

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,964,372.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,570,074.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	394,298.
4	Net unrealized gains (losses) on investments	13,848.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	13,848.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	408,146.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1,978,220.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	13,848.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	13,848.
3	Subtract line 2e from line 1	1,964,372.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1,964,372.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1,570,074.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	0.
3	Subtract line 2e from line 1	1,570,074.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1,570,074.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS

CURRENTLY CONSIST OF THE "ROCKY STONE FUND" (THE INTENDED USE OF THIS FUND IS TO PROVIDE SCHOLARSHIPS FOR ATTENDEES TO THE ANNUAL HLAA CONVENTION) AND THE "ADM SHARES" (THE INTENDED USE OF THIS FUND, INCLUDING ANY INCOME GENERATED BY THIS FUND, IS GENERAL USE).

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			()
	11	Net income summary. Combine line 3, column (d), and line 10			()

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

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

	Yes	No	
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," explain: _____			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," explain: _____			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility

13a	%
13b	%
- b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

HEARING LOSS ASSOCIATION OF AMERICA

Employer identification number

52-1177011

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

ADVOCACY, PUBLICATIONS, CHAPTERS, RERC-HAT TRAINING, STATES, HAT
CENTER, AMERICAN ACADEMY OF HEARING LOSS SUPPORT SPECIALISTS, AND
CAPTIONING PROGRAMS.

EXPENSES \$ 219649. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5240.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS TWO CLASSES OF
MEMBERS: REGULAR MEMBERS WHO CAN VOTE AND ASSOCIATE MEMBERS WHO CAN NOT
VOTE.

FORM 990, PART VI, SECTION A, LINE 7A: THE REGULAR MEMBERS HAVE ONE VOTE
WHEN ELECTING MEMBERS OF THE GOVERNING BODY. A REGULAR MEMBER IS ENTITLED
TO VOTE ONLY IN PERSON AND/OR BY WRITTEN BALLOT. THERE ARE NO PROXIES.

FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS ATTEND BOARD MEETINGS AND
AT TIMES CAN VOTE ON THE DECISIONS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE RECEIVES THE
FORM 990 FROM THE INDEPENDENT PUBLIC ACCOUNTING FIRM AND REVIEWS THE FORM
990 FOR ACCURACY AND DISCLOSURE.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO
SUBMIT A DISCLOSURE STATEMENT ON AN ANNUAL BASIS. THESE DISCLOSURE
STATEMENTS ARE MONITORED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS AND APPROVES

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
MD, CA, CO, MI, NY, OH, TN, WI, IL, MA, NJ, PA, TX, UT, OR, CT, MO, NC

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE
ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST. OTHER DOCUMENTS ARE
AVAILABLE UPON REQUEST.