orm 990

Department of the Treasury

### Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Form 990 (2017)

, and ending For the 2017 calendar year, or tax year beginning C Name of organization American Hearing Research Foundatio D Employer identification number Check if applicable: c/o Apex Management & Special Event Address change Doing business as 36-2612784 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 630-617-5079 275 N. York Street, Ste 401 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code Elmhurst IL 60126 2,166,978 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Richard Muench 275 N. York Street, Suite 401 H(b) Are all subordinates included? If "No," attach a list, (see instructions Elmhurst IL 60126 X 501(c)(3) 501(c) ( ) 4 (insert no.) 4947(a)(1) or Tax-exempt status: 527 American-Hearing.org Website: H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Year of formation: 1966 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: See Schedule O Activities & Governance 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) 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 14 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 460,841 455,240 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 168,013 220,224 19,519 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,989 648,373 687,453 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 201,000 195,050 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 113,132 106,764 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 314,132 301,814 334,241 385,639 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 7,535,559 8,854,518 21 Total liabilities (Part X, line 26) 210,005 204,624 22 Net assets or fund balances. Subtract line 21 from line 20 7,325,554 8,649,894 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Richard Muench Chairman Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Timothy J. Vande Werken, C.P.A. Timothy J. Vande Werken, C.P.A. 06/20/18 self-employed P00283355 Preparer Evenhouse & Co, P.C. Firm's EIN 36-2848023 Use Only 310 W Lake St Ste 200 Elmhurst, IL 60126-1527 630-832-3225 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

	n 990 (2017) American Hearing art III Statement of Program Servi	Research Foundatio 3	5-2612784	Page 2
			is Part III	X
1		a response of floto to arry line in a	no ratem	
5	See Schedule O		***************************************	
			***************************************	
2	,	rogram services during the year which wer	e not listed on the	
	prior Form 990 or 990-EZ?			X Yes No
	If "Yes," describe these new services on Sched			
3	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3	significant changes in how it conducts, an	y program	r
	services?			Yes X No
	If "Yes," describe these changes on Schedule (			
4	Describe the organization's program service acceptance. Section 501(c)(3) and 501(c)(4) organization total expenses, and revenue, if any, for each	nizations are required to report the amount		
	(Code: )(Expenses \$ 19 To promote, conduct and	05,050 including grants of \$	195,050 ) (Revenue \$	
n	nedical research into can	ises, prevention and	cure of deafness imm	
h	earing and balance disor	adama		
	***************************************		***************************************	
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	4 Total (2011) (1012) (		*************************************	
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С	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	1
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		**************************************		********
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101			The state of the s	
b	Other program services (Describe in Schedule C	l.)		
	(Expenses \$ includ		) (Revenue \$	)
е	Total program service expenses ▶	246,609		

# Part IV Checklist of Required Schedules

-	ant re		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C,	**		
6	Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	5		X
_	"Yes," complete Schedule D, Part I	. 6		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? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	. 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	. 11a	x	
b	of its total goods consider in Part V. line 462 If IIVan II annual to Octobrillo D. Part VIII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
2a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
b	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If  "You" and if the organization encurred "No" to line 420, then completing Schedule D. Parts XI and XII is not in all the consolidations.		Х	
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	2.55		X
4a b	Did the organization maintain an office, employees, or agents outside of the United States?  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	14a		Х
5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	. 14b		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		x

10-	Did the exemination energic and or more beguited facilities? If "Vee " complete Schoolule U	[20	Yes	No					
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х					
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-						
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or								
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	_					
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	100							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2					
3	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			0.00					
	employees? If "Yes," complete Schedule J	23		2					
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		i						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b								
	through 24d and complete Schedule K. If "No," go to line 25a	24a		2					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year								
	to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior								
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?								
	If "Yes," complete Schedule L, Part I	25b	1	3					
,	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 "Yes," complete Schedule L, Part II	26		2					
,	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,								
		1 1							
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			٠,					
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		2					
3	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? If "Yes," complete Schedule L, Part IV	28a		2					
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete								
	Schedule L, Part IV	28b		2					
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? If "Yes," complete Schedule L, Part IV	28c		2					
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Σ					
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified								
	conservation contributions? If "Yes," complete Schedule M	30		2					
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,								
	Part I	31		2					
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"								
	complete Schedule N, Part II	32		X					
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X					
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,								
		34		2					
ia	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?			×					
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			-					
,	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256							
		35b	-						
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable								
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		2					
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			2					
	Part VI	37		X					
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Personal Property of						
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X						

Pa	Check if Schedule O contains a response or note to any line in this Part V	/				П
31-	The state of the s	1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			ľ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			. 1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		***************	2b		_
1200	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin account)?	ancial				
h	If "Yes," enter the name of the foreign country: ▶			4a		X
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\	······································	.		
	(FBAR).	Accoun	ıs			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?				X
c						A
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	 IA		- 30		-
				6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			- Gu		
	gifts were not tay deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods				
	and services provided to the payor?			7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	IS				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		• • • • • • • • • • • • • • • • • • • •	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		1.6.6.6.6	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine		<del>-</del> 0			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	+ • • • • • •		9a	-	
ь 0	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:			9b	$\rightarrow$	_
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:	100				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	7.0				
	against amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		S	12a		
b		12b		1-2		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	.,				
	Enter the amount of reserves the organization is required to maintain by the states in which	87 . P				
	the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		*****	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		

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

Sec	tion A. Governing Body and Management					
	V 25 M S S S S S S S S S S S S S S S S S S		992		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.	100	020.0			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		ì	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				22	
	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct				100	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	_	X
6	Did the organization have members or stockholders?		*****	6		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?	515055		7a	_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:		17	
а	The governing body?			8a	X	-
ь	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					v
C	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1000		9	-	X
Sec	tion B. Policies (This Section B requests information about policies not required by the linter	iai n	evenue Co	ue.)	Yes	No
40-	Did the organization have local chapters, branches, or affiliates?			10a	res	No X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			Iva		- 21
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling			11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110 10		114		_
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10 00	illioto:	120		
	describe in Schedule O how this was done			12c	x	
13	Did the ergonization have a written whictlehlower policy?			13	x	
14	Did the organization have a written document retention and destruction policy?			14	x	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	The state of the s					X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					200
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?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	1(c)(3)	s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain in Schedule O)		to We have become a			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere	st poli	cy, and			
	financial statements available to the public during the tax year.					

State the name, address, and telephone number of the person who possesses the organization's books and records:

APEX Management & Special Events

275 N. York Street, Ste 401

IL 60126 630-617-8153

Elmhurst

.0					
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

|X| 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	bo	x, unle	Pos check ess pe	rson	than on is both a or/trustee	an	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Richard Muench						П		98910		
	1.00									
Chairman	0.00	X		X		Ш		0	0	0
(2) William Lederer										
	0.00									
Director	0.00	X				$\sqcup$		0	0	0
(3) Alan Micco, M.D.										
	1.00									
President	0.00	X		X		$\vdash$		0	0	0
(4) Mark Muench										
	1.00									
Vice President	0.00	X		X				0	0	0
(5) Kathryn Mertz, 3	ID									
	0.00									
Director	0.00	X						0	0	0
(6) David J. Wuertz,										
	1.00									
Treasurer	0.00	X		Х	<u> </u>			0	0	0
(7) Lawrence Hable										
	1.00									
Secretary	0.00	X		X			_	0	0	0
(8) Marvin Keeling							- 1			
	0.00						- 1			
Director	0.00	X			9		_	0	0	0
(9) David Klodd, Ph.										
	0.00									
Director	0.00	X						0	0	0
(10)Enrico Mirabelli							- 1			
	0.00							e Const		
Director	0.00	X					_	0	0	0
(11)Dennis Moore, M.										
	0.00							20070		
Director	0.00	X						0	0	0

Form 990 (2017) American Part VII Section A. Officers												Page 8
(A) Name and title	Average Position Reportable Report hours per (do not check more than one week box, unless person is both an from relation		(E) Reportable compensation from related organizations	(E) (teportable Estimensation from amo related ot lanizations compe		n						
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		compensation from the organization and related organizations	
(12) John W. Mulde	on						_		***			- 5.72
	0.00	3,5										•
Director (13) Anna Lysakows	0.00	X					-	0	0			0
(13) Fillia Dybanowi	0.00											
Director	0.00	X						0	0			0
(14) Susan C. Knig	0.00 0.00	x						0				0
Director (15) Joan Wincents								0	0		-14/1-	0
Executive Director	10.00			x				0	0			0
EXCEPTIVE DITECTOR	0.00			- 11					0			
							10					
1b Sub-total						]	<b>&gt;</b>			200	1163	
c Total from continuation she												
d Total (add lines 1b and 1c) .  Total number of individuals (in	cluding but not li	mite	d to	thos	e list	ted at	OOVE	e) who received more than	\$100,000 of			
reportable compensation from	the organization		0								Ye	s No
3 Did the organization list any fo								oyee, or highest compensa	ted			1 1000
employee on line 1a? If "Yes,"  For any individual listed on line	<i>complete Sched</i> and its complete sum	<i>dule</i> . of re	<i>J for</i> porta	<i>such</i>	<i>ind</i> com	<i>ividua</i> pensa	a/ ় atio		from the		3	<u> </u>
organization and related organ	nizations greater	than	\$15	0,00	0? #	"Yes	s," c	omplete Schedule J for suc	ch			x
individual  5 Did any person listed on line 1 for services rendered to the or	a receive or acc	rue c	omp	ensa	ation	from	an	y unrelated organization or	individual		5	X
ection B. Independent Contracto												
<ol> <li>Complete this table for your five compensation from the organization.</li> </ol>										ear.		
Name and	(A) business address							Descript	(B) ion of services		Compe	) nsation
												-
				- is better								
						- 1					I	

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

0

					r note to any line in	(B) Related or	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1	а					
g b	Membership dues	1	b			1		
4	Fundraising events	1	С					
a d	Related organizations		d					
e	Government grants (contributions		е					
1	<ul> <li>All other contributions, gifts, grant and similar amounts not included</li> </ul>			455 040				
=1 05	Noncash contributions included in	n lines 1a-1f:	f   \$	455,240				
o h	Total. Add lines 1a-1f.			.,, >	455,240			
2a b c d				Busn. Code				
2a	* * * * * * * * * * * * * * * * * * * *							
b	* * * * * * * * * * * * * * * * * * * *							
C								
d		*****						
e	All other program service					<del>-</del>		
,	Total. Add lines 2a–2f.							
3	Investment income (incl						-	
	and other similar amour			<b>&gt;</b>	189,427			189,42
4	Income from investmen	5	empt bond	proceeds >				200712
5	Royalties		1.0					
		) Real		) Personal				
6a	Gross rents							1
b	Less: rental exps.					1		
	Rental inc. or (loss)				1	1		
d	Net rental income or (los	ss)						
/a	sales of assets	ecurities		ii) Other				
		510,32	2					
b	Less: cost or other		_		1			
		479,52						
1	Gain or (loss)	30,79			20 707	20 707		
	Net gain or (loss) Gross income from fundraisi		··· <del>/·····</del>		30,797	30,797		
oa	(not including \$	ing events	1	- 1	1			
1	of contributions reported on	line 1c\			1			
1	See Part IV, line 18		a					
Ь	Less: direct expenses		ь					
	Net income or (loss) from	CALL STATE OF THE SECOND SECON	ing events					
	Gross income from gaming a							-
	See Part IV, line 19		a					
	Less: direct expenses		bd					
	Net income or (loss) from		activities					
10a	Gross sales of inventory							
201	returns and allowances		a					
200	Less: cost of goods sold		b					
С	Net income or (loss) from		inventory .					
44-	Miscellaneous Re	110000000000000000000000000000000000000		Busn. Code	11 000	11 000		
11a	Miscellaneous				11,989	11,989		
b	*							
6550	All other revenue							
	Total. Add lines 11a-11a			<b>D</b>	11,989		*	
					687,453	42,786		189,427

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 (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 195,050 195,050 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): 35,170 14,068 17,585 3,517 Management Legal 7,900 7,900 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 113 68 34 11 Advertising and promotion 22,500 22,500 12 10,603 6,361 3,181 1,061 Office expenses 13 Information technology 14 Royalties 15 Occupancy 4,249 2,975 850 424 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,302 5,505 1,652 Conferences, conventions, and meetings 551 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 7,301 7,301 23 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.) 7,500 7,500 Dues & subscriptions Website 3,808 2,285 1,142 381 1,791 1,791 Licenses & fees C Bank fees 324 324 e All other expenses 301,814 246,609 41,760 13,445 Total functional expenses. Add lines 1 through 24e 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 ▶ 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 (B) Beginning of year End of year Cash-non-interest bearing 1 Savings and temporary cash investments 2 183,091 287,801 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 10,053 24,888 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 45,000 b Less: accumulated depreciation 10b 45,000 10c 11 Investments—publicly traded securities 7,324,320 8,522,091 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 18,095 19,738 15 16 Total assets. Add lines 1 through 15 (must equal line 34) ..... 7,535,559 8,854,518 16 Accounts payable and accrued expenses 17 9,005 17 9,574 18 Grants payable 201,000 195,050 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25 210,005 204,624 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 7,318,635 27 8,634,961 Temporarily restricted net assets 28 6,919 14,933 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 7,325,554 33 8,649,894 Total liabilities and net assets/fund balances .... 7,535,559 8,854,518

Form 990 (2017)

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orn	990 (2017) American Hearing Research Foundatio 36-2612784			Pa	ge 12		
_	art XI Reconciliation of Net Assets	9=18					
	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	68	37,	453		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3 (	01,	814		
3	Revenue less expenses. Subtract line 2 from line 1	3	38	385,63			
4							
5	PRESIDENCE AND COMPANY OF A COM						
6	Donated services and use of facilities	6					
7	Investment expenses	7		-7,	905		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		27,	131		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10	8,64	19,	894		
Pa	art XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Middle 1				
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		23302		100		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				

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

# Public Charity Status and Public Support

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. American Hearing Research Foundatio

Employer identification number 36-2612784

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

Page 2

Schedule A (Form 990 or 990-EZ) 2017 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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

tion A. Public Support					3.3123(10)							
ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total						
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	133,275	49,851	57,933	460,841	455,240	1,157,140						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf												
The value of services or facilities furnished by a governmental unit to the organization without charge												
Total. Add lines 1 through 3	133,275	49,851	57,933	460,841	455,240	1,157,140						
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												
**********						700,447						
						456,693						
	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total						
, , , , , , , , , , , , , , , , , , , ,						1,157,140						
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	163,001	161,805	161,072	175,691	189,427	850,996						
Net income from unrelated business activities, whether or not the business is regularly carried on						TO A DITER						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)												
Total support. Add lines 7 through 10						2,008,136						
Gross receipts from related activities, etc.	(see instructions)			*************	12	21,612						
organization, check this box and stop here	·											
			(f))	********		22.74%						
	37					26.32%						
				3 1/3% or more, cl	neck this	. 🗆						
	17	0.50 (EV)				🕨 📋						
			process and the second			. □						
- BY 15 X 15		S 24 25 E										
Part VI how the organization meets the "fa	cts-and-circumstan	ces" test. The orga	anization qualifies	as a publicly supp	orted	<b>▶</b>   <b>X</b>						
	1/7											
						▶ □						
	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, ched	ck this box and see	9							
						▶ □						
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4.  Stion B. Total Support  Indar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets  (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc.  First five years. If the Form 990 is for the organization, check this box and stop here.  Tion C. Computation of Public Support percentage from 2016 Schestal 1/3% support test—2017. If the organization and stop here. The organization quality and stop here. The organization quality and stop here. The organization quality and stop here. The organization meet Part VI how the organization meets the "fa organization.  10%-facts-and-circumstances test—2011 15 is 10% or more, and if the organization meets the "fa organization.  Explain in Part VI how the organization meets the "fa organization.  Private foundation. If the organization meets puported organization.  Private foundation. If the organization discussion is provided organization.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4.  Citon B. Total Support  Indar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, organization, check this box and stop here  Stion C. Computation of Public Support Percental Public support percentage from 2016 Schedule A, Part II, line 33 1/3% support test—2017. If the organization qualifies as a publicly support percentage from 2016 Schedule A, Part II, line 33 1/3% support test—2017. If the organization qualifies as a public 10%-facts-and-circumstances test—2017. If the organization in ordanization organization in Part VI how the organization meets the "facts-and-circumstances test—2016. If the organization 10% or more, and if the organization meets the "facts-and-circumstances test—2016. If the organization personal personal personal personal personal personal person person personal	Indar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.  Stion B. Total Support  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, cryalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, four organization, check this box and stop here.  Stion C. Computation of Public Support Percentage  Public support percentage for 2017 (line 6, column (f) divided by line 11, column Public support percentage for 2016 Schedule A, Part II, line 14  33 1/3% support test—2016. If the organization did not check the box on line 13 this box and stop here. The organization qualifies as a publicly supported organization of the capital assets the "facts-and-circumstances" test, Part VI how the organization meets the "facts-and-circumstances" test, Part VI how the organization meets the "facts-and-circumstances" test, Part VI how the organization meets the "facts-and-circumstances" test, 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, 2016. If the o	Indiar year (or fiscal year beginning in)  (a) 2013 (b) 2014 (c) 2015  (difts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4.  **Tion B. Total Support**  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year organization, check this box and stop here  **Tion C. Computation of Public Support Percentage**  The organization and stop here. The organization qualifies as a publicly supported organization  33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 3: box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16: 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and part VI how the organization meets the "facts-and-circumstances" test, check this box and part VI how the organization meets the "facts-and-circumstances" test, check this box and part VI how the organization meets the "facts-and-circum	Giffs, grants, contributions, and membership flees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  133,275  49,851  57,933  460,841  The potion 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)  Public support. Subtract line 5 from line 4.  **Stion B. Total Support**  Amounts from line 4  133,275  49,851  57,933  460,841  The potion 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)  Public support. Subtract line 5 from line 4.  **Stion B. Total Support**  Amounts from line 4  133,275  49,851  57,933  460,841  (c) 2015  (d) 2016  Amounts from line 4  133,275  49,851  57,933  460,841  (c) 2016  (d) 2016  (d) 2016  (e) 2016  (d) 2016  (e) 2016  (d) 2016  (e) 2016  (e) 2016  (e) 2016  (e) 2016  (f) 2016  (e) 2017  (e) 2016  (f) 2016  (e) 2016  (e) 2016  (f) 2017  (f) 2016  (f) 2016	Commenters   Com						

Part III

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

[1] [2] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	
(Complete only if you checked the box on lit	ne 10 of Part I or if the organization failed to qualify under Part II.
(	the to of tart of it the organization falled to quality under Part II.
If the organization fails to qualify under the t	tests listed below, please complete Part II.)

	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	.,		(-) 50.0	(4) 2010	(6) 2011	(i) Total
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	18/4					
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.)						2)
-	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	First five years. If the Form 990 is for the o	rganization's first	second third for	irth or fifth tay yes	er as a section 501	(c)(3)	
Eules	organization, check this box and stop here	ngumeadon o mot		or martax yea		5.05.50	▶ □
Sect	tion C. Computation of Public Sup	port Percent	age				
15	Public support percentage for 2017 (line 8,			n (f))		15	%
16	Public support percentage from 2016 Sched	dule A, Part III, lin	ie 15			16	%
Sect	ion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2017 (lin	e 10c, column (f)	divided by line 13,	column (f))	September 2011 Control Control Control	17	%
18	Investment income percentage from 2016 S	chedule A, Part I	II line 17			40	%
	33 1/3% support tests—2017. If the organi	zation did not che	eck the box on line	14, and line 15 is	more than 33 1/39	6, and line	100
	17 is not more than 33 1/3%, check this box	and stop here.	The organization q	ualifies as a public	ly supported organ	n <b>i</b> zation	
b	33 1/3% support tests—2016. If the organi	zation did not che	eck a box on line 1	4 or line 19a, and	line 16 is more tha	n 33 1/3%, and	200
	line 18 is not more than 33 1/3%, check this	hay and stan he	The				2

# Schedule A (Form 990 or 990-EZ) 2017

### Part IV Supporting Organizations

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

Section A.	All	Supporting	<b>Organizations</b>
------------	-----	------------	----------------------

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

	Yes	No
11		
2		
3a		
3b		
3с		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
(Form 99	0 or 990-	EZ) 2017

Page 4

Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard,

instructions. All other Type III non-functionally integrated supporting orga	anizations must compl	970 (explain in Part VI).5 ete Sections A through I	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		38.31.30
4 Add lines 1 through 3.	4	-15- X-V- 105-	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		200	
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amour	nt,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6	28 20 20	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		3-2 IIII (A-74)	
emergency temporary reduction (see instructions).	6		

	ule A (Form 990 or 990-EZ) 2017 American Hearing rt V Type III Non-Functionally Integrated 509(a)(3			784 Page 7
-	tion D - Distributions	Toupporting Organiza	ciono (continueu)	Current Year
1	Amounts paid to supported organizations to accomplish exempt put	29200		Current rear
2	Amounts paid to perform activity that directly furthers exempt purpo	Vancous Care Van Communication		
_	organizations, in excess of income from activity	ses of supported		
3	Administrative expenses paid to accomplish exempt purposes of su		7-2-2-2	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017:			
a	The state of the s			
	From 2013			
	From 2014			
	From 2015			
-	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
7.0	Applied to 2017 distributable amount			
<del>-!</del>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
5	Remainder. Subtract lines 4a and 4b from 4.  Remaining underdistributions for years prior to 2017, if			- <del> </del>
9	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
Ü	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3			
	and 4c.		i	
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015	<del>                                     </del>		
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

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

Part II, Line 17a - 10% Facts and Circumstance Test - 2017 As calculated in Part II of Schedule A, American Hearing Research Foundation ("the Foundation") failed to meet the 33 1/3% test, receiving 22.7% of its support during the period 2013-2017 from public support. This being so, the Foundation still satifies the requirement for non-private status as set forth in Code Section 1.170 A-9 (e)(3)(i)-(v) and (vii). (i) The Foundation normally receives more than 10% of its support from governmental units or from the general public. (ii) The Foundation is continually receiving contributions from first-time donors. Over 350 different donors have contributed at least once to the Foundation in the past 5 years alone. (iii) About half of the Foundation's income is received through investments. It has been the contributions that put the percentage well over 10%. (iv) The source of the Foundation's support is not limited to any family, community, region, or interest. (v) There is a Board of Directors that governs the Foundation which consists of uncompensated members. (vii) The activities of the Foundation are likely to appeal to many different individuals and entities, especially those interested in supporting medical research into the causes, preventions, and cures for hearing related disorders. Because the Foundation actively seeks broad public support for its charitable purposes and because the Foundation is not organized or operated to benefit any single individual or his/her family, the Foundation does

satisfy the public support test as set forth in Code Section 1.170A-9(e)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 2017 Open to Public

Inspection

	e of the organization	E	mployer	identification number
	merican Hearing Research Foundatio	100		
	/o Apex Management & Special Event			612784
P	art I Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F		count	s.
		(a) Donor advised funds	(t	) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised		
	funds are the organization's property, subject to the organization's exclu	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose		
				Yes No
Pa	art II Conservation Easements.			
	Complete if the organization answered "Yes" on F			
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 a historically importa	ant land	area
	Protection of natural habitat	Preservation of a certified historic st	ructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conserva	tion	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure inclu-		2c	
d	Number of conservation easements included in (c) acquired after 7/25/0	06, and not on a		
_			2d	
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organization	during	the
	tax year ▶	7.78		
4	Number of states where property subject to conservation easement is lo			
5	Does the organization have a written policy regarding the periodic monit			П., П.,
^	violations, and enforcement of the conservation easements it holds?		• • • • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation ease	ements	during the year
7	Amount of avanage incurred in manifesing fearerables headling of viole	Fi		and discourse
7	Amount of expenses incurred in monitoring, inspecting, handling of violating \$\\$\$ \$	ations, and enforcing conservation easemen	its aurir	ig the year
Ω	Does each conservation easement reported on line 2(d) above satisfy the	no requirements of section 170/hV/IV/PV(i)		
0	1 - C 470(1)(A)(D)(C)(0			Yes No
9	In Part XIII, describe how the organization reports conservation easeme	nte in ite revenue and evnence statement of		Tes I No
•	balance sheet, and include, if applicable, the text of the footnote to the	용하 이 하면 하는데 이 이 없는 것이 하는데 하다면 하는데 하는데 하는데 사람들이 하는데		ne
	organization's accounting for conservation easements.	3		
Pa	rt III Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" on F		nilar A	Assets.
1-				
Id	If the organization elected, as permitted under SFAS 116 (ASC 958), no works of art, historical treasures, or other similar assets held for public e			eet
			nce or	
h	public service, provide, in Part XIII, the text of the footnote to its financial of the organization elected, as permitted under SEAS 116 (ASC 958) to		shoot	
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to works of art, historical treasures, or other similar assets held for public e			
	public service, provide the following amounts relating to these items:	Anibition, education, or research in futthera	nce or	
				¢
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		[	\$
2	If the organization received or held works of art, historical treasures, or or	other similar assets for financial gain, provid	e the	\$
•	following amounts required to be reported under SFAS 116 (ASC 958) in	20, 3 mily 1980 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1 1980 - 1980 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990	e uie	
а	Revenue included on Form 990, Part VIII, line 1			e
b	Assets included in Form 990, Part X			\$s
or P	Paperwork Reduction Act Notice, see the Instructions for Form 990.			Schedule D (Form 990) 2017

Sche	edule D (Form 990) 2017 Americar							Page 2
	art III Organizations Maintaini						(continued)	)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other records,	check any of the f	ollowing that are a	significant us	e of its		
а	Public exhibition		oan or exchange p					
b	Scholarly research	e 🗌 O	ther					
С	Preservation for future generations							
4	Provide a description of the organization's	collections and explain h	now they further the	e organization's ex	cempt purpose	in Part		
	XIII.							
5	During the year, did the organization solicit	t or receive donations of	art, historical treas	ures, or other sim	ilar			_
	assets to be sold to raise funds rather than	n to be maintained as par	rt of the organization	on's collection?	zeron recentia	***********	Yes	No
Pa	art IV Escrow and Custodial A							
	Complete if the organization 990, Part X, line 21.	on answered "Yes" o	on Form 990, P	art IV, line 9, o	r reported	an amount	on Form	
1a	Is the organization an agent, trustee, custo	dian or other intermedia	ry for contributions	or other assets n	ot			
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part X	III and complete the follo	wing table:					
							Amount	
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on	Form 990, Part X, line 2	1, for escrow or cu	stodial account lia	ibility?		Yes	No
b	If "Yes," explain the arrangement in Part X	III. Check here if the exp	lanation has been	provided on Part )	(III			
Pa	rt V Endowment Funds.	examer of	April 128/2012/ 1/20	1 18/19/21/19 10/29 10/20/2				
	Complete if the organization	on answered "Yes" o	on Form 990, P	art IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Th	ree years back	(e) Four years	back
	Beginning of year balance							
	Contributions							
C	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships	201	7.5 S.					
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cu	irrent year end balance (	(line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment ▶	%						
b		<b>L</b> i.						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sh							
3a	Are there endowment funds not in the poss	session of the organization	on that are held an	d administered for	the			
	organization by:						Yes	No
	(i) unrelated organizations						3a(i)	_
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as required	d on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		ment funds.					
Pa	rt VI Land, Buildings, and Equ					200 0 11		
	Complete if the organization						K, line 10.	
	Description of property	(a) Cost or other bas	90.1. <u>Euro</u> (0.00)	other basis	(c) Accumulate	d	(d) Book value	
	STATE OF THE STATE	(investment)	(01	ther)	depreciation			
1a	Land							
b	Buildings							
C	Leasehold improvements							
	Equipment							
	Other			45,000	45	,000		
<b>Total</b>	. Add lines 1a through 1e. (Column (d) must	t equal Form 990, Part X	, column (B), line 1	10c.)				

1524 06/20/2018	996 TO 1990 OF 100 TO			
Schedule D (I Part VII	Form 990) 2017 American Hearing Res Investments—Other Securities. Complete if the organization answered "Yes" of			Page
-	(a) Description of security or category	(b) Book value	(c) Method of va	aluation:
d) Einensiel	(including name of security)		Cost or end-of-year	market value
(1) Financial	derivatives eld equity interests			
3) Other	erd equity interests			
(A)	***************************************	*		
(B)		**		
(C)				
(D)				
(E)		**		
(F)				
(G)				
(H)				
otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11c. See Form 990 Pa	rt X line 13
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year n	luation:
(1)			***************************************	
(2)				
(3)				
(4)				
(5)	52			
(6)				
(7)				
(8)				
(9)				
otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Par	t X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)		<del> </del>		
(4)				
(5)				
6) 7)		<del>- (10)</del>		
8)				
9)				
*****	(b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	*******************	<b>&gt;</b>	
· uit X	Complete if the organization answered "Yes" or line 25.	n Form 990, Part IV, line	e 11e or 11f. See Form 99	0, Part X,
	(a) Description of liability	(b) Book value		
1) Federal in	ncome taxes	(b) BOOK Value		
2)	The same of the sa			
3)				
4)				
5)				
6)				

<u>1</u>	(a) Description of liability	(b) Book value	
(1) Federal income tax	es		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must e	qual Form 990, Part X, col. (B) line 25.) ▶		

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

	rt XI Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 9			turn.	
1	Total revenue, gains, and other support per audited financial statements		V. I	1	1,626,154
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			- 1	2,020,201
	Net unrealized gains (losses) on investments	2a	919,475	- 1	
		****	323,213		
	Donated services and use of facilities				
C	Recoveries of prior year grants		27,131		
	Other (Describe in Part XIII.)	****		.	016 606
	Add lines 2a through 2d			2e	946,606
3	Subtract line 2e from line 1			3	679,548
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		F 005	- 1	
	Investment expenses not included on Form 990, Part VIII, line 7b		7,905		
	Other (Describe in Part XIII.)	4b	-		
	Add lines 4a and 4b			4c	7,905
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	687,453
Pa	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 9			letur	n.
1	Total expenses and losses per audited financial statements			1	301,814
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses		***		
d				2e	
	Add lines 2a through 2d			3	301,814
	Subtract line 2e from line 1		*******************		301/011
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			
	Investment expenses not included on Form 990, Part VIII, line 7b	*****			
	Other (Describe in Part XIII.)	4b		. 1	
	Add lines 4a and 4b			4c	201 014
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)		5	301,814
Pa	rt XIII Supplemental Information.				
-	III Alli Guppiellellar illiorination.			1.00	40
rovi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			art X, I	ine
rovi ; Pa	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p			art X, I	ine
rovi ; Pa	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	rovide any additional			ine
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	rovide any additional	information.		
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part X - FIN 48 FOOTNOTE	rovide any additional	information.	tin	g for
Provi Pa Pa Ti	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part X - FIN 48 Footnote  he Foundation has adopted the accounting	g standard	on accoun	tin on	g for of whether
Provi	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part X - FIN 48 Footnote  the Foundation has adopted the accounting account in the contract of the accounting account in the contract of the	g standard sses the d	on accoun eterminati a tax retu	tin on rn	g for of whether should be
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Proving Particular Proving Particular Proving	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; and XI, lines 2d and 4b. Also complete this part to part X - FIN 48 Footnote  the Foundation has adopted the accounting incertainty in income taxes, which addressay benefits claimed or expected to be considered in the financial statements.	g standard sses the d laimed on kamples of	on accoun eterminati a tax retu tax posit	tin on rn ion x-e	g for of whether should be s include xempt status
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Proving Part Part Part Part Part Part Part Part	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part X - FIN 48 Footnote  the Foundation has adopted the accounting incertainty in income taxes, which address as benefits claimed or expected to be considered in the financial statements. Enter the tax-exempt status of the Foundation of various positions related to the potential axable income (UBTI). At December 31, ax benefits identified or recorded as 1	g standard sses the delaimed on and the contral sour 2017, there iabilities	eterminati a tax retu tax posit ntinued ta ces of unr e were no	tin on rn ion x-e ela unr	g for of whether should be s include xempt status ted business ecognized

Schedule D (Form 990) 2017 American Hearing Research Foundatio 36-2612784

Schedule D (	Form 990) 2017	American	Hearing 1	Research	Foundatio	36-2612784	Page 5
,_ Fart Alli	Suppleme	ental Information	i (continuea)				
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

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

Open to Public 2017

OMB No. 1545-0047

Š Inspection (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Employer identification number X Yes 36-2612784 Research Research Research Research Research Research Research Research Research noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 30,000 20,000 20,000 20,000 30,000 20,000 25,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 9,050 20,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table American Hearing Research Foundatio c/o Apex Management & Special Event (c) IRC section (if applicable) TX 77030-3411 74-1613878 56-0532129 NY 12201-0009 14-1368361 CT 06030-5335 52-1725543 36-2167817 06-0772160 59-0624458 NE 68198-5045 47-0049123 37-6000511 General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? CT 06269-1133 (9) University of Nebraska Medical Cent (7) University of Illinois at Chicago Levine Science Research Building 438 Whitney Road Ext., Unit 1133 985045 Nebraska Medical Center 27708 IL 60208 IL 60612 FL 33146 (4) State University of New York (a) Name and address of organization (1) Baylor College of Medicine One Baylor Plaza, BCM 206 (5) University of Connecticut (6) University of Connecticut NC (3) Northwestern University St., Rm 578 263 Farmington Avenue or government 633 Clark, Room G594 (8) University of Miami Gables One Tower (2) Duke University PO Box 9 808 S Wood Name of the organization Farmington Evanston Houston Chicago Durham Albany Storrs Part II Part Miami Omaha

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

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

Schedule I (Form 990) (2017)

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Schedule I (Form 990) (2017) American Hea	American Hearing Research	Foundatio	36-2612784		Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.	to Domestic Individua ional space is needed.	ils. Complete if the	organization answere	d "Yes" on Form 990, Part	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-					
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	ovide the information re	equired in Part I, line	2; Part III, column (b	); and any other additional	information.
Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds	s for Monitori	ng the Use	of Grant Fund	w	
The organization reviews all grant proposals, keeps records of all board	11 grant propo	sals, keeps	records of a	11 board	
meetings that take place when choosing recipients,	hen choosing r	recipients,	and reviews all	11 reports	
given by the grantees to the organization.	he organizatio	'n.			
					Schedule I (Form 990) (2017)

### SCHEDULE O (Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization American Hearing Research Foundatio

Open to Public Inspection

Employer identification number

c/o Apex Management	& Special Event	36-2612784
Form 990 - Organization's Mis	sion	
The American Hearing Research	Foundation serves two	vital roles: to fund
significant research in hearing	ng and balance disorde	rs, and to help educate
the public about hearing loss	and balance disorders	related to the inner
ear.	***************************************	
	***************************************	
Form 990, Part III, Line 2		***************************************
In May of 2017, the board of A	American Hearing Resea	rch Foundation approved
the creation of a PBS video to	provide education to	the public about
Meniere's disease.		
Form 990, Part VI, Line 2 - Re	elated Party Informati	on Among Officers
Richard Muench	Mark Muench	
Chairman	Vice Pres.	
Father and son		
***************************************	***************************************	
Richard Muench	Susan Knigh	t
Chairman	Director	
Father and daughter	••••••	
Form 990, Part VI, Line 3 - Ma	nagement Delegated	***************************************
The day-to-day management was	contracted to Apex Man	nagement & Special
Events, Inc.	••••••	21
Form 990, Part VI, Line 11b -	Organization's Process	to Review Form 990