.			
		Less: cost or other basis and sales expenses	(ii) Other	725,000.			
		Gain or (loss)		0.			
		Net gain or (loss)		0.			
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS	900099	3,934.	3,934.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		3,934.				
12	Total revenue. See instructions.		2,422,225.	331,650.	193,880.	113,419.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,462.	79,066.	36,366.	30,030.
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	609,620.	331,361.	152,103.	126,156.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,518.	5,760.	1,665.	2,093.
9 Other employee benefits	48,247.	27,991.	10,287.	9,969.
10 Payroll taxes	58,107.	29,945.	15,282.	12,880.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	26,327.		26,327.	
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.)	211,525.	87,990.		123,535.
12 Advertising and promotion	10,342.	2,696.	11.	7,635.
13 Office expenses	84,818.	33,037.	26,779.	25,002.
14 Information technology	4,830.	4,830.		
15 Royalties				
16 Occupancy	138,066.	61,799.	30,375.	45,892.
17 Travel	116,037.	74,786.	5,093.	36,158.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,484.	100,484.		
20 Interest	1,022.	90.	390.	542.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,345.	5,230.	233.	3,882.
23 Insurance	6,141.	2,293.	1,692.	2,156.
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 UBIT TAXES	8,275.	8,275.		
b PRINTING/PAPER/ENVELOPE	135,914.	70,226.	300.	65,388.
c EQUIPMENT RENTAL	86,818.	63,499.	5,706.	17,613.
d REPAIR AND MAINTENANCE	65,901.	26,730.	13,137.	26,034.
e All other expenses SEE SCH O	291,673.	126,294.	57,972.	107,407.
25 Total functional expenses. Add lines 1 through 24e	2,168,472.	1,142,382.	383,718.	642,372.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	177,569.	1	337,404.
	2 Savings and temporary cash investments	469,704.	2	170,672.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	345,796.	4	157,144.
	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	60,460.	9	49,954.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 369,426.		
	b Less: accumulated depreciation	10b 347,422.	12,293.	10c 22,004.
	11 Investments - publicly traded securities	844,070.	11	1,233,543.
	12 Investments - other securities. See Part IV, line 11	32,956.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	26,750.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,942,848.	16	1,997,471.	
Liabilities	17 Accounts payable and accrued expenses	64,931.	17	106,828.
	18 Grants payable		18	
	19 Deferred revenue	225,293.	19	226,447.
	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	74,160.	25	81,416.
	26 Total liabilities. Add lines 17 through 25	364,384.	26	414,691.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,149,527.	27	976,767.
	28 Temporarily restricted net assets	202,007.	28	329,863.
	29 Permanently restricted net assets	226,930.	29	276,150.
	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	1,578,464.	33	1,582,780.	
34 Total liabilities and net assets/fund balances	1,942,848.	34	1,997,471.	

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	2,422,225.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,168,472.
3	Revenue less expenses. Subtract line 2 from line 1	3	253,753.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,578,464.
5	Net unrealized gains (losses) on investments	5	48,508.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-297,945.
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	1,582,780.

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1311577.	2307579.	1271575.	1959604.	1783276.	8633611.
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	1311577.	2307579.	1271575.	1959604.	1783276.	8633611.
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)						101,555.
6 Public support. Subtract line 5 from line 4.						8532056.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1311577.	2307579.	1271575.	1959604.	1783276.	8633611.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,614.	7,213.	4,463.	5,906.	5,923.	31,119.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	34,140.	36,135.	32,489.	16,919.	11,383.	131,066.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						8795796.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2013 (line 6, column (f) divided by line 11, column (f))	14	97.00	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	97.86	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

HEARING LOSS ASSOCIATION OF AMERICA

52-1177011

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on 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) (2013)

Name of organization HEARING LOSS ASSOCIATION OF AMERICA	Employer identification number 52-1177011
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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
<u>1</u>	_____ _____ _____	\$ <u>145,578.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>34,197.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>20,485.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEARING LOSS ASSOCIATION OF AMERICA	Employer identification number 52-1177011
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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
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>8,459.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ <u>7,359.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/> <hr/>	\$ <u>6,035.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,788.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEARING LOSS ASSOCIATION OF AMERICA	Employer identification number 52-1177011
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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
13	<hr/> <hr/> <hr/> <hr/>	\$ 5,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/> <hr/>	\$ 5,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEARING LOSS ASSOCIATION OF AMERICA	Employer identification number 52-1177011
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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 HEARING LOSS ASSOCIATION OF AMERICA	Employer identification number 52-1177011
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **HEARING LOSS ASSOCIATION OF AMERICA** Employer identification number **52-1177011**

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	226,930.	196,674.	194,584.	183,690.	184,668.
b Contributions	5,167.	4,817.	7,660.	14,370.	2,710.
c Net investment earnings, gains, and losses	44,053.	25,439.	-5,570.	-3,476.	-3,688.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	276,150.	226,930.	196,674.	194,584.	183,690.

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 100.00 %
- c Temporarily restricted endowment _____ %

The percentages in 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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				
c Leasehold improvements		6,050.	6,050.	0.
d Equipment		347,625.	325,621.	22,004.
e Other		15,751.	15,751.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				22,004.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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" to 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" to 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" to 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) ANNUITIES CONTRACT LIABILITY	3,100.
(3) DUE TO DESIGNATED BENEFICIARY	12,338.
(4) DEFERRED RENT	65,978.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	81,416.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,470,733.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	48,508.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	48,508.	
3	Subtract line 2e from line 1		3	2,422,225.
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	2,422,225.

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

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

1	Total expenses and losses per audited financial statements		1	2,168,472.
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		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1		3	2,168,472.
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	2,168,472.

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 V, LINE 4:

EXPLANATION: THE ORGANIZATION'S ENDOWMENT FUNDS CURRENTLY CONSIST OF THE "ROCKY AND AHME STONE FUND" (THE INTENDED USE OF THE INCOME FROM THIS FUND IS TO PROVIDE SCHOLARSHIPS FOR ATTENDEES TO THE ANNUAL HLAA CONVENTION), THE "VIC AND TERU MATSUI FUND" (THE INTENDED USE OF THE INCOME FROM THIS FUND IS TO PROVIDE SUPPORT FOR LOCAL HLAA CHAPTERS), AND THE "ADM SHARES" (THE INTENDED USE OF THE DIVIDEND INCOME GENERATED BY THIS FUND IS FOR GENERAL USE).

PART X, LINE 2:

EXPLANATION: MANAGEMENT HAS ANALYZED THE TAX POSITION TAKEN AND HAS CONCLUDED THAT AS OF AUGUST 31, 2014, THERE WERE NO UNCERTAIN TAX

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

2013

Open to Public
Inspection

Name of the organization

HEARING LOSS ASSOCIATION OF AMERICA

Employer identification number

52-1177011

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

EDUCATION, ADVOCACY, AND SUPPORT THROUGH OUR NATIONAL OFFICE, STATE
ORGANIZATIONS, AND 200 LOCAL CHAPTERS.

PART 1, LINE 6

EXPLANATION: VOLUNTEERS ARE ESSENTIAL TO THE ASSOCIATION AND ARE
INVOLVED IN ALL PURSUITS, INCLUDING THE GOVERNING BOARD OF TRUSTEES,
FUNDRAISING, AND LOCAL INITIATIVES.

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

OTHER PROGRAMS RELATED TO HLAA'S EXEMPT PURPOSES.

EXPENSES \$ 381,192. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,934.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: MEMBERS OF THE ORGANIZATION

THE ORGANIZATION HAS ONE CLASS OF MEMBERSHIP. IN THE BYLAWS, EACH MEMBER
HAS A SINGLE VOTE FOR ANY ISSUE THAT MAY BE PUT TO THE MEMBERSHIP FOR A
VOTE.

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

EXPLANATION: FORM 990 REVIEW PROCESS

THE FINANCE COMMITTEE, IN CONJUNCTION WITH THE AUDIT COMMITTEE, AUTHORIZES
THE FILING OF THE FORM 990, AND THE FULL BOARD RECEIVES A COPY OF THE FORM

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization HEARING LOSS ASSOCIATION OF AMERICA	Employer identification number 52-1177011
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990 FOR REVIEW PRIOR TO THE FILING DATE.

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

EXPLANATION: CONFLICT OF INTEREST POLICY - BOARD MEMBERS ARE REQUIRED TO SUBMIT A DISCLOSURE STATEMENT ON AN ANNUAL BASIS. THESE DISCLOSURE STATEMENTS ARE MONITORED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

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

EXPLANATION: COMPENSATION PROCEDURES - THE BOARD REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION THROUGH DATA COLLECTION FROM OTHER NON-PROFIT FIRMS. THE COMPENSATION OF MANAGEMENT IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR BY COMPARABILITY DATA.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, CT, IL, MD, MA, MI, MO, NJ, NY, NC, OH, OR, PA, TN, TX, UT, WI

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

EXPLANATION: FINANCIAL STATEMENTS ARE AVAILABLE ON THE ASSOCIATION'S WEBSITE AND UPON REQUEST. OTHER DOCUMENTS, INCLUDING POLICY STATEMENTS AND OTHER GOVERNANCE DOCUMENTS, ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

POSTAGE AND SHIPPING:

PROGRAM SERVICE EXPENSES	35,896.
MANAGEMENT AND GENERAL EXPENSES	2,639.
FUNDRAISING EXPENSES	25,178.
TOTAL EXPENSES	63,713.

Name of the organization HEARING LOSS ASSOCIATION OF AMERICA	Employer identification number 52-1177011
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CONVIO EXPENSES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	50,053.
TOTAL EXPENSES	50,053.

BANK AND CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES	17,667.
MANAGEMENT AND GENERAL EXPENSES	8,756.
FUNDRAISING EXPENSES	13,413.
TOTAL EXPENSES	39,836.

DESIGN AND TYPESETTING SERV:

PROGRAM SERVICE EXPENSES	19,316.
MANAGEMENT AND GENERAL EXPENSES	675.
FUNDRAISING EXPENSES	8,929.
TOTAL EXPENSES	28,920.

CAPTIONING AND SIGNING:

PROGRAM SERVICE EXPENSES	22,888.
MANAGEMENT AND GENERAL EXPENSES	95.
FUNDRAISING EXPENSES	418.
TOTAL EXPENSES	23,401.

BOARD EXPENSES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	22,377.
FUNDRAISING EXPENSES	0.

Name of the organization HEARING LOSS ASSOCIATION OF AMERICA	Employer identification number 52-1177011
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TOTAL EXPENSES	22,377.
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MISCELLANEOUS:

PROGRAM SERVICE EXPENSES	-2,226.
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MANAGEMENT AND GENERAL EXPENSES	18,023.
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FUNDRAISING EXPENSES	1,367.
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TOTAL EXPENSES	17,164.
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DECORATION:

PROGRAM SERVICE EXPENSES	12,678.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	-95.
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TOTAL EXPENSES	12,583.
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SCHOLARSHIP:

PROGRAM SERVICE EXPENSES	10,432.
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MANAGEMENT AND GENERAL EXPENSES	0.
--	-----------

FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	10,432.
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TELEPHONE:

PROGRAM SERVICE EXPENSES	3,019.
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MANAGEMENT AND GENERAL EXPENSES	1,519.
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FUNDRAISING EXPENSES	3,509.
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TOTAL EXPENSES	8,047.
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DUES AND SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	1,772.
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Name of the organization HEARING LOSS ASSOCIATION OF AMERICA	Employer identification number 52-1177011
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MANAGEMENT AND GENERAL EXPENSES	2,373.
FUNDRAISING EXPENSES	1,627.
TOTAL EXPENSES	5,772.

PAYROLL SERV:

PROGRAM SERVICE EXPENSES	1,691.
MANAGEMENT AND GENERAL EXPENSES	831.
FUNDRAISING EXPENSES	1,256.
TOTAL EXPENSES	3,778.

STORAGE:

PROGRAM SERVICE EXPENSES	1,391.
MANAGEMENT AND GENERAL EXPENSES	684.
FUNDRAISING EXPENSES	1,033.
TOTAL EXPENSES	3,108.

AWARDS:

PROGRAM SERVICE EXPENSES	1,770.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	719.
TOTAL EXPENSES	2,489.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A **291,673.**

PART XI, LINE 8

EXPLANATION: PRIOR PERIOD ADJUSTMENT - HLAA'S NET ASSETS AS OF AUGUST 31, 2013 HAVE BEEN CORRECTED AND DECREASED BY \$297,945 TO REFLECT THE PROPER REVENUE RECOGNITION FOR WALK4HEARING EVENT INCOME.

Name of the organization HEARING LOSS ASSOCIATION OF AMERICA	Employer identification number 52-1177011
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FORM 990, PART XII, LINE 2C:

EXPLANATION: THE ASSOCIATION HAS NOT CHANGED THE OVERSIGHT OR SELECTION
 PROCESS OF THE AUDIT COMMITTEE.

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE														
4	(D)VISA FURN/FIX	01/01/04	SL	5.00		16	888.				888.	888.		0.	
5	(D)BOOKSHELVES/CABINETS	09/04/04	SL	5.00		16	399.				399.	399.		0.	
6	(D)VISA FURN/FIX	10/01/11	SL	5.00		16	229.				229.	229.		0.	
7	(D)BENJAMIN - OFFICE FURNITURE	03/01/11	SL	3.00		16	1,003.				1,003.	833.		0.	
8	2 BENJAMIN - OFFICE FURNITURE	11/01/10	SL	3.00		16	7,000.				7,000.	6,611.		389.	7,000.
9	3 BENJAMIN - OFFICE FURNITURE	01/01/11	SL	3.00		16	8,751.				8,751.	7,779.		972.	8,751.
	* 990 PAGE 10 TOTAL - FURNITURE						18,270.				18,270.	16,739.		1,361.	15,751.
	OFFICE EQUIPMENT														
10	(D)LAPTOP 286	12/01/91	SL	5.00		16	1,009.				1,009.	1,009.		0.	
11	(D)BLACKBAUD A/R MOD 6/01	06/01/01	SL	5.00		16	1,315.				1,315.	1,315.		0.	
12	(D)INFINIBYTE NEW FSHD	09/01/02	SL	3.00		16	965.				965.	965.		0.	
13	(D)B OF A CR. CARD - CD ROM	11/01/02	SL	3.00		16	106.				106.	106.		0.	
14	(D)T BARRIENT - COMPUTER MONITOR	02/01/04	SL	3.00		16	210.				210.	210.		0.	
15	(D)TONI - COMP EQUIPMENT	10/01/04	SL	3.00		16	943.				943.	943.		0.	
16	(D)VISA - SOFTWARE	11/01/04	SL	3.00		16	278.				278.	278.		0.	
17	(D)BENJAMIN - MAILING EQUIPMENT	12/01/05	SL	3.00		16	700.				700.	700.		0.	
18	(D)VISA - COMPUTERS	02/01/05	SL	3.00		16	808.				808.	808.		0.	

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	(D)SOFTWARE 1	04/01/05	SL	3.00		16	808.				808.	808.		0.	
20	(D)SOFTWARE 2	05/01/05	SL	3.00		16	510.				510.	510.		0.	
21	(D)SOFTWARE 3	05/01/05	SL	3.00		16	822.				822.	822.		0.	
22	(D)WIRELESS ROUTER	05/01/05	SL	3.00		16	97.				97.	97.		0.	
23	(D)TONI B - SOFTWARE	09/01/05	SL	3.00		16	751.				751.	751.		0.	
24	(D)TERRY P - LAPTOP	12/01/05	SL	3.00		16	892.				892.	892.		0.	
25	(D)DELL 349-004	12/01/05	SL	3.00		16	861.				861.	861.		0.	
26	(D)DELL 349-003	12/01/05	SL	3.00		16	911.				911.	911.		0.	
27	(D)COMPUTER EQUIPMENT 1	05/01/06	SL	3.00		16	428.				428.	428.		0.	
28	(D)COMPUTER EQUIPMENT 2	12/01/06	SL	3.00		16	278.				278.	278.		0.	
29	(D)FURNITURE 1	06/01/07	SL	3.00		16	126.				126.	126.		0.	
30	(D)EQUIPMENT 1	06/01/07	SL	3.00		16	157.				157.	157.		0.	
31	(D)TONI B - 5 COMPUTERS	06/01/07	SL	3.00		16	1,290.				1,290.	1,290.		0.	
32	(D)TONI - COMP EQUIPMENT 2	11/01/07	SL	3.00		16	974.				974.	974.		0.	
33	(D)TERRY - PROJECTOR 1	11/01/07	SL	3.00		16	735.				735.	735.		0.	
34	(D)TERRY - PROJECTOR 2	12/01/07	SL	3.00		16	840.				840.	840.		0.	
35	(D)B OF A CR. CARD - PROJECTOR	05/01/08	SL	3.00		16	730.				730.	730.		0.	
36	(D)COMPUTER 1	06/01/08	SL	3.00		16	518.				518.	518.		0.	

2013 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	(D)COMPUTER - RONNIE	07/01/08	SL	3.00		16	212.				212.	212.		0.	
38	(D)COMPUTER - TONI 1	07/01/08	SL	3.00		16	550.				550.	550.		0.	
39	(D)COMPUTER - TONI 2	07/01/08	SL	3.00		16	550.				550.	550.		0.	
40	(D)COMPUTER - TONI 3	07/01/08	SL	3.00		16	485.				485.	485.		0.	
41	(D)FURNITURE - TONI	07/01/08	SL	3.00		16	93.				93.	93.		0.	
42	(D)COMPUTER 2	09/01/08	SL	3.00		16	332.				332.	332.		0.	
43	(D)COMPUTER 3	09/01/08	SL	3.00		16	88.				88.	88.		0.	
44	(D)COMPUTER 4	09/01/08	SL	3.00		16	103.				103.	103.		0.	
45	(D)TV FOR CONFERENCE ROOM	10/01/09	SL	3.00		16	770.				770.	770.		0.	
46	(D)CONFERENCE ROOM	10/01/09	SL	3.00		16	1,100.				1,100.	1,100.		0.	
47	(D)CABLING FOR CONFERENCE ROOM	11/01/09	SL	3.00		16	710.				710.	710.		0.	
48	(D)SERVER 1	11/01/09	SL	3.00		16	30.				30.	30.		0.	
49	(D)SERVER 2	11/01/09	SL	3.00		16	127.				127.	127.		0.	
50	(D)CHAIRS FOR CONFERENCE ROOM	12/01/09	SL	3.00		16	420.				420.	420.		0.	
51	(D)DELL COMPUTER	01/10/10	SL	3.00		16	633.				633.	633.		0.	
52	(D)CISCO EQUIPMENT	02/01/10	SL	3.00		16	480.				480.	480.		0.	
53	(D)TONI B - COMPUTER	05/01/10	SL	3.00		16	318.				318.	318.		0.	
54	(D)TONI - 2 COMPUTERS	09/01/10	SL	3.00		16	899.				899.	899.		0.	

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	(D)TONI - LAPTOP	10/01/10	SL	3.00		16	657.				657.	639.		0.	
56	(D)VISA - COMPUTER 1	08/01/11	SL	3.00		16	600.				600.	417.		0.	
57	(D)VISA - COMPUTER 2	10/01/11	SL	3.00		16	125.				125.	80.		0.	
58	(D)VISA - COMPUTER 3	10/01/11	SL	3.00		16	1,272.				1,272.	813.		0.	
59	(D)VISA - COMPUTER 4	01/01/12	SL	3.00		16	402.				402.	223.		0.	
60	(D)VISA - COMPUTER 5	01/01/12	SL	3.00		16	196.				196.	109.		0.	
61	(D)VISA - KATE'S LAPTOP	10/01/12	SL	3.00		16	801.				801.	245.		0.	
62	(D)VISA - MONITOR	02/01/13	SL	3.00		16	95.				95.	19.		0.	
63	(D)VISA - COMPUTER 6	02/01/13	SL	3.00		16	423.				423.	82.		0.	
64	(D)LABEL MACHINE	07/01/13	SL	3.00		16	166.				166.	9.		0.	
65	(D)VISA - COMPUTER 7	08/01/13	SL	3.00		16	552.				552.	15.		0.	
66	SHARP COPIER - CAPITAL LEASE	01/01/97	SL	5.00		16	17,558.				17,558.	17,558.		0.	17,558.
67	PB EQUIP LEASE	01/01/98	SL	5.00		16	21,730.				21,730.	21,730.		0.	21,730.
68	3M SVGA PROJECTOR	09/01/99	SL	5.00		16	2,095.				2,095.	2,095.		0.	2,095.
69	PHILIPS LCD PROJECTOR	07/01/99	SL	5.00		16	2,250.				2,250.	2,250.		0.	2,250.
70	DONATED ALD'S	08/01/86	SL	5.00		16	2,955.				2,955.	2,955.		0.	2,955.
71	DONATED ALD'S 2	07/01/05	SL	5.00		16	4,215.				4,215.	4,215.		0.	4,215.
72	CONVENTION SOFTWARE	04/01/89	SL	5.00		16	1,945.				1,945.	1,945.		0.	1,945.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	GATEWAY 2000 FILE SERVER	12/01/94	SL	5.00		16	3,223.				3,223.	3,223.		0.	3,223.
74	2 COMPAQ LAPTOPS	02/01/95	SL	5.00		16	5,746.				5,746.	5,746.		0.	5,746.
75	FILESERVER UPGRADES	02/01/95	SL	5.00		16	5,607.				5,607.	5,607.		0.	5,607.
76	1 HP PAVILLION PRINTER DONATED	07/01/96	SL	5.00		16	2,636.				2,636.	2,636.		0.	2,636.
77	5 HP PC'S DONATED	07/01/96	SL	5.00		16	10,620.				10,620.	10,620.		0.	10,620.
78	5 HP PC VETRA'S DONATED	07/01/96	SL	5.00		16	9,845.				9,845.	9,845.		0.	9,845.
79	1 HP VECTRA DONATED	07/01/96	SL	5.00		16	1,579.				1,579.	1,579.		0.	1,579.
80	9 14 INCH COLOR MONITORS DONATED	07/01/96	SL	5.00		16	3,015.				3,015.	3,015.		0.	3,015.
81	1 HP LASERJET DONATED	07/01/96	SL	5.00		16	3,499.				3,499.	3,499.		0.	3,499.
82	1 HP 15 INCH MONITOR DONATED	10/01/97	SL	5.00		16	1,638.				1,638.	1,638.		0.	1,638.
83	PREMIUM FILESERVER	01/01/98	SL	5.00		16	2,975.				2,975.	2,975.		0.	2,975.
84	MEMEX SOFTWARE	01/01/98	SL	5.00		16	3,538.				3,538.	3,538.		0.	3,538.
85	OTC HEAVY DUTY PRINTER	05/01/99	SL	5.00		16	1,720.				1,720.	1,720.		0.	1,720.
86	INFINIBYTE FILESERVER	08/01/99	SL	5.00		16	4,954.				4,954.	4,954.		0.	4,954.
87	WEBSITE/MAGO	01/01/01	SL	5.00		16	37,653.				37,653.	37,653.		0.	37,653.
88	BLACKBAUD	01/01/01	SL	5.00		16	44,469.				44,469.	44,469.		0.	44,469.
89	NT SERVER - MARLIN	04/01/01	SL	5.00		16	18,083.				18,083.	18,083.		0.	18,083.
90	INFINIBYTE - 13 NEW PC'S	06/01/01	SL	5.00		16	13,811.				13,811.	13,811.		0.	13,811.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	BONNIE ENGLAND - NEW PC	11/01/01	SL	5.00		16	2,156.				2,156.	2,156.		0.	2,156.
92	CYBER SERVS - WEB UPGRADES 1	02/01/02	SL	5.00		16	2,515.				2,515.	2,515.		0.	2,515.
93	CYBER SERVS - WEB UPGRADES 2	03/01/02	SL	5.00		16	1,731.				1,731.	1,731.		0.	1,731.
94	BLACKBAUD - NETSOLS UPGRADES	03/01/02	SL	5.00		16	2,618.				2,618.	2,618.		0.	2,618.
95	CYBER SERVS - WEB UPGRADES 3	06/01/02	SL	5.00		16	2,855.				2,855.	2,855.		0.	2,855.
96	TERRY P - COMPUTER	07/01/03	SL	3.00		16	2,813.				2,813.	2,813.		0.	2,813.
97	MICROPHONE SYSTEM	03/01/05	SL	3.00		16	2,072.				2,072.	2,072.		0.	2,072.
98	SERVER - DOWN PAYMENT	04/01/05	SL	3.00		16	2,513.				2,513.	2,513.		0.	2,513.
99	DAVIDSON SERVER	06/01/05	SL	3.00		16	4,870.				4,870.	4,870.		0.	4,870.
100	SERVER 3	10/01/09	SL	3.00		16	7,250.				7,250.	7,250.		0.	7,250.
101	SERVER 4	11/01/09	SL	3.00		16	6,260.				6,260.	6,260.		0.	6,260.
102	SERVER 5	11/01/09	SL	3.00		16	4,135.				4,135.	4,135.		0.	4,135.
103	CABLING FOR CONFERENCE ROOM 2	11/01/09	SL	3.00		16	1,577.				1,577.	1,577.		0.	1,577.
104	SERVER 6	11/01/09	SL	3.00		16	5,583.				5,583.	5,583.		0.	5,583.
105	CONFERENCE ROOM	12/01/09	SL	3.00		16	6,344.				6,344.	6,344.		0.	6,344.
106	WILLIAMS SOUND - HAT ITEMS 1	06/01/10	SL	3.00		16	27,213.				27,213.	27,213.		0.	27,213.
107	TONI - MICROCENTER COMPUTERS	07/01/10	SL	3.00		16	1,705.				1,705.	1,705.		0.	1,705.
108	WILLIAMS SOUND - HAT ITEMS 2	11/01/10	SL	3.00		16	2,394.				2,394.	2,261.		133.	2,394.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
109	VISA - COMPUTERS	02/01/12	SL	3.00		16	1,904.				1,904.	1,005.		635.	1,640.
110	DUARTEK - HAT EQUIPMENT	04/01/12	SL	3.00		16	5,949.				5,949.	1,487.		1,983.	3,470.
111	DUARTEK - HAT EQUIPMENT 2	09/01/12	SL	3.00		16	3,948.				3,948.	1,316.		1,316.	2,632.
112	DUARTEK - CONF ROOM TELCONF SYS	08/31/14	SL	3.00		16	12,372.				12,372.			3,780.	3,780.
113	DELL SERVER	08/31/14	SL	3.00		16	4,904.				4,904.			136.	136.
114	SERVER INSTALLATION	08/31/14	SL	3.00		16	3,000.				3,000.			0.	
115	VISA - COMPUTERS	08/31/14	SL	3.00		16	1,585.				1,585.			0.	
118	(D)PRINTER	08/01/10	SL	3.00		16	450.				450.	450.		0.	
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT						379,326.				379,326.	346,701.		7,983.	325,621.
	LEASEHOLD IMPROVEMENT														
117	PHONE LINES, OUTLET	02/01/94	SL	12.00		16	6,050.				6,050.	6,050.		0.	6,050.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENT						6,050.				6,050.	6,050.		0.	6,050.
	* GRAND TOTAL 990 PAGE 10 DEPR						403,646.				403,646.	369,490.		9,344.	347,422.

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) **FORM 990-T**
(Keep for your records. Do not send to the Internal Revenue Service.)

2014

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2013 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	1,707.
c	2014 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	1,720.

		(a)	(b)	(c)	(d)
11	Installment due dates (see instructions)	11			08/17/15
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12			1,720.
13	2013 Overpayment (see instructions)	13			1,159.
14	Payment due (Subtract line 13 from line 12)	14			561.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2014)

ESTIMATED TAX	1,720.
OVERPAYMENT APPLIED	1,159.
AMOUNT DUE	561.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning SEP 1, 2013, and ending AUG 31, 2014

2013

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 1,991,441; F Group exemption number 3802; G Check organization type 501(c) corporation; D Employer identification number 52-1177011; E Unrelated business activity codes 541800 541800.

H Describe the organization's primary unrelated business activity. ADVERTISING

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of ANNA GILMORE HALL Telephone number 3016572248

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include advertising income (11) totaling 193,880.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include compensation of officers (14-19), depreciation (21-22), and total deductions (29) totaling 120,638.

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39). Total amount is 1,707.

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded amount (49). Total payments are 2,866 and tax due is 1,159.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Questions 1, 2, and 3 regarding foreign accounts, distributions, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 2 columns: Description and Amount. Rows include Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), and Total (5). Cost of goods sold is calculated on line 7.

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.

Sign Here: Signature of officer HAE LEE, Date, Title EXECUTIVE DIRECTOR. Includes a box for 'May the IRS discuss this return with the preparer shown below?' with Yes checked.

Paid Preparer Use Only: Print/Type preparer's name HAE LEE, Preparer's signature HAE LEE, Date, Check self-employed, PTIN P00727444, Firm's name RENNER AND COMPANY, CPA, P.C., Firm's EIN 54-1498950, Firm's address ALEXANDRIA, VA 22314, Phone no. 703-535-1200.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property
(1)
(2)
(3)
(4)
2. Rent received or accrued
(a) From personal property... (b) From real and personal property...
3(a) Deductions directly connected with the income...
(c) Total income... (b) Total deductions...

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property
2. Gross income from or allocable to debt-financed property
3. Deductions directly connected with or allocable to debt-financed property
(a) Straight line depreciation... (b) Other deductions...
4. Amount of average acquisition debt... 5. Average adjusted basis... 6. Column 4 divided by column 5
7. Gross income reportable... 8. Allocable deductions...
Totals... Total dividends-received deductions included in column 8...

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization
2. Employer identification number
3. Net unrelated income (loss)
4. Total of specified payments made
5. Part of column 4 that is included in the controlling organization's gross income
6. Deductions directly connected with income in column 5
7. Taxable Income
8. Net unrelated income (loss)
9. Total of specified payments made
10. Part of column 9 that is included in the controlling organization's gross income
11. Deductions directly connected with income in column 10
Totals...

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4) STATEMENT 1	193,880.	60,859.	133,021.	15,819.	166,467.	119,615.
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	193,880.	60,859.				119,615.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2013

Name HEARING LOSS ASSOCIATION OF AMERICA		Employer identification number 52-1177011
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	11,383.
2 Adjustments and preferences:		
a	Depreciation of post-1986 property	2a
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	11,383.
4 Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	11,383.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	11,383.
6	Alternative tax net operating loss deduction (see instructions)	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	11,383.
8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	0.
b	Multiply line 8a by 25% (.25)	0.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-	0.
10	Multiply line 9 by 20% (.20)	0.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	
12	Tentative minimum tax. Subtract line 11 from line 10	0.
13	Regular tax liability before applying all credits except the foreign tax credit	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2013)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	11,383.
2 ACE depreciation adjustment:			
a AMT depreciation	2a		
b ACE depreciation:			
(1) Post-1993 property	2b(1)		
(2) Post-1989, pre-1994 property	2b(2)		
(3) Pre-1990 MACRS property	2b(3)		
(4) Pre-1990 original ACRS property	2b(4)		
(5) Property described in sections 168(f)(1) through (4)	2b(5)		
(6) Other property	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c		
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income	3a		
b Death benefits from life insurance contracts	3b		
c All other distributions from life insurance contracts (including surrenders)	3c		
d Inside buildup of undistributed income in life insurance contracts	3d		
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f		
4 Disallowance of items not deductible from E&P:			
a Certain dividends received	4a		
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b		
c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f		
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs	5a		
b Circulation expenditures	5b		
c Organizational expenditures	5c		
d LIFO inventory adjustments	5d		
e Installment sales	5e		
f Total other E&P adjustments. Combine lines 5a through 5e	5f		
6 Disallowance of loss on exchange of debt pools	6		
7 Acquisition expenses of life insurance companies for qualified foreign contracts	7		
8 Depletion	8		
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9		
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10		11,383.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

HEARING LOSS ASSOCIATION OF AMERICA **FORM 990 PAGE 10** **52-1177011**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	9,344.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	9,344.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No							
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use.....								25	
26 Property used more than 50% in a qualified business use:									
	:	:	%						
	:	:	%						
	:	:	%						
27 Property used 50% or less in a qualified business use:									
	:	:	%			S/L -			
	:	:	%			S/L -			
	:	:	%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2013 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. HEARING LOSS ASSOCIATION OF AMERICA	Employer identification number (EIN) or 52-1177011
	Number, street, and room or suite no. If a P.O. box, see instructions. 7910 WOODMONT AVENUE, , NO. 1200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHESDA, MD 20814	

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

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

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

ANNA GILMORE HALL

• The books are in the care of **7910 WOODMONT AVE SUITE 1200 - BETHESDA, MD 20814**

Telephone No. **3016572248** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **JULY 15, 2015**.

5 For calendar year , or other tax year beginning **SEP 1, 2013**, and ending **AUG 31, 2014**.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO COMPLETE THE RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature Title **HAE LEE, CPA** Date