

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation
 ► Do not enter social security numbers on this form as it may be made public.
 ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No. 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning , 2015, and ending , 20

Name of foundation

OTICON HEARING FOUNDATION, INC.

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

580 HOWARD AVENUE

City or town, state or province, country, and ZIP or foreign postal code

(800) 526-3921

SOMERSET, NJ 08873

G Check all that apply

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

H Check type of organization

 Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 34,409.

J Accounting method

 Cash Accrual Other (specify) _____

(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)	213,933.			
2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B.				ATCH 1
3 Interest on savings and temporary cash investments	1.	1.		
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total Add lines 1 through 11	213,934.	1.		
13 Compensation of officers, directors, trustees, etc.	0.			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)				
c Other professional fees (attach schedule)	[2]	11,993.		11,993.
17 Interest				
18 Taxes (attach schedule) (see instructions)				
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	1,561.			1,561.
22 Printing and publications	36,545.			36,545.
23 Other expenses (attach schedule)	9,113.			9,113.
24 Total operating and administrative expenses	59,212.			59,212.
Add lines 13 through 23.	281,000.			281,000.
25 Contributions, gifts, grants paid	340,212.			340,212.
26 Total expenses and disbursements Add lines 24 and 25				
27 Subtract line 26 from line 12	-126,278.			
a Excess of revenue over expenses and disbursements				
b Net Investment Income (if negative, enter -0-)		1.		
c Adjusted net income (if negative, enter -0-)			0.	

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	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Part II Balance Sheets				
Assets				
1 Cash - non-interest-bearing	8,887.	9,209.	9,209.	
2 Savings and temporary cash investments				
3 Accounts receivable ►				
Less allowance for doubtful accounts ►				
4 Pledges receivable ►				
Less allowance for doubtful accounts ►				
5 Grants receivable				
6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
7 Other notes and loans receivable (attach schedule) ►				
Less allowance for doubtful accounts ►				
8 Inventories for sale or use.				
9 Prepaid expenses and deferred charges				
10a Investments - U S and state government obligations (attach schedule)				
b Investments - corporate stock (attach schedule)				
c Investments - corporate bonds (attach schedule)				
11 Investments - land, buildings, and equipment basis ►				
Less accumulated depreciation ► (attach schedule)				
12 Investments - mortgage loans				
13 Investments - other (attach schedule)				
14 Land, buildings, and equipment basis ►				
Less accumulated depreciation ► (attach schedule)				
15 Other assets (describe ► ATCH 4)	151,800.	25,200.	25,200.	
16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	160,687.	34,409.	34,409.	
Liabilities				
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable (attach schedule)				
22 Other liabilities (describe ►)				
23 Total liabilities (add lines 17 through 22)	0.	0.	0.	
Net Assets or Fund Balances				
Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
24 Unrestricted				
25 Temporarily restricted				
26 Permanently restricted				
Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ► <input checked="" type="checkbox"/>				
27 Capital stock, trust principal, or current funds				
28 Paid-in or capital surplus, or land, bldg , and equipment fund.				
29 Retained earnings, accumulated income, endowment, or other funds	160,687.	34,409.	34,409.	
30 Total net assets or fund balances (see instructions)	160,687.	34,409.	34,409.	
31 Total liabilities and net assets/fund balances (see instructions)	160,687.	34,409.	34,409.	
Part III Analysis of Changes in Net Assets or Fund Balances				
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	160,687.		
2 Enter amount from Part I, line 27a.	2	-126,278.		
3 Other increases not included in line 2 (itemize) ►	3			
4 Add lines 1, 2, and 3	4	34,409.		
5 Decreases not included in line 2 (itemize) ►	5			
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	34,409.		

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	{ }		3		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	64,016.	158,351.	0.404266
2013	144,086.	135,964.	1.059736
2012	7,154.	156,056.	0.045843
2011	35,960.	89,581.	0.401424
2010			

2 Total of line 1, column (d)	2	1.911269
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.477817
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	8,782.
5 Multiply line 4 by line 3	5	4,196.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	4,196.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions	8	340,212.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 . . . Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)	1	0 .	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2	2	0 .	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			
6	Credits/Payments			
a	2015 estimated tax payments and 2014 overpayment credited to 2015.			6a
b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868).	6b		
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d	7	0 .	
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ►			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	8	0 .	
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ►			
		Refunded ►	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b	X
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		
c Did the foundation file Form 1120-POL for this year?	1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► NJ, _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	Yes	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► OTICONHEARINGFOUNDATION.ORG	13	X	
14	The books are in care of ► MATT MOUND Located at ► 580 HOWARD AVENUE SOMERSET, NJ	Telephone no ► 732-560-1220 ZIP+4 ► 08873		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ► 15			N/A
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► N/A	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)	Yes	No	
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
1b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? ► 1b			N/A
1c	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
b	If "Yes," list the years ►			
2b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)			N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ►			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)			
3b				N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?			X
4b				X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>		5b	X
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	X
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 5		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE		0.	0.	0.

Total number of other employees paid over \$50,000. ►

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
Total number of others receiving over \$50,000 for professional services ►		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 ASSIST NEEDY INDIVIDUALS WITH PROCURING HEARING AIDS	
	59,212.
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See instructions	
3 NONE	
Total. Add lines 1 through 3 ►	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes	
a Average monthly fair market value of securities	1a NONE
b Average of monthly cash balances	1b 8,916.
c Fair market value of all other assets (see instructions)	1c NONE
d Total (add lines 1a, b, and c)	1d 8,916
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e
2 Acquisition indebtedness applicable to line 1 assets	2
3 Subtract line 2 from line 1d	3 8,916.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 134.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5 8,782.
6 Minimum investment return. Enter 5% of line 5	6 439.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► and do not complete this part)

1 Minimum investment return from Part X, line 6	1 439
2a Tax on investment income for 2015 from Part VI, line 5	2a
b Income tax for 2015 (This does not include the tax from Part VI)	2b
c Add lines 2a and 2b	2c
3 Distributable amount before adjustments Subtract line 2c from line 1	3 439.
4 Recoveries of amounts treated as qualifying distributions	4
5 Add lines 3 and 4	5 439.
6 Deduction from distributable amount (see instructions)	6
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7 439.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes	
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a 340,212
b Program-related investments - total from Part IX-B	1b
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2
3 Amounts set aside for specific charitable projects that satisfy the	
a Suitability test (prior IRS approval required)	3a
b Cash distribution test (attach the required schedule)	3b
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 340,212.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5 0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6 340,212.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				439.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only				
b Total for prior years 20 13 , 20 12 , 20 11 .				
3 Excess distributions carryover, if any, to 2015				
a From 2010				
b From 2011	30,832.			
c From 2012				
d From 2013	137,288.			
e From 2014	56,098.			
f Total of lines 3a through e	224,218.			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 340,212.				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2015 distributable amount				439
e Remaining amount distributed out of corpus	339,773			
5 Excess distributions carryover applied to 2015 . (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	563,991.			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	563,991.			
10 Analysis of line 9				
a Excess from 2011	30,832.			
b Excess from 2012				
c Excess from 2013	137,288.			
d Excess from 2014	56,098.			
e Excess from 2015	339,773.			

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NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ►

D Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)					
2	a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Prior 3 years			(e) Total
		(a) 2015	(b) 2014	(c) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)) or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization,					
(4) Gross investment income					

Part XV **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under

other conditions, complete items 2a, b, c, and d

me, addre

ATCH 6

SEE ATTACHED

11/2

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

ATCH 2

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ATCH 8				
Total			► 3a	281,000.
b Approved for future payment				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514	(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			14	1.
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5 Net rental income or (loss) from real estate					
a Debt-financed property				
b Not debt-financed property				
6 Net rental income or (loss) from personal property				
7 Other investment income				
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events				
10 Gross profit or (loss) from sales of inventory				
11 Other revenue a				
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				1.
13 Total Add line 12, columns (b), (d), and (e)				1.

D-4 XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
(1)	Cash	1a(1)	X
(2)	Other assets	1a(2)	X
b	Other transactions		
(1)	Sales of assets to a noncharitable exempt organization	1b(1)	X
(2)	Purchases of assets from a noncharitable exempt organization	1b(2)	X
(3)	Rental of facilities, equipment, or other assets	1b(3)	X
(4)	Reimbursement arrangements	1b(4)	X
(5)	Loans or loan guarantees	1b(5)	X
(6)	Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received		

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign
Here**

~~Signature of officer or trustee~~

11/15/16

1

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

Paid Preparer Use Only	Print/Type preparer's name ZACHARY C. PEEK	Preparer's signature <i>Zachary C. PEEK</i>	Date 11/14/2016	Check <input type="checkbox"/> if self-employed	PTIN P00840311
	Firm's name ► DELOITTE TAX LLP	Firm's EIN ► 86-1065772			
	Firm's address ► 1100 WALNUT STREET, SUITE 3300 KANSAS CITY, MO	64106	Phone no 816-474-6180		

Form 990-PF (2015)

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

Name of the organization

OTICON HEARING FOUNDATION, INC.

Employer identification number

27-4849403

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization OTICON HEARING FOUNDATION, INC.

Employer identification number
27-4849403**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EARCARE CENTERS HUTCHINSON 2602 N. MAIN STREET HUTCHINSON, KS 67502	\$ 15,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
2	BROADWATER HEARING CARE 4107 5TH AVENUE SAINT PETERSBURG, FL 33713	\$ 7,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
3	AUDIOLOGY & COMMUNICATION SERVICES 777 LARKFIELD RD, STE 108 COMMACK, NY 11725-3136	\$ 8,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
4	LAURA MORAN 4700 POINT FOSDICK DR., STE 2 GIG HARBOR, WA 98335	\$ 6,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
5	OTICON, INC. 580 HOWARD AVENUE SOMERSET, NJ 08873	\$ 58,533.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
6	VARIOUS OTHER - SEE ATTACHED	\$ 118,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization OTICON HEARING FOUNDATION, INC.

Employer identification number

27-4849403

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	26 HEARING AIDS	\$ 15,600.	01/02/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	12 HEARING AIDS	\$ 7,200.	11/11/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	14 HEARING AIDS	\$ 8,400.	11/13/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	10 HEARING AIDS	\$ 6,000.	11/20/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	197 HEARING AIDS	\$ 118,200.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
BANK SAVINGS INTEREST	1.	1.
TOTAL	<u><u>1.</u></u>	<u><u>1.</u></u>

ATTACHMENT 1

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
LEGAL/PROFESSIONAL (TAX) FEES	11,993.	11,993.
TOTALS		<u>11,993.</u>

ATTACHMENT 2

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
BANK FEES	180.	180.
ADVERTISING	2,584.	2,584.
DIRECT MAIL MARKETING	6,349.	6,349.
 TOTALS	 <u>9,113.</u>	 <u>9,113.</u>

ATTACHMENT 3

FORM 990PF, PART II - OTHER ASSETSDESCRIPTION
DONATED HEARING AIDS

TOTALS

	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
DONATED HEARING AIDS	25,200.	25,200.
TOTALS	<u>25,200.</u>	<u>25,200.</u>

ATTACHMENT 4

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS	EXPENSE ACCT
			TO EMPLOYEE BENEFIT PLANS	AND OTHER ALLOWANCES
PEER LAURITSEN 580 HOWARD AVENUE SOMERSET, NJ 08873	PRESIDENT 1.00	0.	0.	0.
RASMUS BORSTING 580 HOWARD AVENUE SOMERSET, NJ 08873	TRUSTEE & VICE PRESIDENT 1.00	0.	0.	0.
MATTHEW MOUND 580 HOWARD AVENUE SOMERSET, NJ 08873	TRUSTEE & TREASURER 1.00	0.	0.	0.
MARIANN CADIEU 580 HOWARD AVENUE SOMERSET, NJ 08873	SECRETARY 10.00	0.	0.	0.
DONALD J. SCHUM 580 HOWARD AVENUE SOMERSET, NJ 08873	VICE PRESIDENT 1.00	0.	0.	0.
SHEENA OLIVER 580 HOWARD AVENUE SOMERSET, NJ 08873	VICE PRESIDENT 1.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.

ATTACHMENT 6

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

MARIANN CADIEU
580 HOWARD AVENUE
SOMERSET, NJ 08873
800-526-3921

ATTACHMENT 7

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

REQUESTS ARE GRANTED TO ASSIST THOSE IN NEED WITH THE ACQUISITION OF HEARING INSTRUMENTS.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UNIVERSITY OF BUFFALO 122 CARY HALL BUFFALO, NY 14214	N/A GOV		PROVIDE HEARING AIDS TO NEEDY INDIVIDUALS	23,400
ENT & AUDIOLOGY ASSOCIATES 3820 ED DRIVE RALEIGH, NC 27612	N/A NC		PROVIDE HEARING AIDS TO NEEDY INDIVIDUALS	23,400
HEALING THE CHILDREN 4310 ROSELAND ST HOUSTON, TX 77006	N/A PC		PROVIDE HEARING AIDS TO NEEDY INDIVIDUALS	15,000
MEXICAN MEDICAL 7850 LESTER AVENUE LERON GROVE, CA 91945	N/A PC		PROVIDE HEARING AIDS TO NEEDY INDIVIDUALS	7,200
FIRST BAPTIST CHURCH OF INDIAN ROCKS 7431 114TH AVE N, SUITE 101 LARGO, FL 33773	N/A SO I		PROVIDE HEARING AIDS TO NEEDY INDIVIDUALS	60,000
COLORADO GERONTOLOGICAL SOCIETY 8321 S SANGRE DE CRISTO #202 LITTLETON, CO 80127	N/A PC		PROVIDE HEARING AIDS TO NEEDY INDIVIDUALS	75,600

ATTACHMENT 8

ATTACHMENT 8

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

SWEDISH NEUROSCIENCE INSTITUTE
550 17TH AVE, SUITE 500
SEATTLE, WA 98125

ATTACHMENT 8 (CONT'D)

OLIVE OSMOND FOUNDATION
P. O. BOX 282
EPHRAIM, UT 84627

LIFE FOR RELIEF AND DEVELOPMENT, INC
17300 W 10 MILE RD
SOUTHFIELD, MI 48075

TWIN RIVERS HEARING HEALTH, INC
151 DOUGLAS PIKE
SMITHFIELD, RI 02917

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SWEDISH NEUROSCIENCE INSTITUTE 550 17TH AVE, SUITE 500 SEATTLE, WA 98125	N/A NC	PROVIDE HEARING AIDS TO NEEDY INDIVIDUALS	7,200
OLIVE OSMOND FOUNDATION P. O. BOX 282 EPHRAIM, UT 84627	N/A PC	PROVIDE HEARING AIDS TO NEEDY INDIVIDUALS	29,000
LIFE FOR RELIEF AND DEVELOPMENT, INC 17300 W 10 MILE RD SOUTHFIELD, MI 48075	N/A PC	PROVIDE HEARING AIDS TO NEEDY INDIVIDUALS	25,200
TWIN RIVERS HEARING HEALTH, INC 151 DOUGLAS PIKE SMITHFIELD, RI 02917	N/A NC	PROVIDE HEARING AIDS TO NEEDY INDIVIDUALS	15,000
		TOTAL CONTRIBUTIONS PAID	<u>281,000</u>

Oticon Hearing Foundation, Inc.

EIN: 27-4849403

Year Ended: December 31, 2015

Form 990-PF, Part VII-A, Question 10 Persons Becoming Substantial Contributors During the Year

Earcare Centers Hutchinson

2602 N. Main Street

Hutchinson, KS 67502

Oticon Hearing Foundation, Inc.

EIN: 27-4849403

Year Ended: December 31, 2015

Oticon Hearing Foundation, Inc. does not value each donated hearing aid individually, but instead applies an average fair market value to all contributions received and distributed of \$600 per unit. This value was utilized in calculating the amount of contributions, gifts, and grants paid reported on Form 990-PF.

Oticon Hearing Foundation, Inc.
Expenditure Responsibility Statement
Attachment to 2015 Form 990-PF
EIN: 27-4849403

Page 5, Part VII-B, Line 5c

The following information is provided in accordance with IRC Sec. 4945(h)(3) and Reg. 53.4945-5(d) to demonstrate that the foundation exercised expenditure responsibility in regard to this grant.

Name and Address of Grantee:

Dr. Lena Kyman
ENT & Audiology Associates
3820 Ed Drive
Raleigh, NC 27612

Amount and Date of Grant:

39 Hearing Instruments with total FMV of
\$23,400; December 2015

Purpose:

For charitable, religious, scientific literary of
educational purposes, within the meaning of
Section 501(c)(3) of the Internal Revenue
Code 1986.

Date Confirmation Received
From the Grantee:

The Foundation received confirmation on
November 4, 2016 that the hearing aids
were given to needy individuals by Dr.
Lena Kyman.

Amount Expended by
Grantee:

\$23,400

Diversion:

To the knowledge of the grantor, no
property has been diverted to any activity
other than the activity for which the grant
was originally made.

Verification:

The grantor has no reason to doubt the
accuracy or reliability of the report from
the grantee; therefore, no independent
verification of the report was made.

Oticon Hearing Foundation, Inc.
Expenditure Responsibility Statement
Attachment to 2015 Form 990-PF
EIN: 27-4849403

Page 5, Part VII-B, Line 5c

The following information is provided in accordance with IRC Sec. 4945(h)(3) and Reg. 53.4945-5(d) to demonstrate that the foundation exercised expenditure responsibility in regard to this grant.

Name and Address of Grantee:	Swedish Neuroscience Institute 550 17th Ave, Suite 500 Seattle, WA 98122
Amount and Date of Grant:	12 Hearing Instruments with total FMV of \$7,200; July 9, 2015
Purpose:	For charitable, religious, scientific literary of educational purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code 1986.
Date Confirmation Received From the Grantee:	The Foundation received confirmation on November 4, 2016 that the hearing aids were given to needy individuals by Swedish Neuroscience Institute.
Amount Expended by Grantee:	\$7,200
Diversion:	To the knowledge of the grantor, no property has been diverted to any activity other than the activity for which the grant was originally made.
Verification:	The grantor has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of the report was made.

**Oticon Hearing Foundation, Inc.
Expenditure Responsibility Statement
Attachment to 2015 Form 990-PF
EIN: 27-4849403**

Page 5, Part VII-B, Line 5c

The following information is provided in accordance with IRC Sec. 4945(h)(3) and Reg. 53.4945-5(d) to demonstrate that the foundation exercised expenditure responsibility in regard to this grant.

Name and Address of Grantee:	Twin Rivers Hearing Health, Inc. 151 Douglas Pike Smithfield, RI 02917
Amount and Date of Grant:	25 Hearing Instruments with total FMV of \$15,000; February 10, 2015
Purpose:	For charitable, religious, scientific literary or educational purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code 1986.
Date Confirmation Received From the Grantee:	The Foundation received confirmation on August 25, 2016 that the hearing aids were given to needy individuals by Twin Rivers Hearing Health, Inc.
Amount Expended by Grantee:	\$15,000
Diversion:	To the knowledge of the grantor, no property has been diverted to any activity other than the activity for which the grant was originally made.
Verification:	The grantor has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of the report was made.

OTICON HEARING FOUNDATION, INC.
FORM 990-PF, SCHEDULE B, PART I, NO. 6 DETAIL

EIN: 27-4849403
YEAR ENDED: DECEMBER 31, 2015

Note: The following individuals donated hearing instruments or accessories with an estimated fair market value as follows:

<u>Name</u>	<u>Address</u>	<u>Donation</u>
Alan Ryder	103 Wakefield Drive New Bern, NC 28562	3,600
Alastair Burton	18503 Grapevine Way Olney, MD 20832	1,200
All Ears Hearing Center	59 Industrial Park Rd Ste 2200 Plymouth, MA 02360	4,200
Ann R Kraus	5303 Mill Street Erie, PA 16509	1,200
Audiology Of New Bern	2111 Neuse Blvd, STE 1 New Bern, NC 28560	600
Audrey N Lewis	400 Somerset Corporate Blvd Bridgewater, NJ 08807	2,400
Barbara Dwyer	18003 Harvard Ct Sonoma, CA 95476	600
Barbara Snider	165 Grey Dove Ct Longwood, FL 32779	1,200
Bennie Pedraza	1242 Walker Lane Lahabra, CA 90631	1,200
Betty Davis	17803 Imperial Hwy#233 Unknown	1,200
Beverly Bilderback	97 Marsh Trace Brunswick, GA 31525	2,400
Beverly Lew	4001 W Alameda, Suite 101 Burbank, CA 91505	3,000
Bill Ditman	5333 Mt McKinley Rd Fort Worth, TX 76137	1,200
Brent Caffee	2416 Steeplechase Road Edmond, OK 73034	1,200
Buffalo Hearing & Speech Ctr	5225 Sheridan Dr Buffalo, NY 14221	600
Carol Fish	2532 Crown Way Fullerton, CA 92833	1,200
Christine Stewart	360 Kingstown Rd Narragansett, RI 02882	600
Complete Hearing Solutions	1530 South 70th Street Lincoln, NE 68506	600
Cove Audiology & Hearing	130 Forest Ave Glen Cove, NY 11542-2015	1,200

OTICON HEARING FOUNDATION, INC.
FORM 990-PF, SCHEDULE B, PART I, NO. 6 DETAIL

EIN: 27-4849403
YEAR ENDED: DECEMBER 31, 2015

Culpeper Hearing Center LLC	2002 Orange Rd, STE 105 Culpeper, VA 22701	1,200
Dale Shepp	3502 N Carhill Ave Scottsdale, AZ 85251	1,200
Donald Wingard	3010 59th St SO 3106 Saint Petersburg, FL 33707	1,200
Donnalee Miller	9629 E Palo Verde Drive Phoenix, AZ 85018	1,800
Doris Strosnider	4266 Congressional Drive Myrtle Beach, SC 29579	1,200
Douglas Pollock	3614 60th St Ct NW Gig Harbor, WA 98335	1,200
Eleanor Smith	51 Cricket Ln Stamford, CT 06903	600
Elizabeth Short	609 E Amelia St Cassville, WI 53806	600
Emily Doughty	816 Big Willow Fort Worth, TX 76179	1,200
ENT Associates	2350 N Lake Dr, STE 406 Milwaukee, WI 53211-4507	600
Family Hearing Centers	Unknown	600
Gary Prush	W166 N1554 Westminster Ct Germantown, WI 53022	1,200
Georgia Earp	3140 7th Ave N Saint Petersburg, FL 33713	1,800
Glen Baldwin	180 Ocean Ave Northport, NY 11768	1,800
Hearing Aid Associates	140 Prospekt Ave Apt 3p Hackensack, NJ 07601-1974	1,200
Hearing and Balance Centers of New England	24 Park Ave Worcester, MA 01605	1,200
Hearing Solutions	408 S Mustang Road, STE B Yukon, OK 73099	1,200
Heartland Hospital West	3620 Frederick Ave Saint Joseph, MO 64506	1,200
Helen Lilley	61848 Red Meadow Ct Bend, OR 73003	1,200
Herb Shillingburg	1805 Victoria Drive Edmond, OK 73003	1,200

**OTICON HEARING FOUNDATION, INC.
FORM 990-PF, SCHEDULE B, PART I, NO. 6 DETAIL**

**EIN: 27-4849403
YEAR ENDED: DECEMBER 31, 2015**

Hope Ellis	2841 N Lakeridge Trail Boulder, CO 80302	1,800
Hunterdon Otolaryngology Assoc	6 Sand Hill Rd Flemington, NJ 08822-4946	1,800
Iona Caldwell	1579 Whiterock Circle San Jose, CA 95125	1,200
J Timothy Coltrin	723 Leslie Lane Glendale Heights, IL 60139	1,200
James Beam	2414 Meadow Pond Rail Pine Bluff, AR 71602	600
Jenna Port	401 Timberdale Terrace Edmond, OK 73034	1,200
Jerry Parisi	17 Chenango Drive Bay Shore, NY 11706	1,200
Joan Zimmerman	14990 Winchester Blvd Los Gatos, CA 95030	1,200
John Bondurant	81 Draftwood Ct Arapahoe, NC 28510	1,200
Joseph Yannarella Jr	1712 S Rankin Street Edmond, OK 73013	1,800
Joyce McMillian Jones	3624 21st Ave South Saint Cloud, 56301	600
Judith Coleman	49 Nautilus Drive Brick, NJ 08723	1,200
Ken Bozeman	59 Industrial Park Rd Plymouth, PA 02360	3,600
Kenneth Husband	6340 N 39th Place Paradise Valley, AZ 85253	1,200
Kenneth Ridman	12 Makamah Rd Northport, NY 11768	1,200
Lawrence Robillard	808 Farrar Drive Conway, SC 29526	600
Lillian Kormendi	8 Botany Lane Stony Brook, NY 11790	1,200
Lois Schneberger	8689 E Roosevelt Ave Scottsdale, AZ 85257	1,200
Lorraine Wandling	69 Beech street Belleville, NJ 07109	1,200
Louise Range	558 Botany Loop Murrells Inlet, SC 29576	1,200

OTICON HEARING FOUNDATION, INC.
FORM 990-PF, SCHEDULE B, PART I, NO. 6 DETAIL

EIN: 27-4849403
YEAR ENDED: DECEMBER 31, 2015

Martha Nail	915 Tyler Drive Santa Maria, CA 93454	1,200
Mary Ella Morley	5110 N 32nd Street Phoenix, AZ 85018	600
Mary O'Connor	750 University Ave #100 Los Gatos, CA 95032	1,200
Merle Crow	370 Northview Drive Prescott, AZ 86301	1,200
Michael Donald	2501 Copperfield DR Santa Rosa, CA 95401	1,200
Mr and Mrs Breithaupt	2507 Lytal Terrace Edmond, OK 73013	600
Patricia Plominski	5 Davis Road Port Washington, NY 11050	1,200
Peggy Beyer	72430 56th Ave Daykin, NE 68338	1,200
Portage Hearing Service	500 Campus Dr Hancock, MI 49930-1569	1,200
Puget Sound Hearing & Balance	9714 3rd Ave NE, STE 100 Seattle, WA 98115-2047	1,800
Ralph Shrauner	16328 Winding Park Drive Edmond, OK 73013	1,200
Raymond Edwards	4951 Tieat Ave San Jose, CA 95124	1,200
Regina Vitolo	144 Knolls Dr Stony Brook, NY 11790	1,200
Robert Dahlinger	313 Park Street Westfield, NJ 07090	1,200
Robert Davis	1400 Madison 203 Fredericktown, MO 63645	1,200
Robert Harrington	P O Box 150 Succasunna, NJ 07876	600
Robert Wilkinson	10490 Norton Dr Houston, TX 77043	1,200
Ruth Rose	419 N 7th Street De Soto, MO 63020	1,200
South County Hearing Services	360 Kingstown Rd Narragansett, RI 02882-3239	1,200
St Joseph's Convent	1725 Brentwood Rd #1 Brentwood, NY 11717	2,400

**OTICON HEARING FOUNDATION, INC.
FORM 990-PF, SCHEDULE B, PART I, NO. 6 DETAIL**

**EIN: 27-4849403
YEAR ENDED: DECEMBER 31, 2015**

Steve Canter	6223 N 12th Street Number 2 Phoenix, AZ 85014	1,200
Steven Suttles	354 Berkshire Valley Rd Wharton, NJ 07885	1,200
Stewart Fliege	12115 Saw Vicente Blvd #409 Los Angeles, CA 90049	1,200
Susan Geisler	3487 S Linden Ste R Flint, MI 48507	1,200
Susan Wolf	210 S Estates Cove Pine Bluff, AR 71602	2,400
Sylvester Henseler	W 2694 Killsnake Road Hilbert, WI 54129	600
Theresa Gunzel	137 Spring Meadow Dr Holbrook, NY 11741	1,200
Total Hearing Care-Newton	222 High St Newton, NJ 07860-9604	1,200
Virginia Thomas	85 Camp Ave Unit 7G Stamford, CT 06907	600
Wilmington Hearing Specialists	3909 Wrightsville Ave Wilmington, NC 28403	1,200
Anonymous		3,000
	Total	<u>118,200</u>