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**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2012

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2012 calendar year, or tax year beginning **MAY 1, 2012** and ending **DEC 17, 2012**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
HOPE FOR HEARING FOUNDATION
C/O HELLER, BROIDA & EISENBERG AC
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
9454 WILSHIRE BLVD. 550
 City or town, state or country, and ZIP + 4
LOS ANGELES, CA 90007-2505

D Employer identification number
95-2091641

E Telephone number
(310) 247-4949

F Group Exemption Number **▶**

G Accounting Method: Cash Accrual Other (specify) **▶**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **▶ N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 0.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, and similar amounts received																								
	2	Program service revenue including government fees and contracts																								
	3	Membership dues and assessments																								
	4	Investment income																								
	5a	Gross amount from sale of assets other than inventory					5a																			
	b	Less: cost or other basis and sales expenses					5b																			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c																			
	6	Gaming and fundraising events																								
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)					6a																			
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)					6b																				
c	Less: direct expenses from gaming and fundraising events					6c																				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					6d																				
7a	Gross sales of inventory, less returns and allowances					7a																				
b	Less: cost of goods sold					7b																				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c																				
8	Other revenue (describe in Schedule O)																									
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8										▶															
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O										10														
	11	Benefits paid to or for members										11														
	12	Salaries, other compensation, and employee benefits										12														
	13	Professional fees and other payments to independent contractors										13														
	14	Occupancy, rent, utilities, and maintenance										14														
	15	Printing, publications, postage, and shipping										15														
	16	Other expenses (describe in Schedule O)										16														
	17	Total expenses. Add lines 10 through 16										▶														
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)										18														
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)										19														
20	Other changes in net assets or fund balances (explain in Schedule O)										20															
21	Net assets or fund balances at end of year. Combine lines 18 through 20										▶															

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

HOPE FOR HEARING FOUNDATION

Form 990-EZ (2012)

C/O HELLER, BROIDA & EISENBERG AC

95-2091641

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	57,223.	0.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	57,223.	
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	57,223.	

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	57,164.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	57,164.

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ANITA NEWMAN WARD, M.D. PRESIDENT (EMERITIUS)	0.00	0.	0.	0.
IRWIN HARRIS, M.D. (PAST) VICE PRESIDENT & SEC	0.00	0.	0.	0.
ROBERT SCHEIR (PAST) PRESIDENT	0.00	0.	0.	0.
JAMES ANDREWS (FORMER) TRUSTEE	0.00	0.	0.	0.
CYDNEY FOX (FORMER) TRUSTEE	0.00	0.	0.	0.
BARBARA OCKWELL (FORMER) TRUSTEE	0.00	0.	0.	0.
NORM CROSBY (FORMER) TRUSTEE	0.00	0.	0.	0.
RICHARD K. EAMER (FORMER) TRUSTEE	0.00	0.	0.	0.
MARVIN CHALEK (FORMER) TRUSTEE	0.00	0.	0.	0.

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	▶ 37a 0.	
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.	
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	▶ 0.	
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed	▶ CA	
42a	The organization's books are in care of	▶ HELLER, BROIDA & EISENBERG A Telephone no. ▶ (310) 247 4949 Located at ▶ 9454 WILSHIRE BLVD. SUITE 550, BEVERLY HILLS, CA ZIP + 4 ▶ 90212	
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43 N/A	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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

Sign Here	▶ <i>Robert Scheir</i> Signature of officer	▶ 3/4/13 Date
	▶ ROBERT SCHEIR, PAST PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MICHAEL P. BROIDA	Preparer's signature <i>[Signature]</i>	Date 02/25/13	Check <input type="checkbox"/> if self-employed	PTIN P00631691
	Firm's name ▶ HELLER, BROIDA & EISENBERG A.C.		Firm's EIN ▶ 95-3423594		
	Firm's address ▶ 9454 WILSHIRE BLVD., #550 BEVERLY HILLS, CA 90212-2910		Phone no. (310) 247-4949		

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

HOPE FOR HEARING FOUNDATION

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,818.	100.				2,918.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,818.	100.				2,918.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,918.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,818.	100.				2,918.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	131.					131.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						3,049.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	95.70	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	78.93	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

**HOPE FOR HEARING FOUNDATION
C/O HELLER, BROIDA & EISENBERG AC**

Employer identification number

95-2091641

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH	09/30/20	57,164	BOOK VALUE	95-1642393	JOHN TRACY CLINIC 806 W. ADAMS BLVD. LOS ANGELES, CA 90007	IRC SECTION 170(B)(1)(A)(II)

	Yes	No
2a		X
2b		X
2c		X
2d		X

- 2** Did or will any officer, director, trustee, or key employee of the organization:
- a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule N (Form 990 or 990-EZ) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization **HOPE FOR HEARING FOUNDATION**
C/O HELLER, BROIDA & EISENBERG AC Employer identification number
95-2091641

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: IRC SECTION 170(B)

GRANTEE NAME: JOHN TRACY CLINIC

GRANTEE ADDRESS: 806 W. ADAMS BLVD. LOS ANGELES, CA 90007

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 09/30/12

AMOUNT GIVEN: 57,164.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSES	39.
CALIFORNIA FILING FEE	20.
TOTAL TO FORM 990-EZ, LINE 16	59.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - RESEARCH, REHABILITATION
AND AURAL EDUCATION OF HEARING IMPAIRED CHILDREN AND ADULTS**

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

**A GRANT WAS GIVEN TO JOHN TRACY CLINIC, A PRIVATE NON
PROFIT EDUCATION CENTER OFFERING GUIDANCE AND
ENCOURAGEMENT TO FAMILIES OF INFANTS AND PRE-SCHOOL
CHILDREN WITH HEARING LOSSES.**

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

D1163711



State of California Secretary of State 0374789 Domestic Nonprofit Corporation Certificate of Dissolution

DISS NP

FILED JMP / LLL Secretary of State State of California DEC 17 2012

There is no fee for filing a Certificate of Dissolution.

IMPORTANT - Read Instructions before completing this form.

This Space For Filing Use Only

Corporate Name (Enter the name of the domestic nonprofit corporation exactly as it is of record with the California Secretary of State.)

1 Name of corporation Hope for Hearing Research Foundation

Required Statements (The following statements are required by statute and should not be altered.)

- 2. a) A final franchise tax return... b) The corporation has been completely wound up c) The corporation is dissolved.

Debts and Liabilities (Check the applicable statement. Note: Only one box may be checked.)

- 3. [X] The corporation's known debts and liabilities have been actually paid. [] The corporation's known debts and liabilities have been paid as far as its assets permitted. [] The corporation's known debts and liabilities have been adequately provided for by their assumption... [] The corporation's known debts and liabilities have been adequately provided for as far as its assets permitted. [] The corporation never incurred any known debts or liabilities.

Assets (Mutual Benefit or Consumer Cooperative Corporations ONLY Check the applicable statement. Note: Only one box may be checked. If the corporation is a public benefit or religious corporation, leave Item 4 blank and attach to this Certificate of Dissolution a letter from the Attorney General waiving objections to the distribution of the corporation's assets pursuant to California Corporations Code section 6716(c) or confirming the corporation has no assets (see instructions).)

- 4 [] The known assets have been distributed to the persons entitled thereto [] The corporation never acquired any known assets

Election (Check the "YES" or "NO" box as applicable. Note: If the "NO" box is checked, a Certificate of Election to Wind Up and Dissolve pursuant to California Corporations Code section 1901, 6611, 8611, 9680 or 12631 must be filed prior to or together with this Certificate of Dissolution.)

- 5. The election to dissolve was made by the vote of all the members of the corporation or the corporation has no members and the election was made by the vote of all the directors of the corporation [X] YES [] NO

Verification and Execution (If additional signature space is necessary, the dated signature(s) with verification(s) may be made on an attachment to this certificate. Any attachments to this certificate are incorporated herein by this reference.)

- 6. The undersigned constitute(s) the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

Date

Signature of Director

Signature of Director

Signature of Director

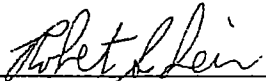
See Attachment Type or Print Name of Director

Type or Print Name of Director

Type or Print Name of Director

**Attachment to Domestic Nonprofit Corporation
Certificate of Dissolution
Hope for Hearing Research Foundation**

6 The undersigned constitute(s) the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.



Robert Scheir

Dated: 12/17/12

Anita Newman Ward

Dated: _____

Barbara Goodhill

Dated: _____

**Attachment to Domestic Nonprofit Corporation
Certificate of Dissolution
Hope for Hearing Research Foundation**

6. The undersigned constitute(s) the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

Robert Scheir

Dated: _____

Anita Newman Ward

Anita Newman Ward

Dated: 12/17/12

Barbara Goodhill

Dated. _____

**Attachment to Domestic Nonprofit Corporation
Certificate of Dissolution
Hope for Hearing Research Foundation**

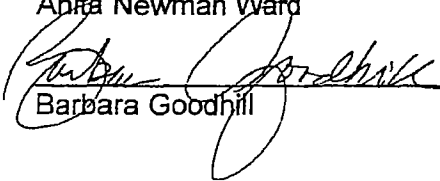
6. The undersigned constitute(s) the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge

Robert Scheir

Dated: _____

Anita Newman Ward

Dated: _____



Barbara Goodhill

Dated: October 30, 2012

KAMALA D. HARRIS
Attorney General

State of California
DEPARTMENT OF JUSTICE



1300 I STREET
PO BOX 903447
SACRAMENTO, CA 94203-4470
Public : (916) 445-2021x8
Facsimile: (916) 444-3651
Email: dissolution@doj.ca.gov

January 10, 2011

ROBERT SCHEIR
2840 NORTH LIMA ST
BURBANK, CA 91504

CT FILE NUMBER 001904

RE Dissolution of HIOPT FOR HEARING RESEARCH FOUNDATION

Dear Directors,

Based on the representations made in your December 29, 2010 letter and the supporting documents included with it, the Attorney General's office waives objection to the disposition of the assets of the captioned corporation upon dissolution (See Corporations Code section 6716.) [section 8716 for mutual benefit corporations]

The corporation may complete its dissolution with the California Secretary of State's office. AFTER the Secretary of State has endorsed the corporation's Certificate of Dissolution, please submit a copy to the undersigned at the address set forth above.

If the corporation had assets at the time of dissolution, please also provide a final financial report for the last complete accounting period through the date in which the organization's asset balance was reduced to zero

Sincerely,

A handwritten signature in black ink, appearing to read "K. Bohaty".

KENNETH S BOHATY
Staff Services Analyst
Registry of Charitable Trusts

For

KAMALA D HARRIS
Attorney General